

Submission to the Productivity
Commission Draft Report

*Caring for Older Australians:
A CALD Perspective*

March 2011

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1. About FECCA

FECCA is the national peak body representing and advocating for culturally and linguistically diverse communities. Our role is to advise, advocate, and promote issues on behalf of our constituency to government, business and the broader community. FECCA promotes Australian multiculturalism, community harmony, social justice, community participation and the rejection of discrimination so as to build a productive, culturally rich Australian society. FECCA's policies are designed around the concepts of empowerment and inclusion, and are formulated with the common good of all Australians in mind.

2. Executive Summary

FECCA welcomes the Productivity Commission's Draft Report on Caring for Older Australians, which outlines a new set of reforms for aged care. In particular, FECCA supports the Draft Report's emphasis on enabling flexibility in service delivery, increased equity between and dignity for all consumers, affordability and accessibility of information and services, consumer empowerment through greater choice and control, and increased support for informal carers in their caring role.

FECCA's concerns about the Draft Report centre on its limited recognition of and focus on diversity throughout its proposed reforms. More specifically, there is a lack of awareness of the increasing prevalence of culturally and linguistically diverse (CALD) seniors and communities within the Australian population, and of their distinctive needs in the field of aged care. While the Draft Report does suggest several reforms specifically aimed at CALD communities, FECCA is concerned that the proposed reforms portray cultural diversity as a field of special needs rather than as an integral part of Australian society. With CALD communities comprising a substantial and growing percentage of the ageing Australian population, FECCA believes that diversity needs to be integrated throughout the entirety of the Draft Report, and that a more explicit focus on the diverse and distinctive problems facing CALD aged care must be implemented throughout the proposed reforms.

FECCA commends the Draft Report's acknowledgement of aged care issues such as workforce shortages, the difficulties faced by informal carers, the need for language and culturally appropriate services, and the value of further research into aged care. However, FECCA holds that the Australian Seniors Gateway Agency, comprising as it does a "One Stop Shop" approach to aged care, may not be able to adequately manage cultural diversity, equity, and correlatively the distinctive and pressing issues facing CALD seniors.

In this response, FECCA will be commenting on the draft recommendations most relevant to the needs of CALD seniors. FECCA would like to highlight the current lack of policy and frameworks addressing the experiences and needs of the culturally and linguistically diverse in the field of aged care, and the limitations in the current proposal in terms of addressing these needs.

FECCA therefore offers the following three major recommendations:

1. That a national CALD Ageing policy and planning framework be developed by the Federal Government, to direct the development of aged care services for CALD Australians.
2. That the CALD Ageing policy development process be informed by a high level expert CALD Ageing advisory panel, who would be appointed for this task.
3. That a national CALD Ageing network be funded and developed, under the auspices of FECCA, to provide a conduit for consumer perspectives and information sharing on the aged care issues relevant to this group.

In addition, FECCA recommends the following in response to the Productivity Commission's Draft Report on Caring for Older Australians. Please see body of response for further clarification on how these relate to the Productivity Commission Draft Report's recommendations:

4. A broader and constant recognition throughout the Productivity Commission's report that cultural diversity is a key aspect of Australian society, and must be addressed throughout all levels of aged care reform.
5. That the Draft Report's framework be expanded to include a statement about recognising cultural diversity at all stages of aged care reform, as diversity will increasingly impact upon aged care services at training, infrastructure, and implementation levels.
6. The implementation of ethno-specific pathways into the Gateway, so that all CALD communities are offered equity of access to aged care services through culturally appropriate and linguistically sensitive means.
7. That cultural competency is built into the infrastructure of aged care services and reforms, so that diversity can be managed at all levels of the Australian Seniors Gateway Agency and associated aged care services.
8. That the Australian Seniors Gateway Agency focus on developing cultural competency amongst all its staff and services to ensure that CALD persons with varying ranges of English language and digital literacy are equally able to access such information.
9. That aged care planners access demographic and ethnicity data to support the planning of individual service structures, to ensure that plans are both relevant and specific to CALD aged care needs.

10. That cultural competency training is funded and integrated within preparatory courses, orientation and ongoing staff development for the aged care workforce sector, which will benefit all Australians through the provision of more responsive and appropriate aged care services.
11. That a strategic workforce initiative be developed to address the growing shortages in staff language and cultural skills in services for CALD seniors, including both improved training pathways and targeted migration.
12. That the Draft Report more clearly addresses the role of families and family care in making decisions for later-life residential care, as the current single pathway system of the Australian Seniors Gateway Agency is problematic for CALD seniors and their carers who may find it difficult to engage in the system.
13. That support services for informal carers involve targeted efforts to not only support carers in CALD communities but to ensure that such carers are aware of the support available to them.
14. A clear acknowledgement and response to the need for culturally appropriate and ethno-specific care for, and research into, CALD dementia sufferers.
15. That the Federal government develop a national CALD education strategy on issues and services relevant to planning in later life.
16. That CALD communities are acknowledged as separate from, and facing distinctly different needs than, LGBTI seniors in all future research and policy reforms of aged care.
17. That CALD-specific research be integrated into the Productivity Commission's proposals for aged care reform, with such research used to improve the cultural competence and diversity awareness of the aged care system overall.

3. The Ageing of CALD Australians

Research has shown that the ageing of the CALD population is increasing at a significantly faster rate than in the Australian population overall¹. While in 1996, older persons from CALD backgrounds comprised 18% of Australians aged 65 and over, this number is expected to rise to 23% in 2011 and 30% in 2021. Health issues and effective responses for addressing these are arguable the central challenges resulting from the ageing trends of CALD communities. CALD seniors are often overrepresented in the indicators of poor health outcomes and have higher unmet care needs than seniors from non-CALD backgrounds. This has been attributed to a lack of culturally appropriate aged care services in Australia, with the variations in language, social norms, health awareness, risk factors, educational attainment, and cultural beliefs across CALD communities inadequately addressed within aged care policy and services.

Moreover, the needs of CALD persons can change significantly over their lifespans with, for example, length of residence in Australia potentially reducing the need for ethno-specific services whilst ageing may increase this need. There is considerable heterogeneity between CALD communities in relation to such needs, with longer-established migrant communities requiring support for service maintenance and refinement, whereas new and emerging communities struggle to establish such services. CALD seniors who reside in rural and regional Australia often face the double disadvantage of accessing aged care services which are some distance away from family and familiar environs and are culturally appropriate².

In the face of such heterogeneity of needs and health awareness across CALD communities, FECCA is concerned that the Australian Seniors Gateway Agency's emphasis on a single pathway to all services may not be able to adequately address Australia's increasing cultural diversity, and may continue to marginalise the needs of CALD communities. The benefits of creating multiple entryways into the services offered by the Australian Seniors Gateway Agency include better health outcomes, reduced social isolation and depression, diminished stress and physical demands on carers, and decreased use of prescribed medication and expensive acute medical services by and for CALD seniors.

FECCA recommends:

4. A broader and constant recognition throughout the Productivity Commission's report that cultural diversity is a key aspect of Australian society, and must be addressed throughout all levels of aged care reform.

4. A Framework for Assessing Aged Care: Draft Recommendation 4.1

FECCA commends the Productivity Commission's following proposed framework for guiding the reform of the aged care system (Productivity Commission, 2011, p.xlv):

- Promote independence and wellness of older Australians and their continuing contribution to society
- Ensure that all older Australians needing care and support have access to person centred services that can change as their needs change
- Be consumer-directed, allowing older Australians to have choice and control over their lives
- Treat older Australians receiving care and support with dignity and respect

- Be easy to navigate- Australians need to know what care and support is available and how to access these services
- Assist informal carers to perform their caring role
- Be affordable for those requiring care and for society more generally
- Provide incentives to ensure the efficient use of resources devoted to caring for older Australians and broadly equitable contributions between generations.

FECCA recommends:

5. That the Draft Report’s framework be expanded to include a statement about recognising cultural diversity at all stages of aged care reform, as diversity will increasingly impact upon aged care services at training, infrastructure, and implementation levels.

5. Paying for Aged Care: Draft Recommendations 1.2, 1.3

5.1. Co-Contributions to Aged Care Services

The co-contribution of individuals to the cost of their personal care can be an issue for CALD persons, as cultural beliefs related to the importance of the physical home can lead to resistance in using the home for such purposes. Recognition of cultural diversity and the particular values and beliefs of CALD communities needs to be integrated into this proposed reform.

5.2. Removal of Restrictions on Residential Care Distinctions and Community Care Packages

FECCA firmly supports Draft Recommendation 1.3, which states that “The Australian Government should remove regulatory restrictions on the number of community care packages and residential bed licences over a five-year period [and it] should also remove the distinction between residential high care and low care places” (Productivity Commission, 2011, p.xlvi).

6. Care and Support: Draft Recommendation 8.1, 8.2

6.1. The Australian Seniors Gateway Agency

FECCA supports the Productivity Commission’s proposal that the Australian Seniors Gateway Agency should “cater for diversity by providing interpreter services and diagnostic tools that are culturally appropriate for the assessment of care needs” (Productivity Commission,

2011, p.lxi). It is also important to recognise that culturally sensitive service provision is about more than just interpreters and diagnostic tools. FECCA is concerned that the Draft Report's portrayal of CALD communities as a homogenous special needs group will translate into a lack of recognition within the Australian Seniors Gateway Agency of the widely disparate cultural beliefs, ways of accessing health information and services, language capacities and, ultimately, needs of different ethnic communities.

In order to adequately address the needs of CALD Australians at all policy, structural, and service levels, FECCA recommends that the Australian Seniors Gateway Agency have multiple culturally and linguistically appropriate entry points for accessing information, and that such information should detail the social and clinical outcomes of care services in order to better facilitate consumer-directed care.

While the Draft Report does highlight the need for flexibility within the Australian Seniors Gateway Agency, FECCA is concerned that the proposal does not explain how the Gateway will create cultural and linguistic competency within its services nor how it will deal with diversity.

FECCA recommends:

6. The implementation of ethno-specific pathways into the Gateway, so that all CALD communities are offered equity of access to aged care services through culturally appropriate and linguistically sensitive means.

6.2. The Creation and Funding of an Integrated and Flexible System of Care Provision

FECCA strongly supports Draft Recommendation 8.2 and its proposal of an integrated and flexible range of care services which allows individuals to choose from approved providers, and is supported by a government-funded system of aged care consumer advocacy services. Such a system would be better able to deal with diversity and the needs of CALD seniors.

**7. Catering for Diversity: Draft Recommendations
9.1, 9.2**

The current proposal that the Australian Seniors Gateway Agency will ensure equity of access to information and assessment services by providing interpreter services and culturally appropriate diagnostic tools is inadequate, as it does not explicitly recognise or address the ubiquitous nature of cultural diversity in Australia and the fact that cultural competency must be built into the system of aged care, rather than treated as a special needs issue to be addressed by discrete service workers.

FECCA recommends:

7. That cultural competency is built into the infrastructure of aged care services and reforms, so that diversity can be managed at all levels of the Australian Seniors Gateway Agency and associated aged care services.

7.1 Equity of Access to Information and Assessment Services

CALD ageing persons and carers have diverse support needs. These include access to services for lifestyle-related physical and mental health concerns, both acute and chronic, for aged care and dementia. In addition, CALD persons also have distinctive needs, such as access to culturally and linguistically appropriate services. While the Productivity Commission does recognise the need for CALD-specific services, FECCA is concerned that its emphasis is on providing additional services to cater to CALD communities on a situational basis rather than on building and integrating CALD competency into the aged care workforce at a general and permanent level.

A lack of awareness of service options available and relevant to their needs is a frequently identified problem for CALD seniors and their communities. Burgeoning numbers of services and information is of little value if the target groups cannot access them due to physical, social, cultural or linguistic barriers, or determent due to the sheer complexity of service provision systems.

One way of improving access for CALD seniors to service information involves implementing centralised service information repositories which are well-publicised, user-friendly, relevant in scope (e.g. detail eligibility criteria), unbiased, cheap, and regularly updated for their intended target audiences. Their design may also need to reflect the variable levels of literacy, including health literacy, among users of this service, who include seniors, carers, younger family members, CALD volunteers and support staff. Such literacy diversity could be addressed through the use of, for example, pictographic icons, colour coding and other non-literary signposts.

The Australian Seniors Gateway Agency is being promoted as a single pathway to such an information repository. To be relevant to large numbers of CALD seniors, the Gateway will have to take into consideration the location of the service, staff selection criteria, staff cultural awareness training and the modes of information provision.

FECCA recommends:

8. That the Australian Seniors Gateway Agency focus on developing cultural competency amongst all its staff and services to ensure that CALD persons with varying ranges of English language and digital literacy are equally able to access such information.

7.2 Geographic Limitations of Access and Equity

Another concern in terms of the Gateway's ability to adequately manage diversity through its single entry point approach relates to the uneven geographic distribution of CALD seniors across Australia. Victoria has the most culturally diverse population with nearly one third of all older Victorians speaking a language other than English at home³. More specifically, 28.25% of the population in Victoria, 22% in New South Wales, 12% in Queensland, 20% in Western Australia, 20% in South Australia, 20% in the Northern Territory and 8% in Tasmania demonstrate linguistic diversity⁴.

Up to 80% of older Australian from CALD backgrounds are concentrated in Australia's capital cities. By 2011, an estimated 40% of older people living in Melbourne and 34% living in Perth will be from non-English speaking backgrounds. The 2006 Census indicated close to 90% of people from CALD backgrounds aged 65+ in Victoria lived in the four metropolitan planning regions.⁵ Queensland and Tasmania by contrast have a more dispersed pattern of this population group.

The Productivity Commission has acknowledged in its Draft Report that "the supply of aged care services is not matched to the level of demand or the geographic incidence of that demand" (Productivity Commission, 2011, p.lviii). For smaller CALD groups and individuals, accessing appropriate services is particularly difficult when the critical numbers are insufficient to support ethnic specific or multicultural aged care initiatives or services. Consideration needs to be given to creating mainstream services that are more responsive to the needs of smaller CALD communities, to improving the cultural competency of such services, and to implementing partnerships between mainstream services and small CALD communities in order to efficiently deliver culturally-appropriate aged care services.

FECCA believes that a multiple entry point and ethno-specific approach to the Gateway system is needed to ensure that CALD seniors in rural and regional as well as metropolitan areas share an equal ability to access aged care services. A single pathway approach may put disproportionate strain on persons living in areas without the infrastructure or finances to promote health and aged care service awareness at culturally and language appropriate levels.

FECCA recommends:

9. That aged care planners access demographic and ethnicity data to support the planning of individual service structures, to ensure that plans are both relevant and specific to CALD aged care needs.

7.3 Interpreter Services and Culturally Appropriate Diagnostic Tools

FECCA is concerned with the Draft Report's emphasis on interpreters and culturally appropriate diagnostic tools as the purported sole response to the needs of CALD seniors. FECCA holds that reforms must move beyond employing interpreters to instead focus on creating cultural competence in the aged care service overall. Cultural competence here refers to attitudes, resources, and infrastructure being aligned with Australia's diversity of culture and language.

A quality framework for the aged care system must incorporate benchmarks acknowledging culture as a central need of consumers. This should include, for example, national accredited standards of cultural competence in aged and community care service provision to be adopted by all service providers. Cultural competency can be defined as "a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals which enable those systems, agencies or professionals to work in cross-cultural situations"⁶. To become culturally competent a health system needs to work at the systemic, organisational, professional and individual levels. A culturally competent health system should:

- value diversity
- undertake regular cultural self-assessment
- be aware of the dynamics which occur when cultures interact
- institutionalise cultural knowledge
- adapt service delivery so that it reflects an understanding of the diversity between and within cultures⁷.

FECCA recommends:

10. That cultural competency training is funded and integrated within preparatory courses, orientation and on-going staff development for the aged care workforce sector, which will benefit all Australians through the provision of more responsive and appropriate aged care services.

7.4 Professional Development Opportunities for Staff to Increase Cultural Awareness

FECCA supports the Productivity Commission's proposal to ensure that staff undertake professional development activities which increase their cultural awareness. To be effective in achieving culturally competent care services, diversity principles supporting CALD seniors need to be embedded across mainstream organisational policies, processes and programs, openly advocated and modelled by organisational leaders and integrated into everyday practice via pre-service, orientation and regular

staff training.⁸ Professional development focused on integrating cultural competence into the regular workforce would help in this regard.

Overall, CALD seniors respond better to face-to-face engagement models such as information sessions, bilingual community educators, supported access, bicultural and bilingual access workers and community development workers. To be able to manage diversity in an effective manner, the Australian Seniors Gateway Agency will need to train its workforce to align with such models of information and assessment provision.

7.5 Proposed Enhancement of the Aged Care Workforce to Enable Diversity Management

Within the ethnic aged care sector there is a major shortage in staff suitably trained and with competency in the major European languages represented amongst CALD seniors in Australia, especially Italian and Greek. This shortage can be remedied by:

- Providing training pathways for migrant women from these linguistic communities in Australia, who are currently out of the workforce, to become suitably trained to work in the aged care sector. This step would increase the supply of workers available to the sector during a period of workforce decline, while also building upon linguistic skills currently untapped by the Australian labour force.
- Targeting the Australian skilled migration program (through liaison with the Department of Immigration and Citizenship) to include recruiting suitably trained aged care workers speaking the relevant languages needed by the ethnic aged care sector.

FECCA recommends:

11. That a strategic workforce initiative be developed to address the growing shortages in staff language and cultural skills in services for CALD seniors, including both improved training pathways and targeted migration.

8. Delivering Care to the Aged – Workforce Issues: Draft Recommendation 11.1

8.1 Consumer Directed Care

It is a truism that in many CALD communities, families shoulder the responsibility of care of their older members. While this role of CALD families and carers cannot be overstated, it must not justify an abdication of responsibility by governments and care providers for supporting them in care provision when support is required. In many CALD communities services such as maintenance, home care, meals and transport are considered family responsibilities, while nursing services are “considered a

professional health service, something that the person and their family acknowledge is best delivered by a qualified practitioner”⁹. When such aged care services are delivered by an ethno specific provider, the CALD participation rates in these services show a marked increase.

In the area of providing care to the aged, the Productivity Commission states that it aims to provide greater consumer choice and direction. This is to be achieved through enabling individuals to choose an “approved provider” based on entitlements assessed at the gateway. Taking into consideration the cultural belief and desire within many CALD communities for aged care to take place in the home and with the support of informal carers (often family members), FECCA would like to recommend that the entitlement of “approved providers” be extended to include family members, friends and other community members. Expanding consumer-directed care in this regard would empower individuals to purchase culturally and linguistically appropriate care through their community. Introducing a cash option for aged care would be particularly beneficial CALD seniors, as it would enable them to pay for support from someone who speaks their language and understands their culture.

FECCA believes that such adaptations will address the specific needs of those from CALD backgrounds, and will enable them to tailor services more closely to their needs.

8.2 Carer Education and Training

Ageing CALD Australians are missing out on receiving culturally appropriate care in a multiplicity of areas. Current ethno-specific services are often under-resourced, and rely heavily on volunteers to deliver services that meet the increasing demands of their community. The delivery of person-centred care needs to include a bi-lingual, bi-cultural approach in order to maintain dignity and quality of life for people of CALD background who, alongside their fellow seniors, have contributed significantly towards the development of Australia.

8.3 Planned and Emergency Respite

Research into CALD ageing identifies that institutional care is not preferred and is often used as a last resort. There is, however, an increasing community recognition that high level care and end of life care may not be able to be provided in the home. As such, there is a need to consider the high level institutional care needs of CALD communities, as increasing numbers make this issue critical.

While the capacity to build community infrastructure for institutional care is limited and the costs and expertise thresholds are high, some communities have had the numbers and resources to develop highly effective institutional care. FECCA’s concern is that other smaller communities will not be able to achieve the same, and that this will lead to major inequities between communities. FECCA is concerned that the

current Productivity Commission's proposals about respite care do not adequately allow for and address the differences between CALD communities' resources and structures, which can affect entrance into high level care.

FECCA recommends:

12. That the Draft Report more clearly addresses the role of families and family care in making decisions for later-life residential care, as the current single pathway system of the Australian Seniors Gateway Agency is problematic for CALD seniors and carers who may find it difficult to engage in the system.

8.4 Improving Support for Informal Carers

It is important to increase the capacity of older people with high level care needs from CALD backgrounds to stay at home with their families, and delay the need for residential care, where this is preferred and appropriate. This requires sufficient funding of ethno-specific individual packages such as extended aged care at home (EACH), extended aged care at home-dementia (EACH-D) packages and community aged care packages (CACP) proportional to CALD population ratios.

An AIHW study¹⁰ indicates that a higher proportion of CACP clients were from CALD than non-CALD backgrounds. This may be due to a resistance to residential care and a preference for at-home care among CALD families. Other cultural and linguistic factors may also be implicated here. For elders with higher care needs, AIHW¹¹ has hypothesised that lower use of respite residential care (RRC) by CALD seniors and their families can be attributed to the acceptance of dementia as a normal part of ageing in their communities.

Furthermore, it must be recognised within the context of aged care services that cultural beliefs within CALD communities can lead to a high level of expectation regarding the taking on of informal caring roles by family members. Many CALD communities are guided by an assumption that caring should be a family matter, with the consequence that family members may automatically take on caring roles without consciously acknowledging that they are carers. This can lead to informal carers not accessing support services.

FECCA recommends:

13. That support services for informal carers involve targeted efforts to not only support carers in CALD communities but to ensure that such carers are aware of the support available to them.

9. Health Concerns Faced by CALD Communities

The proposed reform of Australia's current aged care services needs also to involve an acknowledgement of and targeted response to the distinctive health issues faced by CALD communities, which are currently exacerbated by inequity of access to health information and assessment

services. Specific CALD communities appear to have a higher genetic predisposition to certain chronic illnesses¹², but these risks can be mediated by lifestyle factors. South Asian elders, for example, are more susceptible to vascular issues and consequently present with higher rates of hypertension, dementia, depression and stroke than the broader Australian population. Diet and exercise patterns may play an important part in activating this tendency, and could be addressed by culturally appropriate health promotions.

A social model of health recognizes that improvements in health and wellbeing are achieved by addressing the social and environmental determinants of health in tandem with biological and medical factors¹³. For many CALD communities, these lifestyle issues result in chronic health issues later on in life. It is for this reason that aged care services need to specifically consider and respond to the chronic conditions that disproportionately affect CALD seniors, with awareness of such CALD-specific issues likewise needing to be implemented throughout the Productivity Commission's proposed aged care reforms.

9.1. Dementia, including Alzheimer's Disease

It is estimated that 269,000 Australians currently have dementia, with the number expected to rise to 981,000 by 2050. Of current dementia sufferers, 12.4% do not speak English at home¹⁴. FECCA wishes to draw attention to the reality that dementia, while also an issue for the non-CALD population, creates distinctive CALD-specific needs that must be addressed and catered to in both the Productivity Commission's Draft Report and by aged care service providers. For example, the impact of dementia among older refugees can trigger distressing memories of torture experiences or time spent in concentration camps, creating distress and leading to behaviour change and suspicion of institutional settings. Research has shown that elderly CALD residents with dementia are calmer and need less medication in ethno-specific nursing homes where staff and other residents speak their language¹⁵.

FECCA recommends:

14. A clear acknowledgement and response to the need for culturally appropriate and ethno-specific care for, and research into, CALD dementia sufferers.

9.2. Obesity, Diabetes and Sedentary Lifestyles

For many migrants, sedentary habits are linked with lifestyle changes following migration to Australia, including a dietary transition to refined foods high in sugars and fats, and lower intakes of fresh fruit and vegetables. Particular cultural attitudes also shape physical activity patterns among CALD seniors and must be considered when shaping effective health promotion campaigns to these groups and these communities.¹⁶ For example:

- There are positive associations in some communities between girth and wealth.
- Some communities accept this sedentary lifestyle as ‘normal’, an entitlement and a mark of respect for elders in many cultures. Such beliefs can lead to a resistance to Australian health promotion messages about “active ageing”.
- In some communities, a self-conscious shyness among CALD seniors about going to gyms and a lack of motivation even to walk any distance can impact on health.
- Religious beliefs around the perception of disease as ‘fate’ and “punishment for sin”, as indicated in U.S. research¹⁷ can deter some CALD seniors from seeking medical help.
- The stigma associated with mental illness in many cultures can result in ineffective health promotion and information campaigns, unless such attitudes are sensitively addressed and managed.

It is imperative that awareness of the diverse cultural beliefs that contribute to sedentary lifestyles, obesity, and diabetes be integrated throughout aged care services, so that CALD-specific needs can be recognised and addressed. FECCA believes that implementing cultural competency about diversity through the Productivity Commission’s aged care reforms will help achieve this aim.

10. End-Of-Life Care and Later-Life Planning

The Draft Report has acknowledged that the palliative and end-of-life care needs of older Australian are not being adequately met under the current arrangements. CALD seniors face distinctive issues in this regard, as while planning for later life is increasingly recognised as an essential strategy for helping navigate this life stage, extended family, religious beliefs and other cultural considerations often result in CALD communities paying scant attention to later life planning¹⁸. Barriers to effective end of life planning include the sensitivities that underpin losing one’s decision-making ability, legal costs, trust, family conflict, lack of prior experience in country of origin, and handing over control of finances.

Given these cultural barriers and sensitivities, there is a need to promote later life planning and develop effective communication approaches for individual CALD communities. This will enable later-life services and rights to be understood and accessed if desired, and for the potential negative impacts associated with poor planning on the lives of CALD seniors and their carers to be significantly reduced.

FECCA recommends:

15. That the Federal government develop a national CALD education strategy on issues and services relevant to planning in later life.

11. CALD Ageing as Distinct from LGBTI Ageing

FECCA is concerned by the Productivity Commission's decision to classify LGBTI seniors as culturally and linguistically diverse. FECCA recommends that instead of grouping together such communities under an umbrella category of "special needs", aged care reform needs to implement an ability to manage all forms of diversity in its normal and permanent practices.

FECCA recommends:

16. That CALD communities are acknowledged as separate from, and facing distinctly different needs to, LGBTI seniors in all future research and policy reforms of aged care.

12. Aged Care Policy Research and Evaluation

It is vital that disaggregated data is systematically collected and used in planning services for CALD seniors, particularly for targeting these services to areas and communities of greatest need. FECCA's National Access and Equity Consultations (2009-2010)¹⁹ indicated an absence of disaggregated data on CALD communities as a core underlying issue, with this impacting on planning and service delivery across the CALD sector. As CALD seniors represent a considerable and growing proportion of Australia's ageing population, this problem has the potential to produce significant inefficiencies in the allocation of resources.

Data on the distribution of CALD seniors is also important for the planning of appropriate services including staffing and cultural competence requirements. Building a better evidence base via strategically-focused research will enable pressing issues and the quality of aged care services to be investigated. Drawing on disaggregated data to assess current and proposed initiatives will help create more accessible, effective, and soundly targeted aged care services²⁰.

FECCA recommends:

17. That CALD-specific research be integrated into the Productivity Commission's proposals for aged care reform, with such research used to improve the cultural competence and diversity awareness of the aged care system overall.

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- ¹ FECCA fact sheet, www.fecca.org.au
- ² Rebeiro, J (2010) *Ageing Carers in Ethnic Communities: the challenge is NOW*. Paper presented at the International Federation on Ageing Conference 3-6 May, Melbourne Convention and Exhibition Centre. p.3
- ³ FECCA-Federation of Ethnic Communities' Councils of Australia. (2007). *FECCA Submission to Review of Subsidies and Services in Australian Government funded Aged Care Programs (Review of Subsidies and Program)*.
- ⁴ Dutchcare LTD (2010) *Caring For Older Australians: Aged People from a Non-English Speaking Background*
- ⁵ Ibid.
- ⁶ NHMRC (2005) *Cultural Competency in Health: A Guide for Policy, Partnerships and Participation*. The Australian Government National Health and Medical Research Council. p.7. <http://www.nhmrc.gov.au/files/nhmrc/file/publications/synopses/hp19.pdf>
- ⁷ Ibid
- ⁸ Robert Bean, (2008), *Cultural Diversity Training*
- ⁹ CIRCA (2008) *CALD Dementia Strategic Model*. Cultural Indigenous Research Centre and Cultural Perspectives, 13.
- ¹⁰ AIHW (2006) *Special Population Groups*, Australian Institute of Health and Welfare, accessed www.aiwh.org.au on 26 July 2010.
- ¹¹ AIHW (2010) *Dementia and the take up of residential respite care*. Bulletin 78, p.4.
- ¹² Interview notes from telephone interview with Dr. Rajeev Kumar, MBBB, MD, DPM, FRANZCP, PhD[ANU] Senior Staff Specialist & Neuropsychiatrist Canberra Hospital & ANU Medical School, Australian National University Canberra, 26 July 2010.
- ¹³ Baum F (2008) *The New Public Health*. 3rd Ed. South Melbourne: Oxford University Press; Royal College of Physicians(2010) *RCP policy statement 2010 - How doctors can close the gap: Tackling the social determinants of health through culture change, advocacy and education*. London: RCP.
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- ¹⁷ CIRCA (2008) *CALD Dementia Strategic Model*. Cultural Indigenous Research Centre and Cultural Perspectives. P.20.
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- ¹⁹ FECCA's National Access and Equity Consultations (2009-2010).
- ²⁰ Ibid.