



ACCV RESPONSE

TO

**DRAFT PRODUCTIVITY COMMISSION
REPORT**

March 2011

SUPPLEMENTARY SUBMISSION – No.1

ACCV Cultural And Linguistic Diversity Interest Group

**COMMENTS ON THE PRODUCTIVITY COMMISSION'S INTERIM
REPORT ON THE CARE OF OLDER AUSTRALIANS**

24 March 2011

INTRODUCTION.

This supplementary submission results from a workshop session held on February 10th 2011.

ACCV would like to thank the following members of its CALD Interest Group who have taken part in the workshop and prepared this comments paper.

- Petra Neeleman, DutchCare (Chair)
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- Deborah Harvey (Jewish Welfare),
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- Johannes Achilles (Tabulam and Templar Homes Homes for the Aged),
- Paula Trood (Benetas),
- Penni Michael (FronDitha)
- Paul Zanatta (ACCV)

The focus of this feedback has been confined to culturally and linguistically diverse groups. In saying this, the paper positively acknowledges the presence of cultural or diversity issues pertaining to Aboriginal and Torres Strait Islander citizens or other groups of people who identify with other diversity issues such as on the basis of their sexuality. Nonetheless for the practical purposes of this paper, cultural and linguistic diversity is circumscribed by the presence of ethnicity derived from another national or overseas culture.

The discussion therefore centres on what needs to occur to make the proposed new framework work for the ethnic aged especially in the light of the comment that

"The Commission's proposal to relax supply constraints over time is likely to facilitate the establishment of culturally appropriate aged care providers in specific areas (subject to them becoming approved providers) and enable existing providers of specialist services to expand".

SUMMARY.

Overall, the group expressed a high level of agreement with the interim report. Given the scope and magnitude of the exercise, the group felt that the report was well structured and covered most areas of concern.

Recommendations.

A series of recommendations are as follows:

Reform implementation

Stage 1: expedited measures within two years should include:

- the development of information in community languages on service types, chronic disease and healthy lifestyle;

- identifying a supply of interpreters for the principle community languages;
- validation of the additional costs of CALD care;
- research on models of CALD care;
- the development of a planning model for the ethnic aged which promotes equitable access to aged care services;
- the development of a Government reporting mechanism on access and equity for all the special needs groups;
- research into CALD communities' preferences for aged care including services for respite and dementia support.

OUR COMMENTS.

Elderly Victorians from a CALD Background.

ACCV regards the provision of culturally competent care as a pointedly Victorian issue, both with regard to Victoria's population and the impact of settlement resulting from both pre and post WWII migration streams.

In an earlier publication of which ACCV was a lead party in 2006, it was stated that

Australian Institute of Health and Welfare (AIHW) projections suggest that by 2011, 30.8 per cent of all older people will be from CALD backgrounds, up from 23.1 per cent in 1996. ¹In Melbourne, the proportion will be 38 per cent in 2011. People of Italian, Greek and German descent will be the largest groups in this cohort.²

People from a non-English speaking background are therefore recognised as one of the 'shapers' of aged care in the future. Their preference for community care was noted as well as their need for information on lifestyle (wellness), choice, aged and health care.

Selected Report Chapters.

A framework for assessing aged care

This chapter touches on the principles which should guide aged care policy. It mentions equity of access to care and correcting market failures. It focuses on the wellbeing of both consumers and carers. It advocates choice for consumers in a system which is easy to navigate.

The CALD Interest group agrees with the concept of equal access to services. It noted, however, that the report seemed to favour existing services. For the average

¹ Gibson, D et al., Projections of Older Immigrants, Australian Institute of Health and Welfare, 2001.

² Victorian Government submission to the Productivity Commission's report, The Economic Implications of an Ageing Australia, November 2004.

Both of these citations from Moving to Centre Stage: Community Care for the Aged Over the Next 10 Years (2006), The NOUS Group. Victorian Community Care Coalition. Melbourne.

ethno-specific service provider, the financial impediments to setting up an aged care service in a fluid consumer situation remain high.

Ethno-specific residential care will be out of reach for most ethnic organisations without significant capital funding. Therefore, providing a brokerage service would appear to be the most obvious avenue to pursue individual care without substantial capital or infrastructure requirements.

Whilst carer support is emphasized, little is mentioned about dementia and the consequent need for respite support for CALD consumers who have little access to these services compared to a large proportion of the remaining population.

A significant failure of the current system is the lack information and language support to enable CALD consumers to understand their choices and navigate the system. A critical success factor for navigating the new system is that CALD consumers must be provided appropriate information in a form which they can access, especially through the ethnic media, and in a language they can understand.

Assessment of the current system

The Commission believes the aged care system is in need of fundamental reform. Factors include complexity, waiting times, difficulty in accessing services, limited choice, range of pricing, and regulatory burdens.

As mentioned above, the ethnic aged have difficulty accessing culturally and linguistically appropriate services. The lack of translated information, together with the additional costs associated with language services and the provision of culturally specific care in mainstream services are often cited as the reasons.

Better cost data is first of all required to target these deficits with effective improvements including those required at the level of:

- The formal aged care system governing architecture and central agencies such as the proposed Australian Aged Care Regulatory Commission and the Australian Seniors Gateway Agency,
- Aged Care Services operated by approved providers as part of this formal system and,
- Other services for older people outside the formal aged care system.

Associated with this exploration is the need to clarify the factors which constitute CALD care. These costs can be grouped as:

- culturally appropriate services alone;
- language services alone and,
- language, culturally appropriate services and mental health services combined.

Future costings of care for ethnic elders should include a component for case management.

Paying for aged care

The Commission has recommended the separation of costs in respect of accommodation, living expenses, personal and health care, with consumers paying more for the first three items on a means test basis.

It has been proposed that Government expenditure will be controlled through a rigorous assessment of need, the resource levels for approved services, the standard for basic accommodation and the co-contribution schedules.

In managing fiscal risk, the Government potentially would need to ensure that it does not create an additional risk insofar as overall expenditure control strategies that may inadvertently penalise CALD groups.

It is possible that in the new entitlement model, that expenditure control might be exercised by temporarily halting the numbers of people assessment for services, reducing the level of subsidies, increasing co-contributions or cutting system wide expenditure. In a situation where effective system responses and care for CALD elders costs more, CALD consumers might therefore be negatively affected. This might occur be through:

- reduced choice or access on the basis of weakened language and navigation support or inability to pay,
- reduced quality of care on the basis of reduced subsidies or,
- reduced scope of care with decreased subsidies or inability to make co-contributions.

Options for broadening the funding base

Both the Victorian State Government's HACC Supported Access funding and the Commonwealth's CPP funding have, to date, been successful in facilitating access by selected ethnic groups to relevant services but they do not address the breadth and depth of identified need, nor do they allow for continuity of effort.

These programs demonstrate the need for core funding to be made available to ethno-specific agencies to work with mainstream agencies which provide the bulk of services to CALD communities and will foreseeably continue to do so.

Care and support

Consumers' preference for ageing at home is acknowledged together with their options to choose their care provider and case manager. The Commission recommends that a single agency, the Australian Seniors Gateway Agency, (ASGA) be established to provide information, assessments, a referral system and care coordination.

The ASGA's scope of activities appears to be very onerous. Careful planning and adequate resourcing are required to ensure that it can meet demand in a timely fashion without bottle necks and rapidly escalating waiting lists which have been observed to have occurred most notably in Aged Care Assessment Teams.

Many mainstream services are less than adequately reaching people from CALD backgrounds. For example Carelink centres do not appear to be widely advertised in the ethnic media. It would be essential that the proposed ASGA is well promoted using widely used ethnic media channels.

In addition, sufficient lead time would need to be accorded to the Gateway service to enable it to amass information in community languages for its diverse constituents, or to develop effective links with relevant sites which contain translated information. There is currently a dearth of information in community languages pertaining to the aged care system, service types, chronic disease and healthy lifestyle. Sufficient resources would need to be set aside for interpreters of the principle community languages. Of itself a workforce shortage might become apparent for qualified interpreters for this type of work.

The use of Centrelink acting as a conduit to aged care information is sound proposition. One step further is the recommending by the ACCV CALD Interest group that ethno-specific services also be funded to provide detailed information to their communities of interest. In the current absence of readily accessible information from government agencies, ethnic organisations are already providing this information service by necessity, from the pool of resources intended for the rest of their services. Information provision must be recognised as a legitimate system output and therefore resourced purposefully as a legitimate system input cost.

Special needs groups

The Commission acknowledged that a reformed aged care system would need to be responsive to diversity which includes people with specific language and cultural needs. It acknowledged the higher costs of CALD care and the need for more detailed data to inform planning at the local level.

CALD Interest group has undertaken considerable discussion on the planning of services for the ethnic aged and the main points which emerged are:

- planning should start at the local level and move upwards. This is the reverse of what currently happens;
- planning areas should large enough to detect the presence of smaller minority groups. The Department of Health and Ageing's planning regions satisfy this requirement;
- planning mechanisms should be sufficiently refined to identify more qualitative distinctions within and between groups, e.g. proficiency in English; length of time in Australia; developed networks and community linkages
- as a matter of course, the numbers, distribution and composition of the ethnic aged in planning regions should be continually monitored;
- planning needs to be ongoing, not a once a year event.

- local planning committees involving government representatives, ethnic community representatives, local government and aged care workers could develop locally based solutions to complement the national aged care system

The Interest group has noted that the Commission recommends that the uptake of services by supported residents be monitored to ensure they are not squeezed out in a free market environment. The uptake of services by CALD individuals should also be monitored by the Australian Aged Care Regulation Commission, using data amassed by DoHA to ensure that the CALD elderly also have equitable access to aged care services.

Aged care workforce

There is support for the Commission's suggestion that bilingual staff be rewarded in the workforce when their first language is used in their work situation.

The relaxation of the 457 visa requirements to enable overseas students and skilled workers to take up aged care employment in Australia is also supports

In much the same way that doctors have been indentured to work in country areas, similar methods involving scholarships could be applied to students in the health and welfare disciplines to work in aged care for several years.

Regulation

The CALD Interest group supported a review of the accreditation standards and community care standards to accommodate linguistic and cultural considerations across all their domains. Linguistic and cultural considerations are presently quarantined in a single "Cultural and Spiritual Life" outcome³ under the Resident Lifestyle Standard (Standard 3). ACCV as recognises that across the board this needs to be accompanied by a different approach to measuring the standards which focuses on ensuring broad processes and questions are constantly being asked, not an audit trial of prescribed measures.

Policy research and evaluation

In a CALD context, research needs to be undertaken on:

- benchmarks in CALD care on such matters as diversity processes and approaches that move aged care and broader services towards much more culturally responsive outlook and service delivery.
- the costs of CALD care on end an end to basis from promotion and engagement, through navigation and to ongoing care and service provision.

³ Outcome 3.8 of the Residential Aged Care Accreditation standards states, Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

- effective and achievable models of care for CALD consumers that provide a range of choices for CALD consumer and not just limit the “heavy lifting” to a small number of ethno-specific agencies.
- various cultural aspects of ageing, aged related disorders and the concomitant care (e.g. palliative care, dementia, depression and anxiety, pain, continence, nutrition etc)

Reform implementation

A caveat on the measures which have been additionally recommended above is that these measures be expedited and substantially achieved (or progressed) within the first two years.

Given that many of the measures will not simply evolve through a market response - as in part they are system wide, and simply not a visible direct to consumer market offering, consideration should be given to identify a broad system-wide Aged Care CALD strategy as a stand-alone management strategy or as part of a broader Industry Re-development Plan.