



SUBMISSION

TO THE

PRODUCTIVITY COMMISSION

FROM THE

**ETHNIC COMMUNITIES COUNCIL OF QUEENSLAND
HOME AND COMMUNITY CARE RESOURCE CENTRE**



The release of the position paper, "Nursing Home Subsidies" by the Productivity Commission draws attention for the Ethnic Communities Council of Queensland Home and Community Care Resource Centre (ECCQ HACC Resource Centre) to the lack of credible information about the cost of providing culturally inclusive care services throughout the Residential Aged Care Industry.

Whilst the thrust of the Productivity Commission's review primarily focuses on geographic equity issues pertaining to the process of coalescing subsidy rates for high care residents, it does bring into illumination other equity issues and for the ECCQ HACC Resource Centre raises the question:

Is the current method of funding adequate to support culturally inclusive quality care practices across the Residential Aged Care industry?

We argue that a number of the Commission's preliminary Proposals should also have application to the allocation of funds for the provision of culturally inclusive care and have outlined them as follows: -

EQUITY

We note that a central argument of the Commission is

"that equity of access to quality aged care must be the main criterion for assessing alternative subsidy regimes " (Position Paper: 1998:.p ix)

This aim partially reinforces Objects 1(e) of the Aged Care Act 1997 namely, "to facilitate access to aged care services by those who need them regardless of race, culture, language, gender economic circumstances or geographic location. (Aged Care Act: 1997: p4)

The thrust of the Commission's proposed allocation of funds is clearly influenced by the desire to achieve geographic equity. The ECCQ HACC Resource Centre argues that the adoption of a new funding methodology should also address the issue of equity raised by the other elements of Object 1(e), of particular interest to our constituents is that which relates to "race", "culture", and "language".

Statistics gathered by the ECCQ HAAC Resource Centre about the current utilisation rates of residential care facilities by persons born overseas and in non-English speaking background countries would on inspection indicates room for improvement.

**UTILISATION RATES OF RESIDENTIAL CARE AND COMMUNITY SERVICES BY
NESB RESIDENTS/CLIENTS
NATIONALLY AND BY STATES**

SERVICES	NATIONAL	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
*Nursing Home	13%	11.4%	23.1%	5.8%	13.4%	12.4%	4.4%	14.2%	9.6%
*Hostel	11%	8.0%	23.1%	4.5%	9.8%	7.0%	4.1%	11.7%	7.4%

*** Data generated through Department of Health and Aged Care Production System June 1998**

AGED POPULATION 70 + YEARS +									
SERVICES	NATIONAL	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Total Population 70+ years	1488317	527729	365232	275272	122297	138772	39626	14115	5223
Total NESB Population 70+ years	220937	77636	71316	24121	20825	20958	2363	3064	646
NESB % of Total	14.84%	14.71%	19.53%	8.76%	17.03%	15.10%	5.96%	21.71%	12.37%

*** Statistics extracted from the *Australian Bureau of Statistics - Community Profile Series 1996***

A further breakdown of these statistics would be necessary if one is to gain a more accurate analysis of the regional spread of utilisation rates of services by frail aged persons of non-English speaking backgrounds. Nonetheless anecdotal information from Ethnic Communities and aged care providers suggests that there are significant inequities between the access rates in the large metropolitan cities and regional and rural areas as occurs for the broader Australian community.

This under utilisation of services by this section of the population begs the question as to why this is so?

ENCOURAGEMENT OF THE DEVELOPMENT OF SERVICES MORE RESPONSIVE TO THE NEEDS OF RESIDENTS.

We note that one of the preliminary proposals of the Commission is to ensure that -

"In combination with residents charges government funding should be sufficient to support the level of care requirements to meet the accreditation and certification requirements." (Position Paper: 1998:pxii)

An analysis of the Aged Care Accreditation Standards clearly indicates that the attention given to the issue of responding to cultural diversity makes it inevitable that facilities will be required to respond to this matter in order to comply with quality assurance audit requirements. The question still remains unanswered as to whether the industry is adequately resourced to meet audit requirements and in particular those requirements relating to culturally inclusive care.

A major impediment to ethnic communities supporting the role of Residential Aged Care facilities providing assistance to the frail aged of their communities is the perception that the industry broadly speaking, lacks the resources and capacity to responsively meet the needs of their elderly. We acknowledge that this would not be the only factor but argue that it is an important one.

Discussions held with facilities about their capacity to respond comprehensively to the needs of their culturally diverse residents often provokes a common response that it takes extra time and effort or it costs more to meet their special needs.

We would argue that the analysis of cost structures, for Aged Care Facilities provided to the Commission and outlined in the Position Paper, do not project a true position in all aged care services as was noted in the case for the rural and remote services. We consider this also to be true in relation to culturally inclusive care.

We further argue that there can be significant variations in costs incurred in meeting the needs of persons from culturally diverse backgrounds. For example, does the current subsidy regime adequately cover the costs of the engagement of interpreters to meet the communication needs of clients with limited or no English language skills? Are facilities adequately funded to meet the costs incurred in the provision of traditional meals which may include the acquisition of groceries not utilised in the preparation of meals for other residents, or meal preparation activities that incur extra time? Is the subsidy system adequately flexible to enable the employment of bilingual and bicultural staff to meet the needs of residents specifically arising from their communication and cultural needs in an environment where the composition of residents is constantly changing, eg. A Russian this week and someone from Sri Lanka in six months. We argue that many facilities caring for residents from culturally diverse backgrounds would be confronted with the same cost implications raised by the Frontier Services in the Northern Territory and Western Australia. (Position Paper: 1998:p 2)

Our investigations have revealed that to date it would appear that no analysis has been undertaken to ascertain the cost of providing culturally inclusive care and the adequacy of the level and type of subsidy, currently available to the industry, in relation to providing that care.

As such we recommend that the Productivity Commission, as part of its current review, would seek to address this information gap by undertaking a study to determine the cost variables incurred in the provision of culturally inclusive care to assist them with their current deliberations..

Furthermore we would like to indicate our support for the Commission's proposal for a uniform basic subsidy rate, provided that there is special needs funding to provide additional support for high cost services which we argue should not only acknowledge the situation of rural and remote services but also the higher costs associated with the provision of some culturally inclusive services.