



Submission Template

Increasing Choice in Home Care – Stage 1

Discussion Paper

Please upload completed submissions by **5pm, Tuesday 27 October 2015** to
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Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.

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Stakeholder Category: Peak Body

State/Territory: Victoria

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General questions (see section 4 of the Discussion Paper)

Question a) Overall, what do you believe will be the impact of the proposed changes in Stage 1 on consumers and providers?

The Ethnic Communities' Council of Victoria (ECCV) appreciates the opportunity to submit feedback to the Department of Social Services (DSS) on behalf of frail older people from non-English speaking and culturally diverse backgrounds and ethno-specific and multicultural aged care providers. ECCV represents the voice of multicultural communities in Victoria. As a peak body we have advocated for seniors from a non-English speaking background since 1974. The feedback within this document is the product of ECCV's consultations with culturally and linguistically diverse communities, ethno-specific/multicultural and mainstream providers, and other peak bodies.

Impact on consumers

ECCV- Monash University research indicates that older people from non-English speaking and culturally diverse backgrounds have a strong preference for remaining in the community rather than seeking institutional care.¹ However, older people from non-English speaking and culturally diverse backgrounds face a range of barriers to access which negatively impact upon their health, wellbeing and social inclusion outcomes. These barriers include: the lack of culturally and linguistically appropriate information; a lack of knowledge in navigating Australian systems and services, particularly for migrants who arrive in Australia at an older age; poorer overall socioeconomic status compared to the older Anglo-Australian population; differing cultural practices and norms; and a preference for family members to provide care.

In addition to language and cultural barriers, research by the Federation of Ethnic Communities' Councils of Australia (FECCA) indicates that older migrants from non-English speaking and culturally diverse backgrounds have the following multiple vulnerabilities when compared to the older Anglo-Australian population: lower rates of use of information technology; lower rates of access to services; an increased risk of poverty; less superannuation savings; less likely to be in paid work; and lower levels of education.² Adverse health and social outcomes are exacerbated for those who migrate to Australia at an older age, including older refugees.

ECCV believes that, if managed correctly, the proposed changes have the potential to provide eligible consumers from migrant and refugee communities with better access to homecare packages and empower them to take their packages to their preferred providers. Here ECCV highlights the importance of culturally appropriate care, which includes the following elements: culturally sensitive aged care assessment; partnerships with ethno-specific and faith-based organisations; same language services; the employment of bilingual staff; the provision of culturally appropriate food; and cultural and spiritual care. Because of the importance of culturally appropriate care, older consumers from migrant and refugee backgrounds often have a strong preference for ethno-specific and multicultural

¹ Radermacher H, Feldman S, Browning C. *Mainstream versus ethno-specific community aged care services: it's not an 'either or'*. Monash University and Ethnic Communities' Council of Victoria, 2008. 10

² FECCA. *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*. 2015. 15



services.

The capacity to exercise choice and control over one's care is relative to one's level of health (and financial) literacy, which as indicated above, is lower overall within migrant and refugee communities. In order for consumers from non-English speaking and culturally diverse backgrounds and their families to benefit from the proposed changes in Stage 1, and exercise choice and control, ECCV maintains that they need to be strongly supported through targeted education, community development, and capacity building strategies surrounding My Aged Care (MAC) and Consumer Directed Care (CDC). Furthermore, within a more competitive environment ECCV argues that not-for-profit ethno-specific and multicultural providers specifically dedicated to the needs of consumers from migrant and refugee backgrounds are an essential component of a diverse market place. This will ensure that consumers from migrant and refugee backgrounds have genuine choice in trusted culturally appropriate services and that those clients with multiple vulnerabilities and complex needs do not fall through the gaps.

Impact on providers

The abolition of the Aged Care Approvals Round (ACAR) will impact greatly on aged care providers by creating a more competitive, market-driven environment. Under the ACAR, ethnic and multicultural agencies have always been dependent on the allocation of packages, which have been limited or not forthcoming. The proposed reform therefore provides these agencies with new opportunities to attract more consumers. With the ACAR abolished, there will be an opportunity for ethno-specific and multicultural providers to attract more consumers through the superior provision of specialised and high quality culturally appropriate services (and the brokering out of their services). However, the capacity to market/advertise services will become more important, and this will be more challenging for smaller to medium community organisations with limited resources.

The biggest challenge that ethno-specific and multicultural providers face in a more competitive and less stable market place - particularly smaller providers - is to remain financial sustainable. Research demonstrates that the provision of culturally appropriate care is more costly and resource intensive.³ Under a one size fits all individualised funding model, those agencies which cater to a higher proportion of vulnerable and financially disadvantaged consumers (and consumers in rural and remote areas) will face extra challenges and will be under more financial pressure. Because these clients are less 'cost-effective' there is little incentive for profit-driven providers to cater suitably to their needs. Thus, in order to prevent 'market failure' for these consumers with complex needs, it is paramount that not-for-profit providers, both ethno-specific/multicultural and generic, remain in the market place. To ensure that this occurs, ECCV believes that additional targeted support and flexible block funding will be required for organisations that cater specifically to clients who have complex needs and are socioeconomically and geographically disadvantaged.

³ Ansell C and Neeleman P. "Counting the costs of CALD". *Australian Ageing Agenda*. 2013
<http://www.australianageingagenda.com.au/2013/08/06/counting-the-costs-of-cald/>



Question b) What type of information and support will consumers and providers require in moving to the new arrangements?

Consumers

Currently, approximately one third of Victorians aged 65 and over are from non-English speaking backgrounds. According to the 2011 Productivity Commission Inquiry Report, people from culturally and linguistically diverse backgrounds over 65 year old are projected to grow another 43 per cent nationally in the next 15 years.⁴ Furthermore, there is a growing number of older people from new and emerging communities who have arrived in Australia more recently and they have limited access to culturally appropriate ageing and aged care services.

As mentioned above, ECCV maintains that consumers from non-English speaking and culturally diverse backgrounds and their families need to be strongly supported through the changes with targeted education, community development, and capacity building strategies. These consumers require culturally and linguistically appropriate community education through a range of audio-visual and print media forms about the changes to home care, the concept of CDC, and about navigating and understanding My Aged Care. In the case of written translations, ECCV recommends culturally relevant consumer translations which consider the cultural needs and health literacy level of the target audience. In this regard, ECCV endorses the Translation Standard developed by the Royal District Nursing Service (RDNS) together with community members from culturally and linguistically diverse backgrounds.⁵

The need culturally and linguistically appropriate support of course also applies for unpaid carers, who save the Australian economy billions of dollars.⁶ Consumers on higher level packages, who have greater levels of frailty and cognitive impairment, require their carers need to be involved and engaged in supporting them in their aged care choices, in some cases fully directing their package. As previously stated, Australia's culturally diverse communities have a preference for family members to provide care, and there are limited culturally and linguistically appropriate resources for these carers to negotiate a complex and rapidly changing aged care system.

In fact, just as Australia's aged care landscape undergoes its most seismic shift in many years, the Commonwealth Government has defunded numerous targeted linking and capacity building aged care programs and activities targeted at Australia's vulnerable non-English speaking and culturally diverse older population. These programs are vital for assisting this demographic to understand the complex aged care system and make informed aged care choices, and these funding cuts have left a disturbing gap in aged care services and information for Australia's multicultural communities precisely at a time when they are needed most.

Furthermore, under the overarching philosophy of consumer direction, ECCV argues that the Commonwealth has a clear responsibility and duty of care to provide the necessary support to improve the understanding of the aged care system within migrant and refugee communities. Under

⁴ Australian Government Productivity Commission. *Caring for Older Australians*. 2011. 47

⁵ Michael J, Aylen T, Ogrin R. "Development of a Translation Standard to support the improvement of health literacy and provide consistent high quality information", *Australian Health Review* 2013; 37(4): 547-551.

⁶ <http://www.nationalseniors.com.au/be-informed/news-articles/carers-save-economy-billions>



current funding arrangements, when consumers from non-English speaking backgrounds require an interpreter outside of the operational requirements for the programme of the approved provider – for example when they access vital and preventative sub-contracted nursing assessment and allied health intervention – they must bear the cost through their home care package funds. Thus, there is a clear risk that consumers from non-English speaking backgrounds will achieve poorer health outcomes since they will often be forced to spend their budget on language costs at the expense of vital care services, thus exacerbating pre-existing vulnerabilities. ECCV stresses that consumers from non-English speaking backgrounds will also be economically disadvantaged relative to the general population since they will be forced to pay for necessary translating and interpreting services out of their individual budgets.

Providers

Currently, ethno-specific and multicultural providers are investing a lot of time and resources into carrying out this vital community development and capacity building with no support from the Commonwealth Government. In fact, targeted funding for culturally and linguistically specific community development and education is at its lowest level for well over a decade. Within the new and rapidly changing consumer directed aged care landscape, ECCV advocates to the Commonwealth Government for the reintroduction of a targeted multicultural aged care funding stream. This targeted stream will enable selected ethno-specific and multicultural organisations, in partnership with other peak bodies and generalist aged care and health organisations, to empower older culturally diverse consumers through culturally and linguistically appropriate activities and education. ECCV maintains that this support is necessary to develop informed and self-directed consumers.

ECCV congratulates DSS for providing one off grant funding for providers in June to help home care package providers to reorientate their organisations' culture and service delivery models to consumer led care. This retrospective one-off funding for providers was to help cover the costs associated with reskilling their staff for the new consumer directed context. In addition to this one off funding for staff upskilling, ECCV believes providers, particularly small to medium providers, will need some extra, up-front transitional support for migrating to My Aged Care and for selecting and implementing the new IT systems required for the home care transition.

Question c) What additional information and support will the assessment workforce require in the lead up to February 2017?

ECCV views culturally sensitive aged care assessment as one of the core pillars of culturally appropriate aged care. Culturally sensitive and accurate assessment is vital if older people from non-English speaking and culturally diverse backgrounds are to get timely services and develop trust in the service system. For example, FECCA research indicates that there has been a range of issues identified in conducting cognitive assessments with older people from non-English speaking backgrounds who require an interpreter. Language services and interpreters often have limited understanding of cognitive assessment processes, while assessors may have little or no training in



using interpreters effectively.⁷ Cultural and language factors can result in a greater risk of misdiagnoses for people from culturally diverse backgrounds.

ECCV underlines the importance of compulsory cultural competency training for the assessment workforce and the implementation of specific diversity strategies in relation to assessment. ECCV also endorses the Victorian HACC program's diversity planning and practice and the HACC assessment framework and Active Service Model, which aim to help organisations work together to streamline assessment and service delivery. The Victorian HACC program has been committed to respecting the diversity of the Victorian population by working to remove perceived or actual barriers to care and support older people to remain living independently in their homes and communities.

This diversity planning and practice seeks to: improve the accessibility and responsiveness of services to people who are eligible for HACC services and are marginalised or disadvantaged due to their diversity and improve the capacity of the service system to respond appropriately to their needs. This approach aligns with a person-centred care and an active service model approach. A particularly important component of Victoria's diversity planning and practice that ECCV believes would add value to the national aged care program is the Victorian Access and Support (A&S) program. The A&S program plays a key role in supporting and facilitating culturally appropriate assessment and ensuring that consumers and their carers are active partners during assessment.

Together with mandatory cultural competency training and the integration of diversity planning programs, such as A&S, to support consumers and the assessment workforce, ECCV believes that any competitive tendering of ACAT services in the future should embed safeguards and supports to ensure that clients with complex needs are not excluded from assessment. ECCV underlines that culturally appropriate assessment takes extra time. Consequently, the assessment workforce needs to be properly trained and resourced to cater to the needs of Australia's culturally and linguistically diverse population, and measures must be put into place to ensure that there is equity of access for these consumers and no instances of market failure in their regard.

ECCV further affirms the importance of local knowledge, expertise and networks within the assessment workforce and supports the retention of an assessment workforce which has local knowledge and networks.

Specific questions (see identified sections of the Discussion Paper)

Question at 3.2.1 Your feedback is sought on the proposed national approach for making packages available to consumers based on individual needs. This would replace the current system of planning and allocating home care places to providers at the regional level.

If managed correctly, ECCV believes that the proposal to assign homecare packages to consumers from a national 'pool', rather than to providers through a regional allocation, can improve the system by making it more equitable. As long as consumers from migrant and refugee backgrounds receive

⁷ FECCA. *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*. 2015. 18



the extra support that they require, ECCV believes that the added mobility of packages has the potential to provide these consumers with more opportunity to access packages and seek out trusted providers who are able to cater to their cultural, linguistic and spiritual needs.

ECCV is aware that, for some time, the ACAR has been favouring larger, generic providers over ethno-specific and multicultural providers and there has been little transparency in how packages tagged for culturally and linguistically diverse consumers were being allocated. ECCV has also received community feedback that, under the current system, assessed and eligible culturally diverse consumers are often not being picked up by providers. Allowing packages to move geographically in a more fluid manner has the potential to allow the system to adapt to changing needs and redistribute packages according to those needs.

However, ECCV notes that the discussion paper makes inadequate mention of how ‘special needs’ groups will be guaranteed equity of access under the new system where conditions of allocation will no longer exist. The discussion paper raises the fact that providers will be ‘better able to market their services, including to people from special needs groups and for specialised care’, yet it does not discuss what measures or safeguards will be put in place to ensure equity of access for clients with multiple vulnerabilities, diversity characteristics, and complex needs, or what extra support they will receive under the new system. ECCV suggests that the Department consider this issue in more depth, including the option of tagging a certain number of packages for vulnerable groups. ECCV would welcome the release of another discussion paper focusing specifically on this issue.

ECCV also believes that under the new system there remains a role for local/regional planning and population based resource allocation. In this regard, ECCV recommends that state and local governments continue to play a fundamental role in service sector/service delivery planning and development within their respective geographical contexts to ensure that the system is responsive to local needs.

Question at 3.2.5 Where there is a limited number of home care packages available, what factors do you believe should be taken into account in prioritising consumers to access a package?

ECCV would firstly like to urge the Commonwealth to provide sufficient packages to consumers so that demand does not outstrip supply. ECCV believes that eligible clients should not face the risk of missing out on vital care and support due to the limited availability of packages. However, in circumstances where there are limited packages available, ECCV recommends that a systemic and formalised national prioritisation of access tool (with guidelines for use) be developed and implemented for measuring a consumer’s multiple vulnerabilities and risk factors. The tool should prioritise needs based on the number of diversity characteristics that an individual consumer possesses (i.e. from Aboriginal and Torres Strait Islander communities; from a non-English speaking and culturally and linguistically diverse background; from a refugee background; lives in rural or remote area; is financially or socially disadvantaged; is homeless, or at risk of becoming homeless; is a veteran or the widow or widower of a veteran; is a care leaver; is a member of the Lesbian, Gay, Bisexual, Transgender and Intersex community) in combination with their level of physical/cognitive functionality (i.e. dementia) and informal support.



In the case where consumers have a co-resident carer, ECCV emphasises that the priority of access tool needs to be nuanced enough to register the willingness and/or physical capacity for the carer to give tangible support. Thus, the health and functionality of the carer also need to be key points of consideration.

A useful example of a priority of access tool, which however does not cover diversity characteristics, is the Priority of Access Tool (revised) POA5 for Local Government home based HACC services, which was developed by the National Ageing Research Institute:

http://www.nari.net.au/files/files/documents/poa5_june_2013.pdf

http://www.nari.net.au/files/files/documents/poa5_guidelines_march_2014.pdf

For more detail about what diversity characteristics can mean, please see the RDNS Diversity Conceptual Model. Central to the RDNS Diversity Conceptual Model is cultural group, as perceived by a person, and the model assists RDNS to think about, understand and solve problems associated with client and population diversity and its possible links with disadvantage:

http://www.rdns.com.au/public/files/files/RDNS%20Diversity%20Framework%202012_UPDATE%202015.pdf

Question at 3.2.6 (first question) Feedback is sought on whether there should be a specified timeframe for the consumer to commence care once they are notified that a package has been assigned to them, and if so, what types of circumstances might extend this period.

ECCV does not recommend a specific timeframe, but believes that high risk clients who present with numerous diversity characteristics and low levels level of physical/cognitive functionality and informal support should be given as much time as they need to choose an appropriate provider and commence care.

ECCV maintains that all consumers, especially consumers with barriers to access or complex needs, need to be given sufficient time to properly consider their options before commencing care.

Question at 3.2.6 (second question) The Department is seeking feedback on how interim care arrangements should be addressed from February 2017 where the consumer's approved level of package is not available. For example, where a consumer has been approved as eligible for a specific package level, should My Aged Care assign a package to the consumer at a lower level as an interim arrangement?

ECCV does not believe that consumers who are assessed as eligible for a higher package should be simply assigned a lower package as an interim arrangement; as this will not provide them with the care they require and might inadvertently serve to deprioritise them. Instead, ECCV believes that there should be a pool of transitional packages for those waiting for higher level packages or that the



consumer should be offered a lower package that is topped up with transitional funds.

Question at 3.3.2.1 Feedback is sought on the proposed approach to the treatment of unspent funds when a consumer moves to another home care provider.

ECCV has no comment to make on this issue.

Question at 3.3.2.2 Feedback is sought on whether there is a preferred approach for the treatment of unspent funds when a consumer leaves subsidised home care.

ECCV has no comment to make on this issue.

Question at 3.3.3 What types of circumstances might need to be considered in developing the approach and legal framework for dealing with unspent funds? For example, should there be different considerations where there is a deceased estate?

Feedback is also sought on what might be reasonable timeframes for providers to action the transfer of unspent funds.

ECCV has no comment to make on this issue.

Question at 3.5.2 How might the criteria relating to the assessment of approved providers (Section 8-3 of the *Aged Care Act 1997* and the *Approved Provider Principles 2014*) be adjusted to better reflect expectations around the suitability of an organisation to provide aged care?

Feedback is also sought on the other proposed changes to approved provider arrangements, particularly those affecting residential and flexible care providers.

ECCV has no comment to make on this issue.

Other comments

General comments or feedback on other issues: N/A