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ECCV Aged Care Committee Strategic Plan

March 2006 – June 2007

Ethnic Communities' Council of Victoria Inc.

Statewide Resources Centre

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Introduction

The ECCV Aged Care Committee held a Planning Day on 3 March 2006 to identify priorities and strategic direction for the next 15 months based on the ECCV Strategic Plan 2005-2010. While there was much discussion about the role of the Committee, this has been documented separately[1]. Eight members of the Committee attended in addition to ECCV's Executive Officer and Aged Care Policy Officer. The Planning Day included discussion about the following:

- The strengths and interests of the current Committee
- Committee makeup, membership, recruitment of members and constituency representation
- Strategic priorities to June 2007

The ECCV Aged Care Plan 2006-2007 has been developed in the context of Federal and State Government policies; ECCV's strategic plan 2005 – 2010; ECCV's aged care review (March 2005); ECCV's aged care Terms of Reference; ECCV's Aged Care focus; the current composition and the identified priorities of the Aged Care Committee. The plan was further enhanced by the input from ECCV's new Executive Officer in June 2006.

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[1] Role and function of ECCV Aged Care Committee

Policy & Program Context

Overarching policies in aged care:

- 'National Strategy for an Ageing Australia' (Federal policy)
- 'Making this the place to be' (Victorian policy)

Relevant Federal programs and initiatives	Relevant State programs and initiatives
- Partners in Culturally Appropriate Care (PICAC) - Community Partners Program (CPP) 'A New Strategy for Community Care – The Way Forward' - Hogan Review (Review of pricing services in residential services) - Review of Psycho geriatric units (PGU) - Immigration and Settlement policies: - Contributory Parent category visa - Parent category visa - Outcomes of COAG meeting - Federal multicultural policies - Aged Care Minister's Reference group - Aged Care Planning Advisory Committee (ACPAC) - Dementia framework - Economic implications of ageing	- HACC Access and Equity program - Culturally Equitable Gateways Strategy (CEGS) - HACC Triennial Priorities (2006 – 2009) - Proposed Ambulatory Care Framework - Strategic Directions in Assessment / Care Coordination - Victoria's multicultural policies: eg: DHS Language services policy, DHS Cultural Diversity Guide 'A Fairer Victoria' - PCP initiatives - Community Health Program initiatives - Proposed DHS Carers policy - Ministerial Advisory Council of Senior Victorians - Ministerial Advisory Council on CALD (MCCALD) - HACC Department Advisory Committee (HACC DAC) 'Doing it with us not for us' (new policy on consumer, carer and community participation' - DHS strategy on culturally appropriate mental health - Dementia framework - Prevention of elder abuse

ECCV Aged Care Strategic Plan

The following Aged Care Plan takes an evidence-based approach to responding to the current and emerging aged care issues for Victorians from CALD backgrounds. The Aged Care Strategic Plan has been developed based on the expert knowledge and experience of the committee, to inform future ECCV planning.

The Aged Care Strategic Plan includes analysis of the strategic priorities identified by the Aged Care committee and the corresponding actions for addressing or responding to these priorities. The Strategic Aged Care Plan is reflective of issues affecting older Victorians from CALD backgrounds.

Planning for each of the strategic priorities includes:

Issue Analysis – the background and reasons why the strategic priority has been selected

Action – the activities that will be undertaken. Immediate actions to be undertaken within the next three months are also indicated. All other actions are expected to be completed within the Plan time frame

Partnerships – collaborations with stakeholders to support the action

Expected outcomes – the outcomes resulting from the action

Performance indicators – the measures for assessing the achievement of actions

Strategic priorities have been based on the recognition by the committee that the ECCV needs to:

1. Increase participation in activities with mainstream agencies, as an ethnic aged care advocate
2. Increase its involvement in the development of aged care policies with a focus on the ethnic aged
3. Develop partnerships with the main aged care industry players
4. Improve communication with the aged care sector to promote the ECCV, the subcommittee and what they can offer
5. Address language support issues across all areas of service delivery targeting the CALD elderly
6. Promote improved standards and use of language services in the aged care sector
7. Keep the needs of the CALD elderly on all government agendas for their planning and priority setting.
8. Address the mental health needs of the CALD elderly
9. Address Dementia in CALD communities
10. Address assessment/care coordination issues for older people from CALD backgrounds
11. Address access to services by older people from CALD backgrounds
12. Consider ambulatory care issues for older people from CALD backgrounds
13. Consider the issue of elder abuse in CALD families

Strategic Priorities 2006-2007

Strategic Priority #1: ECCV's Multicultural Aged Care Strategy (MACS)

Issue Analysis

Given that the State election will be held in November 2006, as a peak advocacy organisation, ECCV is well positioned to influence the development of aged care policies of all State Political parties prior to the election, particularly in reference to multicultural aged care policy.

Action	Partnerships	Expected Outcomes	Performance Indicators
6.1 Develop ECCV's Multicultural Aged Care Strategy 6.2 Launch the document well before the next State election 6.3 Send the document to various Parliamentarians, Advisers and Bureaucrats	• PICAC • COTA • VAHEC (ACCV) • Ethno-specific / Multicultural organisations • Peak Health and Aged Care providers • Carers Vic	• State political parties develop CALD sensitive aged care policies prior to the State election which will be held in November 2006	• Multicultural Aged Care Strategy • ECCV launch • Parliamentarians, Advisers and Bureaucrats provided with ECCV's Multicultural Aged Care Strategy document • Responses from key players to MACS

Strategic Priority #2: Assessment/care coordination

Issue Analysis

The subcommittee identified that assessment is currently poorly carried out for CALD community members, which may result in inadequate services being provided.

Action	Partnerships	Expected Outcomes	Performance Indicators
2.1 ECCV is involved in the development of the Assessment & Care Coordination framework	• DHS • Local Government • Ethno specific/ multicultural orgs • RDNS • ACAS	Framework is inclusive of CALD sensitive assessment practices	• Culturally sensitive framework is established • Number of meetings with DHS • Number of people invited to forums • Number of forums organised
2.2 ECCV advocates for cultural sensitive assessment	• DHS • ACAS • Local Government Assessment officers • RDNS	Better Assessments	Number of advocacy strategies – meetings; letters etc
2.3 ECCV supports the development of care coordination role	• DHS • Ethno-specific organisations • CEGS Officers	• Well-defined care coordination role • Better referrals	• Protocol developed • Number of meetings re: CC

Strategic Priority #3: Culturally Equitable Gateways Strategy (CEGS)

Issue Analysis

Older people from CALD backgrounds are under-represented in the uptake of HACC Basic services. HACC Basic services need to be more culturally and linguistically sensitive. The CEGS strategy aims to achieve such an outcome. ECCV's involvement in CEGS partnership work is vital in terms of providing sectoral leadership for ethnic CEGS workers.

Action	Partnerships	Expected Outcomes	Performance Indicators
3.1 Provide support to CEGS ethnic sector workers through: • CEGS bimonthly issue based workshops • CEGS project information sheets • connection with MRC's re: CEGS involvement with small and emerging communities	CEGS funded ethno-specific agencies CEGS funded MRC's	Ethno-specific workers are well informed and supported in their roles	• Number of meetings • Number of fact sheets • Number of meetings with MRC's • Ethnic sector workers demonstrate increased confidence and knowledge
3.2 Provide support to CEGS ethnic sector managers/coordinators through: • twice yearly meetings	CEGS ethno-specific agencies	Managers/Coordinators are well informed and provide necessary support to their CEGS workers	• Number of fact sheets • Number of meetings with Managers/Coordinators • Increased engagement of ethnic sector CEGS managers/coordinators

3.3 Build on ECCV and MAV partnership	MAV	CEGS continues with an equal partnership approach	• Number of meetings with MAV • Number of joint forums held for the CEGS sector • Increased understanding of the ethnic sector
3.4 Represent ethnic sector's involvement in CEGS to DHS through: • attendance at regular meetings held at central DHS • build new relationships with regional DHS • participation in CEGS evaluation	• central DHS • regional DHS • MAV • AHA	The ethnic sector's work in CEGS is recognised well by DHS and MAV	• Number of meetings attended at central DHS • Documentation of the ethnic sector contribution in CEGS • Number of meetings with regional DHS • Number of DHS CEGS related forums • Meetings with AHA
3.5 Ensure ECCV is well informed about CEGS	ECCV aged care subcommittee and Executive Committee	ECCV has a strong influence on CEGS	• Attendance at ECCV aged care subcommittee meetings and reports to Executive • ECCV advocacy for CEGS sustainability

Strategic Priority #4: Elder Abuse Prevention Strategy

Issue Analysis

The Victorian government recently released a report on the elder abuse prevention project. It is important that strategies aimed at elder abuse prevention are inclusive of cultural and linguistic sensitivities. ECCV held a consultation on this issue last year and should continue to proactively engage in the roll-out of the strategy over the coming year.

Action	Partnerships	Expected outcomes	Performance Indicators
4.1 Keep up to date with the roll-out of the elder abuse prevention strategy 4.2 Apply for funding with OSV 4.3 Implement strategies if funding is received	OSV DHS Ethno-specific / multicultural organisations COTA	CALD community is more aware of elder abuse Generalist organisations are more aware of CALD specific issues on elder abuse	• Meetings with OSV • Funding submission • Receipt of funds • Project implementation

Strategic Priority #5: Dementia

Issue Analysis

Older people from CALD backgrounds have been identified as an increasing population group with a rising prevalence to illness and specialist health care needs. In addition, as a group, older people from CALD backgrounds are underrepresented in services and issues related to their access and uptake of services have been identified.

Action	Partnerships	Expected Outcomes	Performance Indicators
5.1 Influence and encourage <u>research</u> bodies (medical/social) to consider inclusion of CALD issues in research studies	• NARI • Alzheimer's Vic • AA Research • Government • ethno-specific agencies	Research that reflects the needs of older people from CALD backgrounds with dementia	Number of collaborative research projects
5.2 Influence/lobby the need for <u>data</u> on the prevalence of dementia and related issues for people from CALD backgrounds with dementia	• Government • service providers • AA • Access Economics	Data that reflects the numbers and needs of older people from CALD backgrounds with dementia	Inclusion of CALD variable in data systems
5.3 Continue to liaise/communicate with Alzheimer's Australia National Cross-cultural Dementia Network	• Network/sub-committee reps	Inclusion of CALD community issues in the work of the network	Network outcomes that reflect consideration of CALD issues
5.4 Apply for funding to explore dementia problems affecting CALD clients	• Alzheimer's Vic • Office of Public Advocate	Funding granted to ECCV	Funding application Partnerships formed Number of partnership meetings

Strategic Priority #6: Mental Health

Issue Analysis

The subcommittee identified that there is a rising number of older people entering the mental health system, however, there is a lack of culturally and linguistically appropriate care/services including western model/assessment tools.

Action	Partnerships	Expected Outcomes	Performance Indicators
6.1 Become aware of relevant policies/strategies @ state and federal level 6.2 Advocate for culturally appropriate resources for • Prevention • early intervention • treatment • recovery 6.3 Promoting an understanding amongst Mental Health/Mental Illness services/agencies of actual and potential clients from CALD backgrounds and their responsibility to provide equitable access to services, treatment and prevention 6.4 Lobby government to put standards/mechanisms for monitoring implementation of policies/strategies/tools for CALD populations (e.g. CPT)	• DHS MHB • DOHA • MMHA • VTPU/Foundation House/AEDC • Mental Health Service Providers • Beyond blue • Sane • Mental Illness Fellowship • Vic Health • Ethnic Communities	• Positioning of ECCV as a link between Mental Health and ethnic sector • Raise awareness of the need to address effectively ageing CALD clients/issues	• Representation of ECCV at mental health sector network forums • Presentation of CALD issues at mental health sector network forums • Preparation of discussion papers for Government and service providers
6.5 Compile case studies to use for supporting above activities			• Presentation/publishing of case studies

Appendix 1: The role and composition of the Aged Care Committee

Issue Analysis

The ECCV Aged Care Committee comprises 10 members who contribute their personal and professional experiences of aged care service provision to Victorians from CALD backgrounds in advice provided to the ECCV Committee of Management.

The current committee comprises members who have:
- A commitment to aged care service provision that responds to the specific needs of ageing Victorians from CALD backgrounds
- An understanding of ECCV organisational goals
- Knowledge and skills across a range of aged care services, e.g. dementia, residential care, nursing, non government, private etc.
- Understandings of the needs of different cultural groups and individual service users, e.g. established and newly arrived
- Understandings of aged care policy frameworks
- Direct service delivery experience
- Links to mainstream and CALD specific aged care service networks
- Understanding of the needs of service users

Members have indicated they are interested in participating on the ECCV Aged Care Committee because:
- It provides opportunities for organisations/groups to voice their concerns or issues collectively
- There is an increased chance that government will respond to issues raised by a collective of organisations/groups
- They are passionate about the potential impact that the Committee can have on the provision of aged care services to CALD communities
- They can exchange ideas and knowledge with professionals who have similar interests
- They can contribute to ECCV responses to aged care issues
- Committee meetings and activities keep members informed of developments in the aged care services sector including knowledge of individual organisations represented on the Committee

Some of the outcomes of participating on the ECCV Aged Care Committee have included:
- Individual members being influenced to address CALD issues within their respective organisations/areas of work
- Peer support
- Networking
- Collaborations between mainstream and ethno-specific organisations
- Members' learning about specific aged care issues/areas
- Educating mainstream services about CALD issues

Emerging issues for the Committee include:

1. The role and function of the Committee

Some members of the committee have indicated that there is a lack of clarity on the role of the committee posing the question: Is the committee:

(a) An advisory committee of the Executive Committee?

(b) A reference group to the Aged Care Policy Officer?

(c) An expert panel advising the Executive Committee on aged care issues?

2. The composition of the committee

Some members of the committee raised the questions:

- Should the committee include 'consumer/service user' representatives?

- Is the current composition adequate for ensuring the committee has access to relevant information in sub sectors of aged care services?

- Should the committee membership comprise a combination of organisational representatives and individuals with expert knowledge?

- Should experts and organisational representatives who are not members of the committee be coopted periodically to provide information and advice to the subcommittee as needed?

On these points some members of the committee indicated:

- *They were in a position through their roles to represent the views and experiences of consumers/service users.*

- *The practical inclusion on the committee of consumers/service users, who may not have adequate experience of the operations of committees, may be a concern.*

- *It is important to ensure processes for consumers/service users' views to inform the committee.*

- *If there are too many members on the committee it may not work as effectively and some members may use the committee as a vehicle to secure their own organisation's funding.*

- *The balance between the committee as an interest group and/or strategic group needs to be made clear*