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ethnic communities' council of victoria

ECCV Discussion Paper

Response to
HACC Active Service Model

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EXECUTIVE SUMMARY

The Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to contribute to consultations regarding the implementation plan of the Active Service Model for HACC services in Victoria.

ECCV has served as the peak advocacy body representing ethnic and multicultural communities in Victoria for over 30 years. The Council advocates and advises all levels of government on behalf of multicultural communities in areas such as access and equity, aged care services, health and community services, and education and training.

In broad terms, aged and ageing members of migrant and multicultural communities have two options when seeking social support and healthcare services: ethno-specific service providers and mainstream service providers

With the Victorian Government seeking to attract more Victorians from Culturally and Linguistically Diverse (CALD) backgrounds into the mainstream system, it is vital that due consideration is given to the unique cultural sensitivities, restrictions and expectations of CALD clients.

ECCV recognises that due to perceived shortfalls in the quality of culturally-appropriate care within mainstream providers, the CALD population in Victoria continues to be under represented in the overall use of HACC services. ECCV believes that without appropriate attention and resourcing, the Active Service Model (ASM), as an arm of the HACC program, also has the potential to reflect a similar degree of under-use of services intended to enhance the well being of the community as it ages.

This submission outlines a number of key issues when considering the special needs of HACC-eligible CALD communities as the Active Service Model is implemented and proposes the following recommendations:

- The principles and objectives of the ASM take into account factors such as cultural sensitivity and individual level of English proficiency, and be implemented with careful consideration of the CALD person's readiness for supportive intervention.

- Stronger ties be forged with Local Government Positive Ageing Plans and the ethno-specific and multicultural agencies to encourage the use of processes facilitating the implementation of the ASM such as those being endorsed by DHS in the SAPP

- All projects conceived and enacted under the ASM approach be assessed regularly for their capacity to fulfil the key principles and objectives

- A targeted, culturally appropriate communication strategy be developed to educate CALD communities about merit of the ASM and benefits of building personal capacity and restoring functional independence among their aged, frail and disabled.

- A targeted communication strategy be implemented to ensure uniform acceptance and participation of the ASM approach by service agencies

- All CALD community groups be actively supported to join Primary Care Partnerships, regardless of size or time of establishment, in order to facilitate effective knowledge dissemination about service development and networking

- Specific strategies be developed to promote careers in CALD Aged Care

- Existing community structures such as Planned Activity Groups be utilised as an avenue for educating and supporting the client and their carers about the worth of ASM

FEEDBACK AND RECOMMENDATIONS

ECCV sees many benefits in the move toward an Active Service Model approach to improving the lives of ageing Victorians. However, additional support with a specific CALD will need to be included if the model is to meet its objectives. The following feedback references these considerations where appropriate according to specific questions outlined in the response section of the discussion paper.

1. **Do you have any feedback on principles and objectives of the HACC Aged Service Model?**

    Overall, ECCV supports the ASM's objective 'to improve functional independence, quality of life and social participation.' Nevertheless, these objectives can only be fully realised within the CALD communities if the model is implemented with due consideration given to the special needs and expectations tied to cultural difference and poor English proficiency.

    The composition of the aged within migrant and multicultural communities is often distinguished by those within established migrant communities and those among recently-arrived migrant and refugee communities. While there are commonalities in the issues faced by both groups, there are also important distinctions. Further detail of these unique needs is outlined below.

1.1 *Emphasis on capacity building or restorative care to improve functional independence, quality of life and social participation*

    ECCV supports the ASM focus on improving individuals' opportunities to become more self sufficient, self determining and less reliant on social support services. Among aged members of CALD communities, a sense of over-dependency upon immediate family for support and healthcare services impacts greatly on the esteem of the individuals, the stability of the family unit, and the development of the community. Perceived inequities in the access and distribution of services can also create friction within and between different ethnic community groups.

    Among the refugee communities especially, active participation and social engagement is vital for the settlement process. Enabling a higher level of functional independence and mobility among aged, frail, and disabled refugees is considered a positive step toward overcoming past traumas and regaining trust in society.

1.2 *An emphasis on a holistic 'person-centred' approach to care*

    ECCV welcomes the recognition that services designed to improve health and wellbeing among the aged, are more likely to be embraced and effective when packaged within an approach mindful of religious, ethnic and cultural sensitivities as well as personal circumstances such as mobility and family commitments. For many aged members of CALD communities, the opportunity for culturally sensitive interpersonal interaction can be as important as treatment for a physical illness or injury.

1.3   The starting point for all clients is on their strengths rather than their deficits

ECCV supports the focus on clients strengths and respecting the dignity of the individual. Among more established migrant communities, social hierarchies often reflect the age of the people and even when physical health begins to fail, it is important that respect for an individual's experience and place as a community elder is upheld. Refugees in particular, are very conscious of being unduly stigmatised and stereotyped when the focus remains on their perceived 'helplessness.' Many, including the aged, are often ready, willing and able to improve their own position in life if given the appropriate opportunity and support.

ECCV recommends that:

The principles and objectives of the ASM take into account factors such as cultural sensitivity and individual level of English proficiency, and be implemented with careful consideration of the CALD person's readiness for supportive intervention.

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2.   What strengths does your organisation and community have to implement this approach?

Despite ECCV's primary function as an advocacy and advisory body, the Council currently enacts key practices and programs which reflect the principles and objectives of the ASM and are beneficial to its implementation. This puts ECCV in a unique position to identify key barriers to the implementation of new service models.

2.1   Established links and knowledge of metropolitan and regional CALD communities

ECCV has an extensive and established knowledge of the evolving needs and expectations of Victorians from diverse ethnic, religious and cultural backgrounds. The Council consults regularly with its membership base which encompasses leading ethno-specific service providers and multicultural groups representing migrants from established and new and emerging communities.

ECCV is also collaborating with regional Ethnic Communities' Councils to develop a strategic plan for more efficient and effective delivery of services to multicultural clients, including the aged, in rural and regional Victoria.

2.2   Established aged care partnerships and projects

Within the aged care portolio, ECCV currently resources two projects.

- HACC Project

  Funded by the Department of Human Services (DHS), the project aims to develop a model of the mechanisms that will assist Home and Community Care (HACC) eligible people, from Culturally and Linguistically Diverse (CALD) backgrounds to access and negotiate HACC and other related services.

- *Multi-active seniors pilot project*

  Funded by the Department of Planning and Community Development (DPCD) through the Office of Senior Victorians (OSV) the project facilitates activities for seniors from CALD communities to foster better health and wellbeing and independence.

ECCV recommends that:

In the development of projects under the ASM, government departments and service agencies continue to consult with ethnic representative bodies such as ECCV to ensure benefits are seen by all aged Victorians, regardless of background, belief, and socio-economic circumstances.

Current and proposed projects related to aged care in CALD communities be assessed on their merits and according to the principles and objectives of the ASM.

Targeted resources be devoted to attract suitable staff to service aged members of CALD communities, including those who may be on work visas, who can speak the preferred language and are prepared to commit a substantial period of time to the task of caring.

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3. **What barriers will need to be addressed for your organisation and community to implement this approach?**

While welcoming the overarching principles and objectives of the ASM, ECCV has identified the following issues of particular concern regarding the implementation among CALD communities:

3.1 *Equity in access and equitability of service distribution of services*

Within the migrant and multicultural sector, there is a considerable difference between the population size and societal influence of some ethnic communities compared to others. In general, larger established migrant communities are better-placed in accessing aged care services than smaller newly-arrived and emerging migrant communities. Importantly, the level of need varies markedly from one community to the next, with refugee communities considered to be of greater and more urgent need of support and resources than more established communities.

These factors influence the allocation of funding and resources irrespective of aged group and have the potential to create friction if not handled sensitively.

3.2 *Confusion over entitlements and expectations*

ECCV has identified considerable scope for confusion about entitlement to, and expectations of, ASM services by potential recipients/clients. For example, some seniors from CALD backgrounds have been culturally conditioned to expect that they will be cared for and have things done for them as they age, sometimes regardless of their capacity for independence. They may not be aware, nor accepting of, the benefits that come with supporting greater functional capacity and self-sufficiency.

3.3 *Uncertainty and suspicion over processes*

Anecdotal evidence also suggests resistance to, and a lack of understanding about, the assessment process for acquiring aids to encourage restoration of functional ability. Further paperwork and assessments can be a major deterrent among those already unconvinced of the benefits. Targeted community and individual education is required to inform this particular client group of the merit of restoring function and personal capacity and dispel suspicion about the initial, additional use of allied health in the assessment of the client's capacity.

3.4   Need for uniform agency buy-in

ECCV has detected similar uncertainty among some service agencies, following disappointment over the decision to end the previous Culturally Equitable Gateways Strategy (CEGS) strategy. Consistency and quality of services requires uniform acceptance of the ASM principles be encouraged across all HACC funded agencies.

3.5   Recruitment and retention of aged care staff

ECCV is acutely aware of the problem of attracting qualified, culturally-sensitive staff into the aged care sector. The ECCV publication *Caring For Your Community : A Career in Aged Care for Bilingual Staff* addresses issues such as language skills attainment and training requirements of people in the ethnic sector who are interested in pursuing a career in HACC service delivery. Notwithstanding the availability of this resource, ensuring continuity of aged care for seniors in CALD communities remains a problem.

ECCV recommends that:

A targeted communication strategy be developed to educate culturally diverse communities about the benefits of restoring function and personal capacity and the value of independence.

A parallel communication strategy be developed to ensure uniform acceptance and support for the ASM approach among service agencies.

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4.   Should the Active Service Model approach be used for all HACC clients? If not which categories / client characteristics should be excluded and why?

ECCV believes that the ASM approach has great potential for improving the lives of many ageing Victorians, but would not be suitable for certain CALD clients. One such example would be victims of extreme trauma.

4.1   Victims of Extreme Trauma

Despite being one of the most needy groups among Victoria's newly-arrived migrant communities (and often home assessed as HACC eligible), many individuals suffering trauma and acute distraction and dislocation in their lives due to maladjustment to the resettlement process have neither the personal nor practical resources to deal with the activities associated with added socialisation and attention to capacity building. Simply put, their resources would already be too compromised to deal with any more layering of activity.

In these cases support is absolutely essential to those who are closest to them and possibly better placed to deal with the additional demands. The Active Service Model implies available, if not established, social and service networks and the ability to access them. To the CALD aged suffering crises as outlined above these would be neither available nor accessible.

ECCV recommends that:

In reviewing the objectives and implementation of the ASM approach, due consideration be given to the plight of the traumatised CALD person who would otherwise be eligible but carry unique circumstances.

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5.   What are the best elements of the models you have seen so far?

In broad terms, ECCV supports the following elements across all models currently in place:
- helping people to do for themselves rather than doing for them;
- emphasis on education about principles of self management;
- healthy ageing and skill learning; and
- incentive funding to providers to deliver independence enhancing services.

ECCV recommends that:

Additional emphasis be placed on supporting and developing confidence in, and by, CALD communities to empower their less able members such as the frail aged and the disabled to function more independently.

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6.   What would be worth pursuing in Victoria and why?

ECCV maintains that a uniform approach toward service delivery across all Victoria's CALD communities is not possible due to the vastly contrasting nature of clients needs and circumstances. There may not be a ready community waiting for the person to be restored to; language difficulties may be compounded by readjustment issues; and relationships with family members and the community may be strained or poorly established. Nevertheless, ECCV has identified a number of projects worth pursuing with some notable refinements.

6.1   Planned Activity Groups (PAG)

PAG s have proven to be a very positive and successful initiative for CALD communities as well as mainstream communities, and embrace many of the principles of positive and active ageing outlined by the ASM.

Various ethno-specific and multi cultural agencies receive HACC funding for PAG s and it may be of considerable value to families and communities to have funding extended to involve the carers and support workers of the HACC eligible cohort. Involvement may include educating support workers and carers about principles of self management, healthy ageing and skill learning.

6.2   Primary Care Partnerships (PCP)

Intended to generate opportunities for HACC clients in their local community for social inclusion and connectedness, there are some worrying reports that only the larger more established CALD communities are being invited into partnerships.

6.3   Local Government Positive Ageing Plans

This partnership between ECCV and the Municipal Association of Victoria (MAV) offers great potential to consolidate linkages and consistencies among aged care services, pending a stronger emphasis on MAV s connection to local council activity.

ECCV recommends that:

Existing community structures such as Planned Activity Groups (PAGs) be utilised as an avenue for educating and supporting the client and their carers about the merits of the ASM

All CALD community groups be actively supported to join Primary Care Partnerships, regardless of size or time of establishment, in order to facilitate effective knowledge dissemination about service development and networking

Stronger ties be forged with Local Government Positive Ageing Plans and the ethno-specific and multicultural agencies to encourage the use of processes facilitating the implementation of the ASM such as those being endorsed by DHS in the SAPP.

8. **Should the implementation steps outlined in the Discussion Paper form part of the Active Service Model.**

ECCV believes the implementation steps outlined in the Discussion Paper should form part of the ASM implementation, but cautions against placing the CALD target group as a final point of consideration for further exploration, research and development. This risks creating the impression that the many challenges faced by this group are too diffcult to contemplate.

In truth, much of the work being conducted at present through the SAPP with impetus generated by Culturally Equitable Gateways Strategy (CEGS) already reflects steady implementation of the ASM.

For example the organisations piloting the SAPP are bedding down practice strengthening structures that

- develop Resources and Training - AGWS, Fronditha and VASS are very actively promoting workshops for their communities incorporating ASM principles

- strengthen assessment- VASS, AGWS, Fronditha and Spectrum are actively involved in developing structures to assist assessment with their referring agencies and councils in the context of the SAPP

- further develop partnerships- AGWS is setting an example to other ethno specific agencies by joining three Primary Care partnerships

ECCV recommends that:

SAPP agencies be recognised as contributing to the implementation of the ASM and be supported to continue incorporating the ASM implementation processes.

9. **Do you have any further comments ?**

ECCV believes it is crucial that in the course of implementing the ASM, senior clients from culturally diverse and non-English speaking backgrounds are not overlooked, sidelined or marginalised in any way.

With the composition of Victoria's aged population far from homogenous, ECCV suggests it is unrealistic to expect a single "one-size-fits-all" approach to adequately deliver services that fulfil the objectives and principles underpinning the ASM. Therefore, the possibility of developing multiple Active Service Models is worth consideration.

Finally, in implementing any service delivery model – but especially one that targets seniors who do not always adjust to change easily – a measure of certainty and stability about the objectives and lifespan of the program is essential. For example, there is still some disquiet among CALD communities about the manner in which the Culturally Equitable Gateways Strategy (CEGS) concluded despite popular support for its continuation. While budget cycles are an inevitable factor in determining the lifespan of programs, consideration should be given to the impacts on clients should certain initiatives end suddenly, or be replaced without due consultation among all relevant stakeholders.

ECCV recommends that:

Consideration be given to the development of multiple Active Service Models to accommodate for the highly variable, complex and nuanced needs of the heterogenous seniors population in Victoria.

Any prospective changes to the focus, scope, and scale of the ASM be made with appropriate forewarning to, and consultation with, all relevant stakeholders.