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Secretariat
Review of Subsidies and Services
Department of Health and Ageing
MDP 32
GPO Box 9848
CANBERRA ACT 2906

ECCV Submission to the Review of Subsidies and Services in Australian Government Funded Community Aged Care Programs

1.   Background

1.1 Ethnic Communities' Council of Victoria (ECCV) welcomes this opportunity to help inform the Government's *Review of Subsidies and Services in Australian Government Funded Community Aged Care Programs.* Furthermore, ECCV commends the Government on its use of this review to complement *A New Strategy for Community Care - The Way Forward* program, and hopes that this process will result in the creation of a more accessible, equitable and culturally appropriate suite of subsidised community aged care services available to frail older Australians.

1.2 ECCV is the peak, non-government, umbrella organisation which advocates on behalf of and represents ethnic communities in Victoria. ECCV has strong links with the ethnic aged care sector, demonstrated by its full-time funded position for an Aged Care Policy Officer and its active Aged Care Policy Committee, consisting of key players in the Victorian culturally and linguistically diverse (CALD) Aged Care sector. As a result of these links, ECCV is well positioned to advocate on behalf of the ethnic sector on a range of issues related to aged care.

1.3 Victorian ethno-specific organisations funded to provide federally funded Community Aged Care programs were consulted to inform this submission. Feedback was also sought from key peak organisations in the Victorian aged care sector as well as from the membership of the ECCV Aged Care Committee. Organisations and individuals which have directly informed this submission include:
> ➢   Aged and Community Care Victoria (ACCV)
> ➢   Ania Sieracka, CEGS Officer ECCV
> ➢   Australian Greek Welfare Society (AGWS)
> ➢   Australian Polish Community Services (APCS)
> ➢   Carers Australia
> ➢   CO.AS.IT.
> ➢   Council of the Ageing (COTA) Victoria Aged Services Network
> ➢   Fronditha Care
> ➢   Jewish Care
> ➢   Migrant Resource Centre North West (MRCNW)
> ➢   Marion Lau OAM JP, Chairperson ECCV Aged Care Committee
> ➢   Peter van Vliet, EO ECCV
> ➢   Maltese Community Council of Victoria (MCCV)

Of the programs reviewed, CACPs attracted the most comment from the organisations consulted, due to the fact that Victoria's ethno-specific service providers are mostly funded to provide CACPs in relation to the other programs. Thus, this submission will largely focus on the CACPs program.

1.4 Mention must be made of the difficult time frame, extending over the Christmas and Summer Holiday period, which has been allowed for submissions and the impact of this on the capacity of organisations to conduct more in-depth investigation to inform detailed and comprehensive submissions.

2. Service Mix

2.1 Many CALD clients lack understanding and knowledge of Australia's complex health and aged care systems, thus hindering their access to aged care services.

ECCV recommends that the Government recognise and support ethno-specific service providers in running community awareness campaigns at ethnic senior citizens clubs, in order to effectively communicate meaningful and relevant information about aged care, including information about the community and residential aged care systems.

2.2 Many service providers are not providing culturally appropriate services and some experience difficulty in dealing with CALD client's lack of trust in their services, often heightened by the onset of dementia and/or the issues of trust resulting from a client's lived experience of trauma and persecution.

ECCV recommends that state-wide and possibly national standards of cultural competence in aged and community care service provision be developed and adopted by all service providers. ECCV, in partnership with other multicultural organisations, could have a leading role to play in the development of these standards and a complementary training program that could be delivered by ethno-specific organisations.

2.3 The point made in section 2.1, relating to the lack familiarity and understanding CALD people have of the aged care system, creates a further strain on service providers. A great deal of time is reported as being spent with clients as they navigate the aged care system, as well as with potential clients who may be distrusting of the services available to them. This creates a common scenario where many CALD older people enter the community aged care system at "crisis point".

ECCV recommends that an early intervention approach be a key focus of community aged care service providers in targeting potential CALD clients. This can be partly achieved by awareness raising activities as described in section 2.1, as well as the Government funding pre-service delivery assistance aimed at clients who have complex cultural needs and experiences that complicate their uptake of required services. This could be funded along similar guidelines to that of the proposed DHS HACC Care Coordination – Access and Support program.

2.4 HACC clients receiving Social Support and moving to residential care or a packaged care program often feel socially isolated and thus continue to require services that link them with the community they are leaving behind and life as they have always known it. DHS (2004 p7) statistics for the period 2002 to 2003 indicate that CALD people over the age of 65 are far less likely to utilise HACC services except Planned Activity Groups (PAGs). This highlights the importance of social support and the acceptance of this kind of service among CALD communities and stressing the need for this service to continue to be delivered to CALD clients as they move from HACC to CACPs or to residential care. Currently, clients moving from a HACC to CACPs often lose priority over HACC services, and those moving to residential care are no longer entitled to HACC services, including Social Support.

ECCV believes that HACC Social Support must continue to be provided, at a subsidised rate (and not at full-cost recovery) for clients who obtain CACPs or move into residential care. Furthermore, consideration of further "transition" funding should be given in order for a care manager or carer known to the client to stay in contact with the client to assist with their transition from community to residential care. ECCV also acknowledges the vital role of volunteers as part of the Community Visitors Scheme, which is aimed at increasing the socialisation of older people in residential care.

2.5 ECCV supports the Government in its undertaking of *Australian Community Care Needs Assessment* (ACCNA) and the parallel project, *Carers Eligibility and Needs Assessment* (CENA). ECCV also acknowledges the work currently being done by DHS in its development of the *Framework for Assessment in the Victorian Home and Community Care Program*, which is anticipated to come into line with the national framework.

ECCV notes the importance of assessment in planning an adequate service response to client and carer needs and achieving ongoing care management that is responsive to the changing needs of clients and carers. Assessment must not be underpinned by a one-size-fits-all approach,

but rather factors such as English language comprehension and cultural diversity should be taken into account in the assessment and service response to that individual.

2.6 Currently, those moving from HACC Basic to a CACP, while continuing to access some HACC services, are required to pay the full-cost of these services from their package, effectively reducing the amount of brokerage funds available to access other quality, required services. Furthermore, there is an issue of equity experienced by CACP recipients who are disadvantaged in their uptake of a CACP to access other required services such as subsidised aides and equipment.

ECCV recommends that the Government increase equity among care recipients of HACC and packaged community care programs by allowing more flexible access to all subsidies and services, and thus reducing the burden on the HACC system; freeing up the availability of HACC Basic services by systematically encouraging the uptake of CACPs.

2.7 The role of the carer in partnership with care services is pivotal to achieving adequate and appropriate care situations. In many situations, care services such as CACPs are an ad-on to the basic care provided by a carer to the client.

ECCV believes that the importance of this relationship must be recognised by all community aged care services, and that programs and service interventions should aim to support community care and address the support needs of the carer. Moreover, ECCV recommends that carer support and respite should automatically be made available to carers caring for a CACP or EACH client, and eligibility criteria for the NRCP be broadened to include these carers.

2.8 Care management is an important way for CALD older people with complex needs to receive assistance as they navigate their way through a service and ensure that their evolving needs are met with an adequate service response. ECCV notes that ethno-specific agencies play an important role in care management, as they are often an entry or referral point into the aged care system for many CALD older people and their carers, as well as trusted by the communities with which they work.

ECCV recommends that ethno-specific organisations are provided with greater opportunity to manage CACP clients of CALD backgrounds, based on their implicit cultural competency and established relationship with their respective communities.

3.   Funding Arrangements

3.1 At present, service providers to CALD clients who require assistance in the form of translated materials and interpreters are disadvantaged in their capacity to provide services due to the cost of language services being absorbed by the package funding. This is exacerbated by clients suffering from dementia who often revert almost entirely to their native tongue.

ECCV recommends that a CALD allowance be provided to all service providers to CALD clients assessed as requiring language services in order to rectify this issue of equity between CALD and non-CALD clients and their ability to purchase services.

3.2 As stated in section 2.6, CACP clients are disadvantaged in their ability to access subsidised services through the HACC program. Furthermore, as stated in section 2.4, community aged care clients moving into residential care are no longer eligible to receive subsidised HACC Social Support.

In the interests of ensuring access to services and ensuring that the real value of a CACP is not diminished, ECCV recommends that HACC services remain subsidised for CACP clients. Furthermore, ECCV recommends that HACC Social Support Services remain subsidised for those clients entering into residential care in order to maintain their existing social connections and participation.

3.3 Service Providers awarded funding need to be financially viable in order for a minimum level of service to be achieved. ECCV believes that organisations must have existing organisational infrastructure to deliver the service and support it administratively. ECCV acknowledges that organisations awarded a CACP receive recurrent funding, providing they adhere to monthly reporting requirements to document compliance with the terms of their funding and service

agreements. This assists service providers to develop both client knowledge and expertise in service delivery, thus strengthening their capacity to deliver appropriate community aged care services.

3.4 Many ethno-specific service providers have reported extensive waiting lists for community aged care services, whilst others, primarily mainstream service providers, are struggling to find enough clients to meet their targets. This creates an obvious issue of access for many CALD clients and their carers.

ECCV recommends that the allocation of packages and funding to service providers should primarily be needs based, rather than based upon the organisations' capacity to provide a service. If there is a pressing need (identified by waiting list numbers) for a specific service, by a specific CALD community, then the relevant ethno-specific providers should be engaged to provide these services by being provided with relevant program funding and, if required, additional support to build the organisational capacity to responsibly undertake funded community aged care service provision in the future.

This could be achieved by the forming of region-wide or state-wide partnerships between ethno-specific and mainstream organisations, so that culturally appropriate service provision is enhanced and made more accessible to those CALD people living outside of traditional ethno-specific service provider service areas. To some extent, this is being achieved by Primary Care Partnerships (PCPs). ECCV recommends the expansion of this program to cover all regions, with a strong focus on achieving greater access to services by CALD older people.

4.   User Contributions

4.1 Presently, a uniform user contribution policy governing all community aged care programs and implemented by all service providers does not exist. This may lead to some inequity among service users in regards to their capacity to afford basic living costs, especially when many are full pension recipients and may not own their own home, causing rent to be a further financial burden.

Furthermore, due to a lack of understanding of the Australian human service and social security (Centrelink) systems among many CALD older people (informed partly by the difference between the social service systems of their countries of origin to that of Australia) some CALD older people may not understand why they should make a contribution to paying for these services.

ECCV recommends that the Government, in close consultation with community aged care service providers, develop a user contribution policy that is inclusive of all community aged care programs. This should also identify the circumstances that would allow a client to have their contributions waived, as well as an amount (based on means testing) at which a cap on contributions should be placed. This would also ensure that there would be no hesitance, based on financial capacity of clients, to move between different community care services as their needs change and that there is a solid system in place for service providers to explain the user contribution process.

5.   Operating Issues

5.1 Currently, there is no information collected from service providers regarding client ethnicity. This makes it especially difficult to assess how many CALD people are accessing services through mainstream service providers and the uptake of CALD older people of community aged care services outside of HACC. Moreover, this complicates our ability to ascertain to what extent, as a proportion of the wider older population, CALD older people are accessing community aged care services, and thus begin to identify any existing barriers to access.

ECCV recommends that information collected for Community Aged Care programs come into line with the HACC National Minimum Data Set. This will ensure a nationally consistent collection of data and statistics from service providers across all community aged care programs and will provide a clearer picture of how well services are integrated to meet the community aged care needs of older people from both CALD and non-CALD backgrounds.

5.2 Many service providers are unaware of the full suite of community aged care and respite services. This is especially true among smaller agencies delivering CACPs, who may lack the resources and organisational capacity to build this knowledge and may be affected in their capacity to refer clients to services that are outside of the CACPs program, yet are of great value to their clients. This also demonstrates the current lack of a cohesive and integrated community aged care system.

ECCV recommends that a resource be developed, targeted to service providers and health professionals, which will consolidate all up-to-date information about all CALD targeted aged care services (community, residential and respite) available, regardless of their funding source. This would increase the integration of services and go some way to increasing service system knowledge for those who are key players in client referral and care and case management. This resource could be developed by each State's Partners in Culturally Appropriate Care (PICAC) organisation, to ensure sufficient information is provided in regards to ethno-specific service providers, in conjunction with the Department of Health and Ageing and relevant state government departments who could provide information about mainstream service providers.

5.3 As stated in the Department of Employment and Workplace Relations publication, *Australian Jobs 2006*, there is a current need for health and community service workers, especially within aged care, as the sector is growing at a higher than average industry rate as a result of our ageing population. Moreover, there is a lack of bilingual and bicultural workers and interpreters within the sector, which has a great impact on the access of CALD older people with poor English language skills to health and aged care systems and services. This also creates a strain on existing workers, as their workload becomes larger and more complex, without the recognition of adequate remuneration and general public acknowledgement of the importance of their work (Angley & Newman 2002 p. 6). Furthermore, often service providers take up the cost of training staff to address these skills shortages, which places further financial burdens on organisations whose main expenditure should be directed at service provision.

ECCV notes that there is a need to change common perceptions about working in the aged care sector. There is a need to promote the rewarding nature and incredible importance working with our older people. Suggestions to lift rates of pay in accordance with years of experience and ensuring that all related costs incurred by workers (such as travel) are reimbursed are supported by ECCV (Angley & Newman 2002, p. 6). It is well known that much professional respect by the winder community is attributed to salary.

ECCV supports the need for investigation into the types of initiatives that could be instituted to encourage foreign language students and people who speak a language other than English to seek interpreting qualifications and move into the aged care sector. Pathways to gaining these qualifications inexpensively are integral to the uptake of such initiatives, and must also be explored. Furthermore, enquiry could also occur into the possibility of combining English literacy courses with aged care courses in order to increase awareness of and access to gaining employment in the sector for migrants. ECCV suggests a joint venture between the Department of Health and Ageing, Department of Employment and Workplace Relations, Department of Immigration and Citizenship and state Ethnic Communities Councils to progress this recommendation.

5.4 Many service providers lack the resources to adequately support their staff in their professional development, which is a key reason for the lack of recruitment and retention of staff in the sector (Angley & Newman 2002 p. 6).

ECCV recommends that service providers are supported in retaining their staff and thus their organisational capacity, to ensure that a high level of service provision is maintained. It is recommended that the Government investigate funding models for this, in consultation with service providers.

6.   Future Requirements

6.1 An ageing population also brings with it an increase in the incidence of health conditions such as dementia and diabetes. Many service providers have noted that they are ill prepared with knowledge of how to handle these situations; lacking sufficient training and education.

ECCV recommends that Community Health Centres and Hospitals are approached by the Government, in consultation with ethnic community organisations, to assist in the development and delivery of education sessions to residential and community based aged care staff. This would increase awareness of these issues and also provide workers with suggested ways to encourage clients to uptake preventative measures to offset often debilitating illnesses that negatively affect their experience of ageing and exacerbate their care needs. This will in turn reduce the costs associated with health and aged care in the long term.

6.2 ECCV (2006) has noted that the CALD older population is rising, for instance, in Melbourne, it is expected to peak at 38% by 2011. As a result, our health and aged care systems will be put under significant pressure to respond to the complex aged care needs of CALD older people who are significantly disadvantaged in their access to services, mainly due to their lack of understanding of the Australian service system which is confused by their cultural background and life experiences, as well as the fact that approximately 19% of CALD older people lack comprehensive English language skills.

There is a great need for increased cultural awareness and competency training among aged care service providers in order for the aged care system to adequately respond to the needs of our ageing CALD population. Furthermore, there is a need for interpreting services, bilingual and bicultural workers to respond to the language and other culturally founded barriers experienced by many CALD older people. ECCV recommends that ethno-specific providers be supported in their efforts to service their ageing communities, and be provided with sufficient security of funding to respond to the aged care needs of their respective communities (see section 3.4).

6.4 Long-term carers of older people are often financially disadvantaged as they are pushed out of the workforce and lose related entitlements such as superannuation and workers compensation. ECCV notes the need for the Government to acknowledge the importance of carers in providing quality care to older people and the need to support this with a government funded superannuation scheme and workers compensation. Models for this could be investigated by the Department of Health and Ageing, in conjunction with relevant organisations such as Carers Australia.

6.5 In a culture that is directed at consumer choice in products and services, older people requiring aged care services have little choice in service providers. This demand for choice is expected to increase as the baby boomer generation reaches old age. Moreover, CALD older people often lack the ability to choose an ethno-specific service provider, as funding is generally directed to mainstream organisations, despite the high proportion of older people from CALD backgrounds.

ECCV promotes access to informed choice for all older people, and recommends that a voucher system be explored whereby clients can choose units of care across and within community and residential aged care programs according to their individual needs. This would need to be supported by accessible and comprehendible information that is mindful of the language and cultural needs of CALD older people. Such a scheme would assist in the integration of services as well as better meet the service needs of CALD older people and the increasing culture of choice as consumers of products and services.

7.   Conclusion

ECCV looks forward to its continued involvement in the *Review of Subsidies and Services in Australian Government Funded Community Aged Care Programs*. Furthermore, ECCV would like to restate the importance of ensuring a culturally appropriate service response to the aged care needs of our increasing CALD older population. ECCV supports ethno-specific providers in ensuring culturally competent service provision and calls upon the Government to increase funding to ethno-specific service providers to support this necessary work and allow for greater choice of services and service providers by CALD older people.