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Eccv Submission to Victorian Department of Health on Diversity Planning and Practice in the Victorian HACC Program July 2011

Ethnic Communities' Council of Victoria (eccv) is a state-wide peak advocacy body that lobbies all levels of government on behalf of multicultural communities in a range of areas and, in particular, on ethnic aged care.

Background

Australia's population is shifting to an increasingly multicultural ageing society. From 2011 to 2026 ethnic people over 80 will increase by 59 per cent compared with a 29 per cent increase in the Australian-born population (Gibson AIHW 2001).

Purpose

The purpose of this position paper is to guide and inform government and non-government policy makers and planners in the Victorian HACC (Home and Community Care) Program on the capacity of the EMCAC (ethnic and multicultural community-based aged care) organisations to address the broader framework of *Diversity Planning and Practice* in HACC aged care service delivery and to propose effective diversity planning strategies.

It reflects the views of the eccv Aged Care Policy Committee that consists of ethnic aged care managers, HACC funded agencies in the EMCAC sector and interested peak bodies.

This paper is informed by the reports:

- *Eccv Ageing and Cultural Diversity Strategy*
- *Strengthening Diversity Planning and Practice: a Guide for HACC Services in Victoria – Department of Health Department of Health (DH)*
- *Evaluation of the Home and Community Care (HACC) Supported Access Pilot Program - DH*

Acronyms

AIWH	Australian Institute of Health and Welfare
ASM	Active Service Model
CALD	culturally and linguistically diverse
DH	Victorian Department of Health
eccv	Ethnic Communities' Council of Victoria
EMCAC	ethnic and multicultural community-based aged care
GLBTI	Gay, lesbian, bisexual, transgender and intersex
HACC	Home and Community Care
HAS	HACC Assessment Services
MAV	Municipal Association of Victoria
MDS	Minimum Data Set
PAG	Planned Activity Group
SAPP	Supported Access Pilot Project

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1. Key features of ethno-specific and multicultural HACC services

The EMCAC sector is funded to provide:

- about 55 ethno-specific HACC social support and respite programs
- eight bilingual/bicultural Supported Access Pilot Programs.

These ethnic and multicultural agencies have a good understanding of the local cultural diversity demographics; the historical migration context of HACC eligible clients and their diversity needs. Eccv views the needs of frail, older people from culturally diverse backgrounds as the same as those of Australian-born seniors with additional needs based on their cultural, linguistic and spiritual preferences. HACC EMCAC programs effectively address these via the following HACC funded programs:

a) Ethno-specific social support and respite

The ethno-specific Planned Activity Groups (PAGs) and same-language Friendly Visiting Programs meet the personal preferences of people from non-English speaking backgrounds in line with the person-centred Active Service Model (ASM) principles. Importantly ethno-specific PAGs provide more than social connectedness such as:

- Bilingual health and aged care information
- Access and referrals to a wider range of HACC and aged care services

b) Bilingual/bicultural SAPP

The bilingual Supported Access Pilot Project (SAPP) assists non-English speaking older people to navigate aged care services. The strength of the project is that it is strategically located within seven metro ethnic agencies and one Migrant Resource Centre and jointly coordinated by eccv and MAV (Municipal Association of Victoria). The DH *SAPP Evaluation* assessed the project as 'viable and sustainable.' Eccv will work closely with DH on the transition phase to HACC Access and Support.

c) Eccv Dementia Working Group

The incidence and prevalence of dementia is predicted to rise significantly amongst older people from culturally and linguistically diverse communities by 2050 (Access Economics 2006). Risk factors that affect the uptake of dementia support services are: lack of English, social isolation, insensitivity to people's cultural needs, and lack of transport (Access Economics 2006).

The eccv Aged Care Policy Committee identified dementia care as a priority area for 2011 and established a Dementia Working Group with broad-based community representation from ethnic organisations, Migrant Resource Centres and other dementia experts. It aims to provide policy and resources input to the DH HACC Dementia Referral Pathways Reference Group and Guide Review.

Recommendation :

1.1 That DH HACC Regions recognise, support and strengthen the capacity of the EMCAC sector in relation to overall diversity planning and practice.

2. Meeting CALD needs

Academic research and eccv community consultations indicate that frail, older people from non-English speaking backgrounds:

- Choose to live at home longer than the Australian-born population.
- Tend to access aged care services when they reach a point of crisis.

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- Have a preference for ethno-specific aged care services (Radermacher, Monash University 2010).
- Have difficulties accessing culturally appropriate aged care services and multilingual aged care information.
- Have limited access to ethno-specific PAGs as the demand exceeds supply.

In addition eccv is aware that some ethnic communities are challenged for the first time by their members becoming older and frailer and are seeking avenues to become HACC funded social support agencies.

Recommendation :

2.1 That the DH HACC Regions restructure their resources to effectively provide ethno-specific social support and respite in areas where they are needed.

3. Broader diversity capacity of EMCAC organisations

Eccv and HACC funded EMCAC organisations participated in the 2011 DH Diversity Forums and provided extensive input to the DH Draft *Diversity Planning and Practice Guide*. The key message was that the core business of EMCAC agencies is delivering aged care services to culturally diverse population groups. These agencies have trusted relationships with people in ethnic communities and highly developed cultural competency skills and knowledge which would facilitate their capacity to respond to the broader diversity needs of people from non-English speaking backgrounds.

Eccv consultation indicates that many EMCAC HACC funded agencies already identify and respond to the broader needs of their respective populations of people from non-English speaking backgrounds regarding their social and financial disadvantage, dementia care, mental health and disability needs.

The ethnic aged care sector, via the eccv Aged Care Policy Committee, is currently examining how to move beyond the cultural notions of language, religion and country of birth and explore better partnerships and referral pathways for the individual needs and issues of their ethnic populations more closely.

Eccv has taken steps to further enhance the capacity of EMCAC organisations and improving their overall diversity skills and knowledge by conducting:

- Joint DH *Diversity Forum* for the CALD sector (April 2011)
- Mental health forum: *Older survivors of torture and or mass trauma* (May 2011)
- GLBTI guest speaker to examine the values and attitudes of culturally diverse aged care staff (September 2011)
- Proposed research and partnerships on *Culturally Diversity and Homelessness*

Recommendation :

3.1 That DH HACC Regions and local government take on the responsibility to collaborate with ethnic and multicultural organisations on diversity planning and practice issues that affect older people from non-English speaking backgrounds.

4. Partnerships and networks

Alliances are crucial to the effective implementation of ASM and diversity principles. To strengthen cultural diversity networking, eccv initiatives include:

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- 2011 Partnerships Forum series *Intersector Interchange* with the Municipal Association of Victoria (MAV) for local councils, ethnic and multicultural HACC providers.
- *Eccv 2011-12 Cultural Diversity HAS Partnerships Project* (an ASM Seeding Grant Project) - Project Brief available upon request.

In addition eccv recognises the well-developed cultural competency expertise in the Aboriginal and Torres Strait Islander sector as well as potential sharing of expertise in similar aged care services such as the Supported Access Projects.

Recommendations :

4.1 That HACC funding agreements include in their targets at least one partnership with an EMCAC agency.

4.2 That DH facilitate joint aged care and diversity training sessions with organisations representing people from Aboriginal and Torres Strait Islander backgrounds and ethnic aged care.

5. Growth corridors, high density CALD areas

The DH *Who gets HACC* data shows improved use of HACC services by older non-English speaking people however the demand still exceeds supply for culturally appropriate aged care services.

Eccv notes that data collection on CALD usage of HACC services, based on Minimum Data Sets (MDS), has not included CALD HACC Pilot Projects and does not adequately highlight the unmet needs of non-English speaking people on waitlists for aged care services.

There are many older people from non-English speaking backgrounds who are struggling with limited family support and do not know about accessing services. Eccv feedback indicates that frail, older people in high density CALD areas such as the western metro region are on long waitlists for culturally relevant aged care packages as they tend not to access early intervention services. A restructure of HACC resources is required to provide sufficient ethno-specific PAGs to meet the high demand in certain areas.

Recommendations :

5.1 That the DH HACC Regions consult with EMCAC organisations on addressing the needs of culturally diverse HACC eligible clients in growth corridors and high density CALD areas

5.2 That eccv, in collaboration with DH, provides additional training on MDS data recording for those ethno-specific HACC providers that have not been required to use this system to date.

5.3 That HACC data collection includes a more detailed analysis of people from culturally and linguistically diverse backgrounds, HACC service usage and geographic spread for better diversity planning.

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6. Low density geographically dispersed regional and rural areas.

Older Victorians from non-English speaking backgrounds in rural and regional communities are faced with serious social isolation problems compounded by low numbers dispersed across wide geographic areas. Eccv is concerned that the introduction of the broader diversity focus by HACC service providers could divert resources from valuable outreach activities to culturally diverse HACC eligible clients, and away from on-going cross cultural training.

Feedback from service providers indicates that enormous effort goes into these activities. A decline in that type access and support would increase the isolation of frail, older people from culturally diverse backgrounds. There is a real risk that a broader diversity plan without adequate resourcing would further disadvantage older non-English speaking people in outlying areas.

Recommendation :

6.1 That the HACC Program adequately resource the implementation of Diversity Planning and Practice across wide geographic areas in rural and regional Victoria.

7. Positive doing-and-being outcomes

In conclusion eccv acknowledges that effective *Diversity Planning and Practice* involves both what service providers do (doing) and the wellbeing outcomes of their clients (being). EMCAC agencies have an established history of strong leadership practices that respect and value cultural diversity, and reduce discrimination. They have valuable models and alliances in place that reduce social isolation, and improve the comfort and connectedness of older people from non-English speaking backgrounds. Eccv would like to see the Victorian HACC Program recognise the value of the EMCAC sector's expertise in applying the cultural diversity lens and build on its HACC service delivery. The long-term benefits would be a cohesive population of happier and healthier Victorian seniors.

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