

## Consultations in ageing and aged care 2015-16

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the peak, national body representing Australians from culturally and linguistically diverse (CALD) backgrounds. We work to promote fairness and responsiveness to our constituency in the delivery and design of government policies and programs. At the heart of FECCA's work is promoting multiculturalism, embodied in equitable policies and non-discriminatory practices for all Australians, regardless of their cultural, linguistic, ethnic, racial or religious backgrounds. Towards this end, FECCA strives to ensure that the needs and aspirations of various cohorts of Australia's CALD population are heard by policy and decision makers, as well as the broader public. FECCA strongly believes that older CALD Australians should enjoy a positive life experience as they age.

In November 2015, FECCA released its 2020 Vision for Older CALD Australians<sup>1</sup>. Our Vision Statement is:

*Ageing with dignity, control and choice: FECCA's vision for older CALD Australians is that they live well, are able to contribute to, engage with, and enjoy their communities, and have access to support if and when they need it.*

For the last three years, FECCA has undertaken annual consultations in ageing and aged care for CALD people. The aim of these consultations is to attain grass-root input, to inform FECCA positions, and to provide the Australian Government with feedback about its ageing and aged care policies, particularly during this period of reform.

In 2015-16, FECCA held consultations in regional areas of Australia: the Gold Coast, Queensland; Wollongong, NSW; and Darwin, NT. We thank the local FECCA member organisations for their assistance in ensuring successful events: Multicultural Communities Council Gold Coast (MCCGC); Multicultural Council of Illawarra (MCCI) and the Multicultural Council of the Northern Territory (MCNT). FECCA would also like to acknowledge and thank the participants in the consultations for their contribution. The participants included service providers and community members, approximately 60 people in each category. Discussions were often passionate and sometimes personal, and we appreciated the openness and preparedness to share stories and experiences, and aspirations for the future.

The consultations were framed around identifying any shifts in understanding, awareness and knowledge of ageing and aged care services, including the use of the Australian Government portal *My Aged Care*; consumer directed care (CDC); and concerns participants had about the future, as they aged. Generally, the 2014-15 consultations found low knowledge of *My Aged Care* among older CALD people, little understanding of CDC (including some of the terminology) and dissatisfaction with a number of the aged care reforms, including changes to the costs of in-home care.

### **My Aged Care and related services**

Feedback indicated that not much has changed or improved in this area since the 2014-15 consultations. Possibly more of the community members at this round of consultations were aware of the *My Aged Care* website and call centre, compared to previous years, but few had accessed it, either because they did not have a computer or because they did not trust

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<sup>1</sup> See <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

the internet. Those that had accessed *My Aged Care* were critical of it. In relation to the call centre for *My Aged Care*, there remained a reluctance to provide personal information over the telephone.

Service providers continue to be frustrated by *My Aged Care* and believe there should be more training in its use. Some reported helping CALD clients with using the *My Aged Care* website, even those who had quite a good level of language skills in English.

Other feedback included that the website is not easy to navigate, and even though information is available in a large number of community languages, the quality of the translations was questioned.

Concern was expressed about access to information and applying for services all going through only one portal.

It is essential that older CALD Australians have access to information, advice and advocacy – in their own language or through language services – to support the service choices they make. Services must be easy to navigate, provide accurate and timely information about service availability and quality, and address diverse needs and choices. FECCA does not believe that the portal of *My Aged Care* is currently meeting these needs.

### **Awareness of services, including CDC**

Community members at the consultations agreed that support is needed from culturally responsive community organisations, to help with accessing ageing support services, aged care services, or government-funded services. They also felt an advertising campaign on aged care services would help to inform people.

Word of mouth continues to be very important in ethnic communities; trust among peers is high. Sources of information continue to include ethnic radio, multicultural community groups, churches, seniors clubs and hubs, and community boards. There was a view that the government agencies expect people to get their own information on aged care but that they (the agencies) could do a better job.

In relation to CDC, many community participants had not heard of it, and terms like 'case management' and 'package' were not well understood. This lack of knowledge concerns FECCA – choice and control can only be exercised if a person knows about, and understands how to access, the aged care service system.

Service providers commented that CDC can work well where there is a choice of service providers, which is not always the case in regional areas. In Darwin, for instance, it can be difficult to meet the needs of CALD consumers when there are no bilingual/bicultural staff available. A Queensland provider said that even though CDC can be empowering for the consumer and provide greater flexibility, many CALD consumers are not able to direct their care, mostly because of communication difficulties.

The issue of equity and fairness for older CALD people was raised in all the consultations, where the cost of an interpreter needs to be paid for out of the package, and transport costs for delivery of services to those who live in rural areas also is paid for out of the package. The inequity of the former is clear, and the latter is a double blow for CALD people.

While not unknown, it was surprising that there still is little knowledge of CDC and aged care services in the community. There was a prevailing view that the term 'aged care' (and the website *My Aged Care*) meant 'nursing home', and did not include home based care.

Under the framework supporting the FECCA 2020 Vision, FECCA has outlined that dedicated strategies are required to drive cultural change in expectations and attitudes to ageing – among older people themselves, within their families and networks, and the broader community. FECCA believes that part of building capacity in the community is to enable older CALD Australians to manage their own lives to the best extent possible. While we will support and harness this capacity, FECCA reiterates calls on the Australian Government to ensure equity in the implementation of Consumer Directed Care.

### **Concerns about the future in ageing and aged care**

This round of consultations was the first time FECCA asked participants about concerns about the future.

Of the approximately 60 community participants consulted, none had made plans for the future, with the exception of one participant who said she had not only written an Advance Care Plan, but had chosen the aged care facility she wanted to go to, if she had to go to one.

There was concern expressed that changes in government could mean changes in policy which would affect people seeking aged care services, with uncertainty about what would be available and would continue to be available. This was true for community participants as well as some of the service providers at the consultations.

None of the participants wanted to leave their own home to go into a residential aged care facility in the future. Some talked of bringing family into Australia to care for them; some were concerned about the quality of residential aged care and feared lack of culturally sensitive spiritual and emotional care. It is typical that migrants have left their parents in their country of origin, and have not had experience in caring for their own parents in their old age, so have no experience in this area.

The greatest apprehension was about the costs of aged care. A lot of unknown elements exist about aged care services, and there was a view that there is a lack of resources available. The general belief in the community is that an aged care home is very expensive and unaffordable for most people.

This apprehension is understandable for older CALD Australians. Particular issues for some Australians in older age such as low superannuation balances and low levels of other savings are likely to be compounded for many older CALD Australians whose lifetime earnings have been severely restricted by the process of migration and re-settlement.

### **Conclusion**

FECCA will continue to use our consultative approach to strengthen partnerships with the broader community and continue to promote the active ageing of older CALD Australians. We will work to ensure that the cultural and language needs of older CALD Australians are recognised and supported, with both equity of access to services and support, and quality of experience. FECCA supports an holistic and well-being based approach to ageing, including the support of family reunification, and access to language, culture and community life.