Increasing Choice in Home Care – Stage 1

The Federation of Ethnic Communities’ Councils of Australia (FECCA) is the national peak body representing Australia’s culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA’s policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA has had a longstanding presence in policy and systemic advocacy on ageing and aged care issues for CALD Australians. FECCA is the leading stakeholder in CALD ageing and aged care policy, and has been a significant contributor to a range of collaborations, including the National Aged Care Alliance, and partnerships with other peak bodies, to achieve the inclusion and empowerment of older CALD Australians, their carers, and CALD people who work in the aged care industry. FECCA undertook the consultations to inform the National Ageing and Aged Care Strategy for People from CALD backgrounds and is a member of its implementation committee.

According to available data, 20 per cent of Australia’s total population of people aged 65 and over were born in non-English speaking countries. By 2020, 30% of the population aged 65 and over will be from CALD backgrounds.

2 Commonwealth of Australia, National Ageing and Aged Care Strategy for People from CALD backgrounds, 2015
Considering the scope of the proposed changes to increasing choice in home care, it is imperative that the rights, needs, and expectations of older consumers from CALD backgrounds are taken into account and the Department must ensure that services delivered by aged care service providers are culturally inclusive and appropriate.

**National Prioritisation process**

It is encouraging that the process is moving towards building a consistent system for prioritising access to home care services based on individual needs and circumstances. This will ensure that people from migrant and refugee backgrounds, who entered the system at later stages due to lack of awareness, language and other barriers will be treated equally and equitably based on needs.

In a previous submission FECCA highlighted the risk that some service providers might avoid servicing clients from special needs groups, such as CALD consumers, due to their additional needs, multiple vulnerabilities, or additional cost being associated with servicing them⁵.

CALD consumers with additional service needs or multiple vulnerabilities may include care leavers, lesbian, gay, bisexual, transgender or intersex (LGBTI) people, people living with dementia, those in palliative care, people suffering financial disadvantage, those living in remote, rural and regional areas, people with very limited or poor English, those with specific spiritual or religious requirements and homeless persons.⁶

Thus, FECCA recommends that when priority of access for home care packages are allocated, special consideration must be given to people with additional needs or multiple vulnerabilities including their CALD and/or LGBTI background in addition to the health condition and the waiting period.

**Cessation of prioritisation determinations**

FECCA has consistently highlighted that, in discussing the concept of consumer directed care (CDC) with older people from CALD backgrounds, the term had to be broken down into its parts in order to communicate the concept and even then some people found it difficult to understand CDC.⁷

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⁴ Ibid
Migration patterns in Australia ... can mean that not all older Australians have English as their preferred language. As a consequence they may experience difficulties such as lack of understanding about the types and availability of aged care services and with communicating their individual needs and preferences.8

In such an environment, it is manifest that people from these backgrounds will need additional supports to understand the new changes and would require more time and support compared to those who are familiar with Australian support landscape. In addition to this, understanding the content of the changed plan will be time consuming for those with language barriers and cognitive impairments.

In certain cultures, decisions about care plans are made by the family as a group instead of the individual/individuals, because there are expectations that the family will bear the care responsibilities of the older family members. Thus, the provided timeframe may not be sufficient for older CALD people to make decisions about their care plans, identify a suitable service provider and finalise the agreements. A strict timeframe to make a decision about the service provider may impose additional pressure on the older people who are already struggling to understand the complexities of aged care system. Therefore, the 84 day limitation based on prioritisation determination must be flexible to accommodate the special requirements of this cohort of older people.

Consumer packages to automatically cease when they permanently enter residential care

With the increase and improvement of choices of home care, more people are opting to live in their homes as long as they can, before moving into residential care.9 Due to cultural stigma in moving into residential care, the expectations that the older people will be able to interact and live close to family members or people from their community, residential care may not be seen as a permanent solution. Thus, there needs to be further clarity as to the definition of ‘permanently entering residential care’.

Approved Provider Principles 2014

Considering the importance of general understanding about the Approved Provider Principles, FECCA welcomes the measures to simplify criterion used to assess an organisation’s suitability to become an approved provider. Currently listed matters that must be considered include applicant’s (service provider’s) experience, understanding of responsibilities, financial management capacity, etc.

However, it is silent on applicant’s ability or capacity to cater for diverse clients or understanding of cultural appropriate service delivery. Considering these, FECCA recommends that the Approved Provider Principles and/or the matters to be considered in assessing providers to include some criterion with regard to provision of services for culturally diverse consumers.

Consumer’s right to choose and change the providers

Government’s efforts to assist older people to lead comfortable and meaningful lives with more choice and control over the supports they receive are commendable and timely.

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Funding for a home care package will follow the consumer, replacing the current system where home care places are allocated to individual approved providers. This will provide more choice for the consumer to select a provider that is suited to them. For example, a consumer may seek a home care service that specialises in providing care to people from culturally and linguistically diverse backgrounds.\(^\text{10}\)

In order to choose or change between providers the consumers need to understand the existing service structure. There is a general assumption that older people are aware of the changes in the aged care sector and that they have an understanding about concepts such as CDC model, and complex terminology. The limited understanding about these will ultimately result in creating a group of people who do not exercise the right to choose services, which is the very essence of CDC.

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.\(^\text{11}\)

It is also clear that those who are currently entering the aged care system will be made aware of these changes; however, existing consumers who are already in receipt of services may not have access to or understand the new information. Thus, there should be appropriate mechanisms in place to educate and assist the individuals who are already receiving home care services. The existing Aged Care Advocacy Service providers can be utilised to empower and inform the existing and prospective aged care service consumers about the changes to the home care system and multicultural services organisations can serve as appropriate channels to reach CALD consumers.

### Transparency and disclosure of exit fees

Older people from CALD backgrounds may not be familiar with Australia’s legal and service provision structures. These people are further disadvantaged if they are experiencing language barriers or cognitive impairments. Among other things, the exit fees and other disclosure clauses are contained in the Home Care Agreement entered into by the service provider and the consumer.

FECCA is pleased that the Department has translated *Charter of Care Recipients’ Rights and Responsibilities – Home Care*\(^\text{12}\) into 18 languages which is attached to the Home Care Agreement.

Although the cost of the interpreting needs of the consumers during the negotiation stage is borne by the Department, currently, the consumer has to pay for the cost to have the Home Care Agreement translated into their first language if required.\(^\text{13}\) This is inequitable and

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\(^{10}\) Department of Health, *Questions and Answers - Increasing Choice in Home Care – Stage 1, May 2016*, p. 6.  

\(^{11}\) FECCA, *Consultations in ageing and aged care 2015-16*, April 2016,  

\(^{12}\) Charter of Care Recipients’ Rights and Responsibilities - Home Care,  

\(^{13}\) Translation and Interpreting Services for Home Care Packages Factsheet,  
costly for the consumer. For example, FECCA was informed that the quotation to have the Home Care Agreement translated for one consumer was about AUD 3,000 when the home care package was approximately AUD 14,000. This creates a precarious situation where consumers enter into agreements either without fully comprehending the contents of the contract, or unable to revisit the clauses, including those pertaining to exit fees contained in the Agreement at a later stage to decide on future steps as they are unable to understand the contents. This presents major risks for both consumers and providers.

Therefore, the legislation should be amended to provide equitable access, choice and opportunities to people from CALD backgrounds including adequately funded language services.

Recommendations

- Consider the additional needs or multiple vulnerabilities including the CALD and/or LGBTI background in addition to the health condition and the waiting period in the national prioritising process when allocating home care packages.
- Ensure that there is flexibility with regard to the 84 day limitation of national prioritisation to accommodate the needs of people from CALD backgrounds in deciding on the home care service provider.
- Amend the Approved Provider Principles and/or the matters to be considered in assessing providers to ensure that the service providers are adopting proactive measures to provide culturally sensitive and appropriate services.
- Ensure that there are sufficient policy measures to educate older people, especially those from migrant or refugee backgrounds about the changes, and use advocacy services to empower these individuals to make informed decisions about the changes to home care services and portability of services.
- Provide adequate and quality language services to ensure that people from CALD backgrounds, whose first language is a language other than English, receive the Home Care Agreements translated into their preferred language.