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Aged Care Legislated Review

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 people from CALD backgrounds who work in the aged care industry.¹ FECCA undertook consultations to inform the *National Ageing and Aged Care Strategy for People from CALD backgrounds* and is a member of its implementation committee.²

FECCA welcomes the opportunity to provide a submission to the Aged Care Legislated Review.

While older Australians are making up an increasing proportion of our population overall, significantly, migrant communities are ageing at a much faster rate than the population at large. The 2011 Census indicated 20 per cent of Australians over the age of 65 were born in non-English speaking countries. On current projections, 30 per cent of the population aged over 65 will be from CALD backgrounds by 2030. A large increase of those aged 85 and over (such as post-war migrants) is predicted, which adds an extra dimension of diversity to the future of aged care in Australia.³

¹ FECCA's 2020 Vision for Older CALD Australians (2015) <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

² Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds* (2015).

³ Anna L. Howe, 'Migrant Care Workers or Migrants Working in Long-Term Care? A Review of the Australian Experience', *Journal of Ageing and Social Policy*, 21:4, 374-392.

Mechanisms for CALD representation

Given the size of the culturally and linguistically diverse aged cohort, FECCA believes that it is crucial that there is CALD representation at the most senior levels of representation on Government committees and advisory groups relating to ageing and aged care, including the Aged Care Sector Committee.

Diversity Strategy

FECCA recommends that work is undertaken towards a revised National Ageing and Aged Care Strategy for people from CALD backgrounds for 2017-20. This Strategy could sit under a broad diversity agenda.

The strategy should include:

- the work of the National Aged Care Alliance and Consumer Support Platform;
- the role of advocates and advisors as intermediaries for some CALD groups and individuals;
- a more nuanced approach and market segmentation of CALD communities to target communities and individuals who are at greater risk for example, individuals with low socio-economic status and single women from CALD backgrounds over the age of 50;
- refinement of work with the Primary Health Networks;
- monitoring multicultural access and equity as aged care system reforms; and
- a greater focus on wellbeing, restorative care and rehabilitation.

It is imperative that resources are attached to the new Strategy to ensure its effective implementation.

Whether further steps should be taken to change key aged care services from a supply driven model to a consumer demand driven model

Market-based human services are premised on the existence of informed and empowered consumers. At this stage in time, many consumers are not yet informed about the services available to them or empowered to make choices and exercise control over service delivery.

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.⁴

Those consumers who are generally serviced by niche providers, such as ethno-specific providers, lose out in a market-based system because niche providers, by nature, have a narrow appeal and may be disadvantaged in a market. If these services are unable to adapt, resulting in closure, then choice for consumers who may use niche services will be reduced. When designing market-based systems for human services, it must be recognised that choice may be limited for niche consumers—and an appropriate remedy outside of the market will be required.

⁴ FECCA, *Consultations in ageing and aged care 2015-16* (April 2016) <http://fecca.org.au/wp-content/uploads/2016/04/Consultations-in-ageing-and-aged-care-2015-16.pdf>

The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

FECCA notes that inequity in access to aged care services remains, particularly for 'vulnerable' groups where a tailored approach is important for social and economic participation.

FECCA further notes that equity of access is not enough – consumers must have equity of experience, which leads to equitable outcomes.

Information provision

FECCA's community consultations have revealed the importance of diversifying methods of information provision about services including through community organisations and service providers that work closely with CALD Australians. Information about services must reach communities through active engagement. Placing information on a website and expecting consumers to access is not sufficient to create informed CALD consumers. Other means of communicating including community radio and ethnic print are also crucial.

The quality, level and accessibility of information must be improved and provided in formats and forums that reflect the diversity of the population. People from CALD backgrounds often look to cultural community groups for information, advice and support to connect with services, and will also need ongoing support to navigate and negotiate service changes as their needs and requirements change.

In order to choose or change between providers, consumers must understand the existing service structure. FECCA has consistently highlighted that the complex terminology used in government services may result in limited or lack of understanding among people from CALD communities when navigating these systems. For example, during a community consultation organised by FECCA with older people from CALD backgrounds there was evidence of poor levels of understanding around terminology:

... 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.⁵

There is a general assumption that people are aware of changes in service systems, access information available on online platforms and have an understanding about constantly evolving concepts that impact on the services that they receive. For instance, existing consumers who are already in receipt of aged care related services may not have access to or understand new information about the portability of these services that will take effect in February 2017 as they do not look for such information. Limited understanding about these developments and increase in choices will ultimately result in creating a group of people who do not exercise the right to choose services, which goes against the very essence of the principle of choice and control:

Migration patterns in Australia ... can mean that not all older Australians have English as their preferred language. As a consequence they may experience

⁵ FECCA, 'Consultations in ageing and aged care 2015-16' (April 2016), <http://fecca.org.au/wp-content/uploads/2016/04/Consultations-in-ageing-and-aged-care-2015-16.pdf>

difficulties such as lack of understanding about the types and availability of aged care services and with communicating their individual needs and preferences.⁶

In such an environment, it is essential that people from CALD backgrounds receive additional assistance to understand the support system and any changes as they occur. They will also require additional time and support compared to those who are familiar with Australian support landscape, particularly those consumers with language barriers and cognitive impairments.

Proactive measures must be adopted to increase outreach and awareness about the changes to aged care and how such changes affect the individuals and their funding plans. Educational programs should be in place to explain the contributions towards the aged care packages, means test and general standards for pricing as well as about the availability of Centrelink financial planners.

Advocacy

A strong consumer movement that uses a range of face to face, online and other peer networks to teach one another, provide support, encourage one another and restore the imbalance of power between consumer and service provider will be a crucial element of the transition to market-based human services.

Strategies are required to shift the expectations and attitudes to the delivery and availability of various human services – among consumers, families and networks, and the broader community.

The Productivity Commission report 'Caring for Older Australians' discusses the intersectionality between disability and aged care sectors at length strongly advocating that adequate care and support should be available in both the disability care and aged care systems.⁷ The report further recommends the establishment of an Australian Seniors Gateway Agency that caters for diversity by:

- ensuring all older people have access to appropriate information and assessment services; and
- facilitating access for people with language and cultural needs through the development of specific hubs for older people from diverse backgrounds that have limited English skills and require access to bi-lingual staff.⁸

Considering this recommendation, FECCA encourages the adoption of a coordinated approach whereby organisations specialising in providing advocacy services for people from non-English speaking backgrounds receive additional funding to account for the cost of language services, staff training and other associated costs. In the absence of an organisation working specifically with people from diverse backgrounds, such additional funding should be provided to organisations with a proven track record of working with this particular cohort.

⁶ Australian Institute of Health and Welfare, 'Aged Care Packages in the Community 2010-2011: A Statistical overview' (2012), 46.

⁷ Productivity Commission Inquiry Report, *Caring for Older Australians*, No 52 (28 June 2011).

⁸ Ibid, 68 (recommendation 11.2).

Language services

Catering for the language needs of all migrants (through the provision of language services, whether through interpreting, translating or bilingual work) is imperative to ensure equitable access to services, community engagement, and health and wellbeing in general.

Under current aged care arrangements, the cost of language services is largely borne by the consumer. FECCA has significant concerns about the implications of this policy for access and equity, community engagement, and health and wellbeing in general. We are also concerned about the maintenance of certain rights for older Australians from CALD backgrounds including communication, the right to seek and receive information and linguistic rights guaranteed under the Universal Declaration of Human Rights.

The Department of Health has set out a policy framework in relation to language service provision for aged care service providers.⁹ Service providers are able to access Translation and Interpreter Service (TIS National) free of charge for operational matters such as negotiating a Home Care Agreement, co-designing a care plan and organising an individualised budget. TIS National can also be used by the service provider each month to discuss the consumer's monthly income and expenses statement. However, if a home care consumer requires an onsite interpreter outside of the service provider's operational requirements for the programme, all costs incurred must be borne by the consumer through their home care package funds.¹⁰ This means that when receiving services as part of their care plan, aged care consumers are required to bear the cost of language services for example, when consumers are receiving personal care services.

A carer or staff member's inability to understand or effectively communicate with people from CALD backgrounds due to language barriers may cause tension and frustration between the parties. The inability to communicate effectively with those providing care and the individual or family members can result in serious abuses.

Case study one - A consumer from a CALD background was offered a Home Care Agreement for the provision of a home care package under the *Aged Care Act 1997*. This consumer asked for a translation of the agreement into their own language so that they could read and understand the requirements before signing it. The consumer had been approved for a home care package of \$14,000 for services for the year, and the cost of the translation was \$3,000, reducing the care component to \$11,000. Such a situation prevents a person from having equal status under the *Aged Care Act*.¹¹

Case study two – An elderly woman of Italian background had appalling injuries at the time of her death, despite being cared for by nurses through a home care service. During the coronial inquest, her son commented that his mother did not speak fluent English and the language barrier may have made it seem like she was not cooperating with the nurses and carers contributing to her shocking injuries.¹²

⁹ Available at:

https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2016/interpreting_support_for_service_providers_fact_sheet.pdf

¹⁰ Ibid.

¹¹ FECCA, *Increasing Choice in Home Care – Stage 1*, June 2016, p.5 <http://fecca.org.au/wp-content/uploads/2016/06/Increasing-Choice-in-Home-Care-%E2%80%93-Stage-1.pdf>

¹² Available at: <http://www.abc.net.au/news/2016-07-04/inquest-into-death-of-perth-woman-maria-niceforo-kincare/7567784>

English language capacity differs amongst the older CALD population; more than 70 per cent of people aged 65 years and over from China and Vietnam do not speak English well compared to less than five per cent of people aged 65 years and older from the Netherlands and Germany.¹³ It is well known that many migrants revert to their mother tongue as they age, even if they have previously spoken English fluently.

As per section 2(1)(e) of the *Aged Care Act*, the objectives of the Act include facilitating access to aged care services, for those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location.

People with disability

People with disability must have equal access to all supports and services irrespective of their age or place of residence. With different funding levels for aged care and people with disability under 65 years of age, there is a risk of older people with disability not receiving the same level of supports compared to a person accessing the NDIS. While it may not be viable to expand eligibility to the NDIS to people of all ages ... there should be no distinction in the type and level of services available to a person with disability-related needs or ageing-related needs, regardless of their age, even though responsibility for funding those services may lie with either the disability or aged care service systems.¹⁴

There is little clarity among consumers in relation to their entitlements under support systems, including the National Disability Insurance Scheme (NDIS). People who are currently in receipt of aged care related supports such as those with younger onset dementia and other cognitive impairments should be provided requisite supports to transition out of aged care into the NDIS as they may have access to a suite of supports under the Scheme.

The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

The aged care workforce is predominantly female, and increasingly multicultural.¹⁵ It is estimated that 23 per cent of direct care workers in residential aged care speak a language other than English, and 16 per cent of direct care workers working in the community. The number of multicultural workers in the aged care workforce is under-reported as workers in positions other than registered nurses, enrolled nurses, and personal care attendants are not counted. Aged care service provision is a highly diverse industry with a range of staff groups, many of which are not captured in this data.¹⁶

With such a large percentage of people receiving ageing and aged care services being from a CALD background, the aged care workforce must be appropriately trained to ensure a high level of cultural competency. This applies to all aged care workers.

FECCA commends the efforts to develop a learning tool for the My Aged Care assessment workforce working with CALD consumers and their carers. We are keen to be involved in the process of the development of the learning tool which is a positive step towards answering

¹³ FECCA, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* (March 2015).

¹⁴ National Aged Care Alliance, *Improving The Interface Between The Aged Care And Disability Sectors: Discussion Paper*, (August 2016), Accessible at: <http://www.naca.asn.au/Publications/Improving%20the%20Interface%20Between%20the%20Aged%20Care%20and%20Disability%20Sectors.pdf>

¹⁵ Aged and Community Services Australia, *The Aged Care Workforce in Australia: Position Paper* (February 2015).

¹⁶ D. King, K Mavromaras, B. He, J. Healy, K Macaitis, M. Moskos and Z. Wei, *The Aged Care Workforce 2012 Final Report* (2012).

numerous concerns in relation to the provision of culturally appropriate care. FECCA recommends that this tool be extended to other stakeholders who are involved in delivering aged care services.

There is a risk that the increased demand and limited supply of specific language and cultural skills will result in older CALD people not getting the level of choice and control needed to meet their individual needs. It is vital that service providers view multicultural and bi-cultural workers as a conduit to engage and retain consumers from CALD backgrounds in a competitive market driven system. This should also entail appropriate mechanisms to capture data on cultural and linguistic diversity of the workforce in relevant sectors.

Making culturally appropriate care a core business within the aged care sector will open up new avenues for organisations and strengthen a service provider's competitive position. It will also help develop a modern aged care business culture embedded in Australia's multicultural society to reach diverse clients more effectively. A culturally competent workforce can help older CALD people to fulfil their own aspirations: helping them to receive the service they need, and at the time, and in the place and in the way that they want.

CALD workers benefit all organisations, and all clients, not just those with whom they share a cultural background. Working in a culturally diverse environment also creates cultural competency for an organisation through direct personal interactions. This in turn benefits an organisation's dealings with clients and stakeholders.

Retaining staff in aged care can be difficult because of low wages, particularly for retaining mature-age workers. Low wages show a lack of social recognition for the contribution aged care workers make to society. Other negative impacts on retention of staff include the physical demands of aged care work, and poor management, where the organisational responses to the increased number of high-need clients, are not adequately addressing issues around work and staff ratios.¹⁷ These pressures may be intensified if staff are not well equipped to deal with their CALD clients.

Geographical barriers have always created challenges in regional areas and cultural needs are often not identified as a priority. Providers in regional areas are often leaders in innovation in the way they deliver services. As a result, employers located in rural and regional areas may need to offer incentives to attract CALD workers, as the CALD workforce tends to migrate to metropolitan areas, where they are more likely to find the support that they themselves need.

Conclusions from FECCA's research on communities in regional and rural areas have stressed the importance of consumers receiving information and services in their own language to ensure equitable access to services and information.¹⁸ A lack of CALD workers in regional and rural areas of Australia makes meeting these needs more challenging.

Often CALD workers are expected to provide language services/interpreting and cultural advice for clients, in addition to their usual duties, and this is rarely recognised financially. Some workers say they do not feel competent or confident in both languages but feel they are expected to provide a level of bilingual support. There may also be issues for a CALD worker when working within their own community, such as potential for conflicts of interest in smaller communities, which can add a level of stress to CALD workers not experienced by other workers.¹⁹

¹⁷ S. Austen, R. Ong and T. Jefferson, *Missing workers: retaining mature age women workers to ensure future labour security*, Centre for Research in Applied Economics (2014).

¹⁸ FECCA, *FECCA Aged Care Consultations 2014-15* (May 2015).

¹⁹ Submission to FECCA from Ethnic Communities' Councils of NSW.

The *National Ageing and Aged Care Strategy for People from CALD Backgrounds* specifically states, as an Action area under Goal 4, that the Department will work with other government departments and agencies to develop appropriate education and training to enhance CALD aged care workforce skills (4.7). To some extent this is assisted by the Aged Care Workforce Fund. Greater collaboration between government, agencies, multicultural organisations and the aged care sector will improve the implementation of the Strategy.

Other relevant action areas are:

- 5.4: in partnership with the CALD sector, develop targeted communications to encourage members of CALD communities to consider employment, volunteering and training in the aged care sector; and
- 5.5: Develop structured pathways to facilitate the employment of appropriate bilingual staff in the aged care system.

Although there have been communications campaigns aimed at consumers (such as the My Aged Care communications campaigns), FECCA is not aware of any such campaigns aimed at potential workers in aged care, nor government-developed pathways to facilitate employment.

FECCA recommends the development of an Aged Care Workforce Cultural Diversity and Management Strategy, to develop and support an aged care workforce that is culturally competent and responsive to the needs of older people from CALD backgrounds. The Strategy must address, as a minimum:

- ways to attract CALD workers to employment in aged care services;
- methods of improving the retention of culturally competent aged care workers, including but not limited to workers from CALD backgrounds;
- the recruitment of aged care workers in rural and regional areas;
- implications for interface between the National Disability Insurance Scheme (NDIS) and aged care system; and
- strategies to enhance cultural competency of the aged care workforce, as part of increasing the capability of the sector to meet the needs of older people from CALD backgrounds.

Other matters

Safeguards

It is important that safeguards are in place for those consumers who may be vulnerable to market failure. Safeguards and protections should be strengthened and modernised to protect the vulnerable, monitor sharp practice and provide accountability. Many of the safeguards currently in place are built for different circumstances and can sometimes stifle creativity, impose zero risk levels, curtail choice, assume ineptitude and entrench dependence.

Such safeguards may include:

- A robust feedback and complaints system
- Advocacy services to assist consumers to navigate the aged care system
- Support for systemic advocacy, to identify and address issues affecting CALD consumers
- Quality standards which include consideration of the needs of CALD consumers
- Community visitors schemes

Quality

When designing services and systems, consideration should be given to what quality of the service looks like and who sets the minimum standards. FECCA is pleased to note that the Department of Health is currently undertaking work on the Aged Care Quality Standards.

Quality care is dependent on staff knowledge and their ability to be sensitive to culture-specific norms, and capacity to effectively communicate with CALD consumers. Thus, workforce issues should be considered central to quality including recruitment, pay rates, training and professional development.

Feedback and complaints mechanisms

Feedback and complaints mechanisms drive quality and improvements to systems. For example, the Aged Care Complaints Commissioner has a mandate to identify systemic issues from individual complaints, which can drive improvements for all consumers.

All consumers must be aware of their right to complain and how to access complaints mechanisms. It must not be assumed that all consumers are already aware of their right to complain about a service. In certain countries making complaints against services rendered by other agencies, especially government agencies, is not a cultural norm. This is particularly important for migrants as laws and procedures in their country of origin are likely to be different to those in Australia. Details of complaints mechanisms should be provided to all participants through appropriate channels and where required, in translation. There should also be multiple ways of lodging a complaint, including online, over the phone, in writing and in person.

An effective advocacy framework plays a key role in empowering individuals to be proactive self-advocates to assert their rights, and to efficiently use the existing complaint mechanisms. To assist individuals who may have limited English language proficiency, information should also be provided about how to access the government's Translating and Interpreting Service (TIS National). This information should be easy to find and understand. Peer support and professional advocacy services are also vital in enabling and encouraging people to use the feedback and complaint mechanisms.