

Submission template

National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds - Review

Submissions close 5pm, 12 May 2017

Instructions:

- Save a copy of this template to your computer.
- Populate Section 1 with your details.
- If you would like to respond to a specific criteria please use Section 2 of the template.
- If you would like to provide general comments please use Section 3 of the template.
- Email your submission to ageing.and.diversity@health.gov.au

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Privacy Statement

The Australian Department of Health is committed to protecting your privacy in accordance with the Commonwealth *Privacy Act 1988* including the thirteen Australian Privacy Principles (**APPs**) contained in that Act. The APPs replaced the old Information Privacy Principles (**IPPs**) on 12 March 2014.

The Department’s APP privacy policy (required by APP 1.3) can be accessed at [the Department’s APP privacy policy web page](#). The APP privacy policy explains how the Department handles personal information generally, including its collection, storage, security, access, use and disclosure.

All submissions received will be treated with discretion, and no personally identifying information from your submission will be released to any third party.

Thank you for your interest.

1. Tell us about you

1.1 What is your full name?

First name **Cristina**

Last name **Giusti**

1.2 What stakeholder category do you **most** identify with?

Peak body - consumer

1.3 Are you providing a submission as an individual (**go to question 1.4**) or on behalf of an organisation (**go to question 1.6**)?

Organisation

1.5 Do you identify with any other of these special needs groups?

Choose an item.

1.6 What is your organisation's name?

Federation of Ethnic Communities' Council of Australia

1.7 Which category does your organisation **most** identify with?

Consumer Peak Body

1.8 Do you **consent** to potentially being contacted to discuss the contents of your submission?

Yes

1.9 Do you wish for your submission to remain **confidential**?

No

2. The aged care sector and care for people from CALD backgrounds

2.1 How prepared do you think the aged care sector is to meet the needs of older people from CALD backgrounds and their communities?

FECCA welcomes the support for CALD ageing and aged care provided by the Australian Government in the form of the development of the *National Ageing and Aged Care Strategy for people from CALD backgrounds* in 2012. The Strategy provides a comprehensive framework for attending to the needs of CALD ageing and aged care. FECCA would like to take this opportunity to acknowledge the dedication of service to CALD older people who are ageing and in need of culturally appropriate aged care from the many organisations that demonstrate a significant commitment to this particular area. However, FECCA is aware that the commitment is not universal and not shared by some providers. There are also providers who are not aware of the existence of the Strategy and/or are not culturally equipped to deliver services to CALD older people. The demand on the aged care industry in relation to CALD ageing will only continue to escalate as the post-war European populations who are still a large part of the CALD ageing sector continue to age. This will increase the necessity for CALD aged care supports. There are also increasing numbers of elderly Asian language and Arabic-speaking populations that require support to access the aged care system.¹ This demonstrates that the needs of the CALD ageing cohort are rising with a projected 30 per cent of ageing Australians by 2020 from CALD backgrounds.² This sizeable portion of the Australian population will need continued support as will the sector which delivers care services to them. FECCA identified in the *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* that research gaps existed in several areas, including new and emerging populations, older people from refugee and other backgrounds who arrive in Australia at a later age and smaller older population groups from regional, rural and remote areas.³ In consideration of this, there will need to be a sustained and concerted undertaking to address emerging CALD aged care needs. It is hoped that these needs will be adequately catered for under the proposed Aged Care Diversity Framework which will replace the present Strategy.

2.2 As an individual or carer, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

Not Applicable

2.3 As an organisation, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

As the 2017 Consultation Hub CALD Strategy Status Report indicates, there have been many initiatives that the Department of Health have funded and supported to deliver CALD inclusive services. In particular, the funding attributed to National Peak bodies such as FECCA, COTA, Alzheimer's Australia and Palliative Care Australia. Of particular importance is the consultative mechanism provided by the Department's CALD Aged Care Strategy Working Group and the National Aged Care Alliance (NACA) which has provided FECCA with an opportunity to be represented on the various working, reference, and advisory groups which the Alliance supports. The CALD Aged Care Strategy Working group is of particular importance as its members were asked to contribute to the National Aged Care Advocacy Programme and Dementia review; both reviews had considerable implications for CALD older people. In regards to sector development *The Partners in Culturally Appropriate Care* (PICAC) program has

¹ AIHW, *Exploring the aged care use of older people from culturally and linguistically diverse backgrounds working paper 1 2016*, p. 1.

² FECCA, *2020 Vision for Older CALD Australians*, available at: <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

³ FECCA, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, 2015, p. 25.

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contributed much to this area over the years. It is important that the program continues to be funded, especially when considering the CALD ageing projections and in particular the challenges which the increased prevalence of dementia will bring to the table. The *2015-16 Report on the Operation of the Aged Care Act 1997*, indicates that people from CALD backgrounds have proportionally higher representation in home care services and proportionally lower representation in residential care services.⁴ This indicates a continuing trend of older Australians from CALD backgrounds towards accessing aged care in a home environment. It is increasingly important that the sector continues to attract support and for consideration to be given to increasing resources in order to adequately cater for the growing numbers of ageing Australians from culturally and linguistically diverse backgrounds.

2.4 Before receiving notification of this submission open round, were you or your organisation aware of the existence of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy)?

Yes

⁴ Department of Health, *2015-16 Report on the Operation of the Aged Care Act*, 2016, Canberra. p. 65.

3. Principles of the CALD Strategy

The Strategy is based on the following five principles:

- **Inclusion** - The needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis.
- **Empowerment** - Older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to maximise their use of the aged care system.
- **Access and Equity** - All areas of aged care understand the importance of and deliver culturally and linguistically responsive care.
- **Quality** - Care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers, and are assessed accordingly.
- **Capacity Building** – Individuals from CALD backgrounds and CALD communities have the capacity to both articulate their ageing and aged care needs and be involved in the development of services and the workforce to meet these needs.

3.1 What concrete steps, if any, have you seen towards the implementation of the 'Inclusion' principle over the past 5 years?

The 'Inclusion' principle of the Strategy captures the priority areas of palliative care needs, dementia and mental and chronic health needs.

FECCA's *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* has identified that many CALD older people experience 'higher levels of disadvantage', due to a range of factors; including their migration experience and their degree of acculturation and communication barriers which preclude them from positive ageing experiences.⁵ Also highlighted in the review from its research findings, is that older people from CALD backgrounds have a limited understanding of dementia which greatly stems from the stigmatisation of the condition within their cultural contexts. Of particular concern is that CALD ageing cohorts with dementia are not included in dementia research due to language barriers.⁶ FECCA calls for CALD specific funding to be attributed to expanding the CALD dementia evidence base.

The *Review* also identifies the lack of uptake by CALD older people of mental health services. Culturally sensitive tools which include diagnostic assessments are generally not available and require adequate resourcing to be made available to facilitate inclusion of CALD people.⁷ FECCA acknowledges the resourcing attributed to developing Italian and Chinese language specific Rowland Universal Dementia Assessment Scale (RUDAS). However, there exists an urgent need to broaden the cultural suite of screening tools available for assessment purposes in order to appropriately screen people from the diverse cultures to further enhance and broaden the 'inclusion' principle.

⁵ FECCA, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, 2015, p. 4.

⁶ *Ibid.* p. 5.

⁷ *Ibid.*

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Alzheimer's Australia SA has produced an app with funding from the Australian Government. The app is designed for people who care for individuals with dementia and the 'Cultura Care model' will assist carers to provide culturally appropriate support and to also enable an enhanced communication level with individuals from different cultures.

FECCA is pleased to be a part of the National Advisory Group in the PCACE project which is being developed by CareSearch, funded by the Department of Health. This project is concerned with building an online evidence base for Palliative Care in Aged Care. It is important that palliative care is recognised and understood within diverse communities and that there is an increase in the representation of this cohort in the receipt of palliative care services.

3.2 What concrete steps, if any, have you seen towards the implementation of the 'Empowerment' principle over the past 5 years?

Maximising an individual's capacity to use the aged care system is central to the 'Empowerment' principle. FECCA understands the challenges which older CALD people face when needing to access aged care support.

The PICAC *My Aged Care CALD Accessibility* project was funded by the Department of Health in 2015 to identify key barriers which face older people from diverse cultures and linguistic groups when accessing the *My Aged Care* system. The many barriers which exist include not understanding the Australian aged care system. The recommendations compiled by the project participant PICAC NSW & ACT are currently in draft form. FECCA contributed to the *CALDWays* 2016 conference which was instrumental in contributing to the project's findings. FECCA has welcomed the opportunity provided by PICAC NSW & ACT to review the draft document.

The 'Empowerment' principle also states that CALD older people are to have their human rights respected and are to be free from elder abuse. FECCA has contributed to the Australian Law Reform Commission Elder Abuse Inquiry. FECCA believes that addressing issues specifically affecting CALD older people is crucial to effectively tackling elder abuse in the wider community. This includes measures to empower older CALD Australians to protect themselves against this kind of abuse.

In its submission to the Elder Abuse Inquiry, FECCA made some key points and recommendations including support for the proposal to develop a National Plan to address elder abuse. FECCA also recommended that older people are educated about their rights and provided with access to culturally appropriate advocacy services. It is important that confidentiality is supported to enable older people to discuss their concerns with legal professionals, in some cases independent of their immediate family. Additionally, FECCA supports the adoption of measures to ensure professionals are culturally competent and use culturally appropriate language.

3.3 What concrete steps, if any, have you seen towards the implementation of the 'Access and Equity' principle over the past 5 years?

A main feature of the Strategy is to ensure that access to aged care is equitable for people from culturally and linguistically diverse backgrounds. This involves a broad spectrum of considerations such as general access to information, assistance with making decisions and also the capability of aged care services staff and the appropriateness of the aged care provided.

FECCA would like to provide commentary on two areas of this broad principle; access to language services and data availability.

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The Translating and Interpreting Service (TIS National) is promoted as the key conduit for people from CALD backgrounds to access the entry point of aged care and for use in the receipt of aged care services. However, FECCA understands that some areas in the policy framework require addressing in regards to receiving aged care in the consumer's residence. Whilst FECCA welcomes the assistance of the Government in arranging a specialised contract with TIS National for Home Care Package providers; whereby they can access free of charge assistance with negotiating the Home Care Agreement and assistance with co-designing the care plan and the individualised budget, there exist some areas of concern. For example, FECCA was informed that a consumer expressed a desire to have the Home Care Agreement translated. The quotation received was approximately AUD 3,000 when the total value of the home care package was approximately AUD 14,000. Additionally, for areas of attention which the CALD consumer may have outside the scope of these areas, such as for ongoing case management and review of their goals and service provision matters, they will need to allocate a portion of their budget to cover interpreting and translating costs. This is seen to be a discriminatory practice which inhibits the full realisation of the access and equity principle of the Strategy. The costs associated with interpreting and translating services will greatly erode the available funds of the Home Care Package and any contingencies apportioned to the budget.

When dealing with translation matters for residents within aged care, FECCA is aware that service providers are not always utilising the TIS National services due to cost considerations. Some providers will default to utilising the resources readily available to them for communication purposes which are not always appropriate. 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.

The recommendations made by the Australian Institute of Health and Welfare (AIHW) comprise the need for standardised data holdings to include language based measures to nominate chiefly a) Main language spoken at home b) Preferred language.⁸

In terms of the current aged care data available, it holds insufficient data on CALD Australians.⁹ The recommendations by AIHW state that the language based measures indicated above are required to as a minimum to appropriately inform the future development of aged care services. With limited data sets, it is difficult to plan for the specific needs, of the CALD aged care consumer. FECCA calls for a coordinated approach to attend to the capture of a universal set of cultural diversity measures including the need for an interpreter.¹⁰

3.4 What concrete steps, if any, have you seen towards the implementation of the 'Quality' principle over the past 5 years?

The Quality principle states that 'research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older people from CALD backgrounds, their families and carers.' In response to this particular principle FECCA and the National Ageing Research Institute (NARI) held a national Roundtable in Canberra in March 2016 to examine the gaps in research in ageing and aged care for older CALD Australians. The objective of the Roundtable was to develop a research strategy to address these gaps. This was an innovative collaboration between industry and research, providing a unique opportunity to make a real difference for older CALD Australians and their families.

Participants in the Roundtable included leading academics in population and ageing issues, national consumer peaks, as well as key stakeholders in the multicultural sector with a keen interest in the health and ageing of older CALD Australians.

⁸ AIHW, *Exploring the aged care use of older people from culturally and linguistically diverse backgrounds: a feasibility study Working paper 2016*, Canberra. p. 4.

⁹ *Ibid.*

¹⁰ *Ibid.*, p. 7.

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It is generally understood that research is critically important to inform enhanced and more responsive policy and practice. This requires adequate funding to cover additional costs involved in researching CALD communities including covering the costs of interpreters and translators. Researchers should be encouraged to engage in more CALD-specific or CALD-related research projects, through the provision of funding opportunities. The strategy for research into the future should focus on providing a solutions-based outcome. From the Roundtable, three priority areas where more solutions-focused research were identified and broadly grouped into the following streams;

Active participation: It is important to acknowledge the contribution made by older CALD people to society. Research into how to normalise and celebrate ageing can lead to a more holistic approach to thinking about productive ageing. CALD older participation will produce valuable data for which to expand the intelligence on ageing issues and aged care access.

Better health and wellbeing: Low health literacy is a universal problem. In older people generally, low health literacy is associated with a poorer health status and a higher risk of premature death.¹¹

Appropriate and enabling services and supports: Research needs to take into account the enormous amount of change driven by the Australian Government's aged care reforms, recognising the current period which presents both challenges and opportunities.

Research is required to support the development of culturally appropriate screening tools to ensure accurate and early diagnoses of CALD people living with dementia or other conditions. This will facilitate early access to support, with a view to preventing the need for acute interventions. Engagement with general practitioners, registered nurses and allied health professionals is critical in this regard. It is imperative that hospital care settings and emergency settings are included to ascertain a real picture of the secondary health scenario.

Research should contribute to identifying strategies to support a culturally diverse and culturally competent workforce to provide appropriate care for older CALD people.

In reference to the area of improving the structural capacity of aged care services providers, cultural competency training assists service and service standards to meet the cultural and linguistic needs of older people. FECCA considers that cultural competency education requires training accreditation standards. Training should be evaluated at all stages of the journey. With the transient nature of aged care staff, training needs to be ongoing and revised to include cultural competency training to suit diverse cultural groups that are being cared for in the various care settings. Ideally, training should be multi-levelled and directed at upper management and operational management as well as the care staff.

There is a recognised need for the provision of Australian cultural awareness training to suitably prepare multicultural care staff to understand the Australian aged care setting and the recipients therein. It must be stressed to aged care providers of their responsibility as employers to orient and prepare multicultural staff who are new arrivals to adequately and confidently provide culturally appropriate care for ageing Australians of all backgrounds.

In the community sector, there are issues around the accepted level of care by older people, issues of racism and also the cultural norms inscribed within Australia itself. Australia's history particularly pertaining to its involvement in the Second World War, and the social history of the twentieth century has contributed to a lack of acceptance of care delivered by diverse staff. It must be acknowledged and sensitively approached by service providers.

¹¹ <http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>

3.5 What concrete steps, if any, have you seen towards the implementation of the 'Capacity Building' principle over the past 5 years?

The Department has acknowledged that CALD communities with emerging care needs may require additional support to establish aged care services.¹² Through an engagement with Outcomes Plus Pty Ltd it produced the document; *An overview to improve aged care services for your community. Building capacity for the emerging aged care needs of culturally and linguistically diverse communities*. FECCA welcomed the publication of this resource to specifically assist providers prepare for the application of aged care places in the Aged Care Assessment Round (ACAR) in 2015. The document provided information for a diverse range of organisations, including ethno-specific, culturally or religious based, or multicultural to build capacity for aged care service provision by addressing areas such as identifying target markets, understanding unmet needs in the community and becoming an approved provider of aged care.

FECCA has acknowledged that the Department adopted a streamlining of the Approved Provider process invoked as part of the *Increasing Choice in Home Care* reforms, from 27 February 2017. The suitability criteria to become an approved provider were consolidated from 54 mandatory criteria to 6 key areas. This streamlining of the criteria has facilitated multicultural service providers to become approved providers, for instance, reducing the focus on key personnel, who can change frequently. Organisations that have been supporting CALD clients in entry level services such as CHSP now have the opportunity to support aged care needs through becoming ethno-specific service providers.

CALD consumers demonstrate trust and build a rapport towards ethno-specific services. These services are commonly looked upon to provide aged care advice and support to consumers and their carers, many of whom do not possess English language proficiency. It is imperative that the sector recognises the work of these services, and adopt strategies to ensure their longevity in volatile market-driven environments.

3.6 Are these Principles still relevant?

The five principles of the Strategy are still relevant and will continue to be relevant as the CALD ageing cohort increase in number. It is important that these principles continue to be recognised in the work of the Diversity Sub-Group, building upon the work carried out since 2012 when the Strategy was implemented.

¹² Department of Social Services, *An overview to improve aged care services for your community*, DSS 1548.03.18, 2015.

4. Goals of the CALD Strategy

The Strategy's high-level Principles were complemented by six specific goals:

- Goal 1 - CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.
- Goal 2 - Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care.
- Goal 3 - Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services.
- Goal 4 - Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers.
- Goal 5 - Enhance the CALD sector's capacity to provide ageing and aged care services.
- Goal 6 - Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.

4.1 What concrete steps, if any, have you seen towards the implementation of the 'Goal 1' over the past 5 years?

FECCA seeks to provide a leadership role in ensuring advocacy in healthy and active ageing and aged care policy through, membership on the National Aged Care Alliance Advisory groups (NACA); membership on the Aged Care Sector Committee CALD Aged Care Strategy Working Group and evidence-based input to aged care reform planning and implementation.

The CALD Strategy Working Group of which FECCA is a member, informs the Aged Care Sector Committee on the Strategy which aligns with the Strategy's Action area 1.5.

FECCA's participation in ageing and aged care policy is underpinned by consultation with consumer representative groups and service providers, as represented by the Healthy Ageing Reference Network (HARN). FECCA established the Healthy Ageing Reference Network (HARN) where the objective was to establish a stakeholder input mechanism into projecting the issues which face the CALD ageing cohort in order to inform policy, planning and practice development and implementation.

The HARN has been involved in Action Area 1.2 of Goal 1 where it has conducted consultations with CALD ageing people in metropolitan and in rural/regional areas.

The National Cross Cultural Dementia Network (NCCDN) was established by FECCA and Alzheimer's Australia. This network provided advice to Alzheimer's Australia on dementia information provision, resource development and service delivery for CALD communities. This network provided strong research and resource development to enhance the resource and consultation base concerning the CALD community in regards to dementia. The National Dementia Hotline has access to translating services and factsheets are available in 43 languages. The website also features videos which specifically target various CALD groups – *It's not a disgrace- it's dementia*. There are 10 videos in the series which aim to raise community awareness, reduce stigma and dispel myths about dementia. The language groups which are represented in the series include; Italian, Spanish, Arabic, Portuguese,

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Assyrian, Ukrainian, Mandarin, Vietnamese, Cambodian, Croatian. It would be encouraged that new and emerging ageing groups are targeted to encompass an expansion of this repertoire of resources.

The FECCA NCAN newsletter in 2014 published a dedicated newsletter to raising awareness about dementia in the community. FECCA is currently designing a newsletter which will address new and current initiatives in the ageing and aged care space. The newsletter is will be launched within the next few weeks.

In Action Area 1.4, *The National Approach to Consumer Needs- Knowing What Matters* was funded as part of a larger project: *Respecting Patient Choices – Improving Access to Advance Care Planning for People with Dementia, from Non-English Speaking Backgrounds and Through Innovative Technologies*. The overarching aims for the project were to improve access to Advance Care Planning resources and increase the capacity within the community and health sectors for conducting Advance Care Planning activities. Austin Health was successful in obtaining funding for the project through the Department of Health under the National Palliative Care Projects 2015-2017. The project is due to be launched and FECCA will highlight the project prior to the end of financial year 2016-17, through a stakeholder newsletter, (yet to be named).

4.2 What concrete steps, if any, have you seen towards the implementation of the ‘Goal 2’ over the past 5 years?

CALD consumers represent 26 per cent of home care consumers compared with 18 per cent in residential care. This reflects the generally held view that home care is the preferred option among CALD consumers. It is expected that these numbers will increase as the post-war migrant cohort continues to age.

In regards to CALD consumers entering into the Home Care Packages Programme, although the cost of the interpreting needs of the consumers during the negotiation stage is borne by the Department, currently the consumer is required to pay for the cost to have the Home Care Agreement translated into their first language if they require. This strategy is inequitable and costly for the consumer as it reduces the availability of funds to be directed towards receiving care, support and clinical services. FECCA urges that this in effect negates the essence and the purpose of the Strategy.

The *My Aged Care* website provides information for CALD people, including 9 fact sheets translated into 18 languages. FECCA strongly recommends that the range of languages provided are expanded and also made available in hard copy format. When engaging with the community groups, FECCA has identified a need for the information to be presented in booklet form for ease of use.

Translating materials into other languages addresses some barriers to accessing information about which aged care services are available and the processes which are required to register for aged care services. FECCA understands that there are CALD people who are illiterate in their own language or have had limited education and therefore may not benefit from information in writing. FECCA would like to encourage the Department to undertake a comprehensive consultation process with community members on the content of translated documents. Forums such as these in the design of the content can be of great assistance in maximising the accuracy and cultural appropriateness of the translations.

FECCA acknowledges the review undertaken of the Commonwealth Aged Care Advocacy Services in 2015. FECCA would like to see continued acknowledgements of the particular considerations for older CALD people, who have unique barriers to overcome. While language is a major barrier to accessing information and services for some older CALD people, cultural beliefs and expectations are also considered to be barriers. While the particular situations, experiences and preferences of different CALD groups and individuals vary greatly, any advocacy framework must recognise the common challenges which FECCA’s research demonstrates exist for some older

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CALD groups, such as socio-economic disadvantage, language, cultural translation difficulties, a lack of exposure to Australian services and systems, and lower rates of access to services.

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 Translating and Interpreting Service. This information should be easy to find and to understand. Peer support and professional advocacy services are also vital in enabling and encouraging people to use the feedback and complaints mechanisms in place.

The complexity of the *My Aged Care* website does not assist CALD people, their families and representatives to achieve a level of knowledge, systems capacity and confidence to exercise informed choice in aged care. This is coupled with a general lack of or limited computer literacy and/or language skills. It does place pressure on the community and other small ethno-specific services to assist this cohort to navigate the system.

The *Partners in Culturally Appropriate Care* (PICAC) program has been operational for a number of years and its aim is to equip and support aged care service providers to provide culturally appropriate care. The PICAC NSW & ACT project has been tasked to investigate the barriers which CALD people 65 years and over experience when accessing *My Aged Care*; The *My Aged Care* CALD Accessibility project. The project will identify the barriers and provide the Department with recommendations to improve access to the portal. FECCA welcomes this opportunity given to PICAC ACT & NSW to explore the barriers and to develop recommendations for enhancing access for CALD people to *My Aged Care*.

FECCA acknowledges the work of the Aged Care Service Improvement and Healthy Ageing Grants fund which between 1 July 2012 and 30 June 2017 funded 76 projects at considerable cost, which demonstrates a considerable investment by the Department. FECCA looks forward to the initiation of the Dementia and Aged Care Services Fund (DACS) to provide enhanced support for services which target people from diverse backgrounds. FECCA particularly sees the benefit of informing and educating people from CALD backgrounds about dementia, in particular the importance of timely diagnoses.

4.3 What concrete steps, if any, have you seen towards the implementation of the 'Goal 3' over the past 5 years?

Goal three of the Strategy reiterates the Department's obligation to ensure that *My Aged Care* delivers culturally appropriate services. For those who encounter language barriers in accessing the website, they can use the Translating and Interpreting Service (TIS National) to obtain information.

A great number of CALD older people do not possess the confidence to use the telephone in acquiring services. It is also not clear whether the TIS National service should be contacted in the first instance or whether the consumer should go directly to *My Aged Care*. This unclear pathway adds to the lack of confidence that CALD consumers have in regards to accessing aged care.

The *My Aged Care* website contains a number of translated factsheets to be utilised by CALD consumers, their representatives and for service providers who are assisting in the access of services. FECCA acknowledges that the *My Aged Care* website now supports 9 aged care fact sheets which have been translated into 18 languages. Whilst, these resources are available to be printed from the website, it would be welcomed if the Department could provide printed resources in booklet form, as it does with the English version.

FECCA welcomes the updates of the *My Aged Care* website, however it is still perceived to be a complex portal to navigate. The lack of or limited computer literacy and/or language literacy results leads to older people not

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accessing the services that they are entitled to. Small ethno-specific organisations and community organisations are being called upon to assist CALD people to register with *My Aged Care* to access information about services and for registration for assessment pathways.

Once access to the portal has been established, there have been documented inconsistencies in responses in relation to referrals directed to the portal. This has caused concerns amongst CALD communities and service providers.

FECCA has highlighted that having to give consent to a number of different people for the same services during the process of obtaining aged care services tends to confuse older people. These issues are compounded for older people from CALD backgrounds. The provision of information through the national call centre in general is efficient. However, there needs to be a strong understanding of the cultural sensitivities, language and other barriers that people from CALD backgrounds may encounter.

Issues in relation to names of people from CALD backgrounds being incorrectly spelt and incorrectly recording consumer's preferred language for communication were some of the related concerns that were highlighted by respondents to surveys conducted periodically by FECCA.

Institutionalised care can compound cultural isolation of a client by the removal of a person from their language and from interactions with other from their cultures. Therefore, it is vital that people from CALD backgrounds are assessed and streamed into culturally appropriate services.

These examples demonstrate the need to provide proper training to people working in the national call centre. In addition to adopting measures to educate and empower people to access services through the My Aged Care website, the Department must adopt clear initiatives to provide adequate and sustainable funding to ethno-specific aged care advocacy services to be delivered across Australia to assist people from CALD backgrounds to navigate the website.

It is imperative to disaggregate data into a number of different categories including the number of calls made via TIS National, use of family members, carers or community members to communicate on behalf of older people, and the number of people who identify themselves as being from a CALD background. This data must be made available to relevant stakeholders on a regular basis.

FECCA supports the Community Visitors' Scheme funding increase which occurred in 2013 to include specific targeting of the scheme towards CALD older people in a group setting in a residential aged care facility and recipients of the Home Care Packages Programme. FECCA would like to stress the importance of this initiative to provide a friendship visitor to CALD older people who are socially isolated or in danger of social isolation. FECCA adopts the position that the scheme is a solid adjunct to the support services delivered under the Home Care Packages Programme and welcomes the high number (40%) of the CVS auspices that are ethno-specific.

FECCA acknowledges the strong support given by the Department in carer support initiatives with the funding of nine CALD focus carer support activities under the ACSIHAG fund. It is hoped that as these projects approach the end of their timelines that carers are empowered to navigate the range of support services and are better equipped to consider their own health outcomes.

4.4 What concrete steps, if any, have you seen towards the implementation of the 'Goal 4' over the past 5 years?

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FECCA is particularly interested in the monitoring and evaluation of the delivery of aged care services and welcomes the review of the Accreditation Standards, Community Common Care Standards and Flexible Standards.

FECCA has provided input and also endorsement of the National Aged Care Alliance (NACA) submission into the recent *Single Aged Care Quality Framework – Draft Aged Care Quality Standards*. FECCA supports the move towards a more outcomes focused set of standards which are designed to identify and measure tangible outcomes for consumers.

The Aged Care Quality Agency has utilised the *Partners in Culturally Appropriate Care* (PICAC) network Australia wide to provide cultural awareness sessions to Quality Agency staff. This is an important step in raising awareness within the Quality Agency in respect of the special needs of the CALD ageing cohort and access to government subsidised aged care services. FECCA is hopeful that the agency will adopt a partnership approach between the consumer and representatives as many rely on these representatives to advocate for them due to language and communication barriers. Specific funding is recommended to be utilised for the purposes of qualified interpreters. This action would provide an accurate consumer experience to the quality assessment officers, and enable a more transparent accreditation/review summary.

The Aged Care Complaints Scheme has prepared five guides for aged care staff on handling complaints. These guides are translated into Hindi, Italian, Simplified Chinese, traditional Chinese and Tagalog. FECCA is encouraged by the processes undertaken by complaints scheme officers when investigating issues. It is particularly important that people who are tasked to interpret aged care complaints undertake to meet complainants in the field with interpreters at hand. FECCA encourages the office of the Aged Care Commissioner to broaden the suite of translated guides for making complaints to include more languages, including those of new and emerging CALD ageing groups.

4.5 What concrete steps, if any, have you seen towards the implementation of the ‘Goal 5’ over the past 5 years?

Goal five of the Strategy is concerned with the aged care sectors’ capacity to provide ageing and aged care services.

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. On current projections, a large increase of those aged 85 and over (which includes the post-war migrants) is predicted, which adds an extra dimension of diversity to the future of aged care in Australia. In consideration of these facts, the fifth goal of the strategy will become increasingly important. With the aged care market becoming increasingly identified by ‘disruptors’ and consumer driven models of care and support; aged care is now characterised by the emergence of a market that is required to respond to ever-growing demands from the consumers.

The current aged care workforce is predominantly female, and is becoming increasingly female. The aged care workforce includes a significant and growing proportion of people born outside of Australia, 32 per cent in 2012.¹³ It is estimated that 23 per cent of direct care workers in residential aged care speak a language other than English,

¹³ Aged Care Workforce Strategy Framework, November 2016, <http://www.acsa.asn.au/getattachment/Publications-Submissions/Position-Statements/Workforce-Strategy-framework-Nov-2016.pdf.aspx?lang=en-AU>, accessed 8th May, 2017.

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and 16 per cent of the direct care workers employed in the community. Aged care service provision is a highly diverse industry with a range of staff groups, of which many are not captured in this data.

With such a large percentage of people receiving ageing and aged care services from a CALD background, the aged care workforce must be appropriately trained to ensure a high level of cultural competency. This applies to all people working with aged care clients, including allied health professionals. FECCA commends the measure in the 2017/18 Federal Budget on the development of an aged care workforce strategy.

Additionally, FECCA commends the efforts to develop a learning tool for the My Aged Care assessment workforce working with CALD consumers and their carers. FECCA is perfectly positioned to be consulted in the process of the development of the learning tool, which is a positive step towards answering numerous concerns in relation to the provision of culturally appropriate care. FECCA recommends that this tool be extended to all stakeholders who are involved in delivering aged care services.

4.6 What concrete steps, if any, have you seen towards the implementation of the 'Goal 6' over the past 5 years?

FECCA is appreciative of the federal funding which was provided to FECCA and the University of Adelaide to conduct a review of available research to produce the publication, *The Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*. The Review included the identification of gaps in research and the areas which are lacking in research, such as older people from new and emerging communities, smaller CALD population groups, older people from a refugee background, people from CALD backgrounds who arrive in Australia at an older age and older people from CALD backgrounds who live outside of the most populous states and metropolitan areas. It is hoped that the identification of research gaps by the publication will provide possible channels for future funding in CALD ageing and aged care research.

The National Aged Care Data Clearinghouse sits within The Australian Institute of Health and Welfare which is a central, independent repository of national aged care data. The AIHW has produced a working paper in 2016; *Exploring the aged care use of older people from culturally and linguistically diverse backgrounds: a feasibility study*. The paper has indicated that an area of concern is the lack of disaggregated data available for aged care information. The CALD measures which are currently employed need to be expanded. The use of basic questions such as 'Country of Birth' and 'Main language other than English spoken at Home' does not fulfil the requirements (action areas) of the Strategy¹⁴ to ensure 'achievement of better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population'. Specific questions around diversity such as religious/spirituality, food preferences, carer gender preference would assist the implementation of the Strategy by allowing for considered planning of aged care services.

4.7 Are these Goals still relevant?

FECCA believes that the goals will become more relevant with time, particularly in consideration that this ageing cohort will reach 30 per cent of the total ageing Australian population by 2020. However, the action areas will need to reflect the sector reforms and the priorities which have emanated as a result of these reforms. For example, a focus on enabling CALD older people to access *My Aged Care*. It is also important to educate this cohort on the changes which the *Increasing Choice in Home Care* reforms have introduced into the sector, particularly when one considers that care provided in the home is the preferred choice for CALD older people. FECCA would encourage that measurements are attached to any proposed goals for the future, as it feels that an

¹⁴ AIHW, *Cultural and linguistic diversity measures in aged care*, p. 22.

evaluation mechanism will compel all stakeholders to adopt changes in practices to enhance the CALD ageing experience to a become a more equitable experience.

5. Experience of the CALD Strategy

5.1 In terms of the CALD Strategy, what do you think the government and the aged care sector has done to improve access to and provision of inclusive and appropriate aged care services for people from CALD backgrounds?

As expressed in area 2.3 of this submission the Government has facilitated many relationships and fostered engagement by the sector in terms of the Strategy. FECCA is appreciative of the opportunity given to it by the Government to represent the voice of CALD ageing people.

5.2 In terms of the CALD Strategy, do you think it aligns with broader aged care reform such as 'Increasing Choice'? If so, please provide more detail.

The Increasing Choice in Home Care reform has provided CALD consumers with portability of their Home Care Package and choice of provider. This reform is a much welcomed change and in theory suits the needs of CALD older people, as the statistics prove that CALD older people prefer to receive services in their homes; in 2014-15, 27 per cent of Home Care recipients aged 70 and over were from CALD backgrounds.¹⁵ The transitioning of Home Care to a Consumer-directed care environment in 2015, has contributed to the difficulties in capturing usage of some aged care services. The services built into a person's care and support plan will not necessarily be scrutinised as delivery of culturally specific services. The mandatory budget and statement which is to be provided to the consumer relates to monetary considerations of which translating and interpreting services and other culturally based services, such as transport to religious or cultural events may be itemised, but at the discretion of the provider. The current measures used in aged care data do not capture information relating to a client's needs or service delivery which may be cultural in origin.¹⁶ *The Increasing Choice in Home Care* reform underpins what is central to CALD strategy, in recognising what the consumer goals are for improving outcomes in their ageing years. However, 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 nor empowered to make choices and exercise control over service delivery. They may also not understand the concept of 'choice'. FECCA has consistently highlighted that, in discussing the concept of consumer directed care with older people from CALD backgrounds, the term has to be broken down into its parts in order to communicate the concept. Even then, some people find it difficult to understand Consumer Directed Care (CDC). However, with the February 27 reform, FECCA recognises the work of the Government in helping the consumer come to understand that the package is now in their control in regards to choice of service provider. The consumer is at liberty to pay particular attention to engaging a provider which suits their cultural needs. It is however, front of mind, that there exists a lack of service providers who specialise in the delivery of culturally appropriate care, particularly when considering that those consumers who are generally serviced by niche providers, such as ethno-specific providers, lose out in a market-based system. Niche providers, by nature, have a narrow appeal and may be disadvantaged in a market. Being able to identify where the market is located and to adequately target those consumers remains to be an issue. There also exists, economies of scale concerns, as smaller, newer businesses have a higher recovery of costs. The reforms are empowering the consumer to become aware of service provision, case management, administration and hourly charges, as transparency is a key principle of the Consumer-Directed philosophy. If niche or boutique CALD services are unable to adapt, resulting in closure, then choice for consumers who may prefer to 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 (special needs) consumers, and an appropriate remedy outside of the market will be required. As previously stated in

¹⁵ Australian Government, *Report on the Operation of the Aged Care Act*, Canberra, 2015, p. 82.

¹⁶ AIHW, *Exploring the aged care use of older people from culturally and linguistically diverse backgrounds working paper 1*, 2016, p. 5.

section 3.5 of this submission, the streamlined suitability criteria for becoming an approved provider of aged care has assisted with the implementation of the Strategy.

5.3 In terms of the CALD Strategy, where do you think the government and the aged care sector need to improve?

FECCA was instrumental in developing the CALD Strategy. The purpose of the Strategy is to ensure that older people from CALD backgrounds receive appropriate care to their cultural, linguistic and religious beliefs. Considering the importance of the Strategy and the involvement of FECCA in its design, development and implementation process, a review on the impact of the Strategy was conducted by FECCA in July 2016. The review consisted of a survey completed by members of FECCA's networks and analysis of the impact of the Strategy utilising FECCA's institutional knowledge. Overall, FECCA's survey revealed that there is a general dissatisfaction among the aged care sector in relation to the application and implementation of the Strategy. The survey focused on a number of specific goals and action areas that are measurable and are likely to have a considerable impact on older people from CALD backgrounds accessing or receiving aged care services or as older people in the community. A number of concerns related to a lack of or limited access to funding and removal or the cessation of projects and funding channels that facilitated the implementation of the Strategy.

6. Aged Care Diversity Framework

The Strategy is going to be replaced by a broader Aged Care Diversity Framework (the Framework), aimed to build on existing efforts to provide guidance for providers to embed better practice in their service delivery to better meet the diverse needs of older people.

Under the Framework, an action plan for people from CALD backgrounds will be developed.

Your feedback will help to identify broader issues to be incorporated in the development of a CALD action plan in the Framework.

6.1 What themes or issues do you believe the Framework should include/address?

FECCA welcomes Minister Wyatt's dedication towards the development of the Diversity Framework and it is appreciative of the opportunity provided by the Department of Health to be engaged as part of the sub-committee.

FECCA recommends that the framework includes:

- measures to ensure that CALD data is disaggregated and that the recommendations of the AIHW are considered in relation to data holdings.
- 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;
- an active collaboration with the Primary Health Networks and specifically to ensure education of GPs in the cultural considerations of ageing in a foreign land;
- monitoring multicultural access and equity as the aged care system undertakes further reforms; and
- a greater focus on wellbeing strategies, restorative care and rehabilitation.

It is imperative that adequate resources are attached to the new Diversity framework to ensure its effective implementation.

6.2 What issues or specific actions do you believe should be included in the CALD action plan that will be developed under the Framework?

FECCA supports the recommendation made by the Ethnic Link Services Port Adelaide Strategy submission, which highlights the specific action of the annual reporting mechanism which was included in the 2012 version of the Strategy. FECCA believes that attributing such a mechanism will provide an insight into the progression, efficacy and effectiveness of the action plan.

7. Other Comments

FECCA is looking forward to learning of the outcomes of the *National Ageing and Aged Care Strategy for people from CALD backgrounds* review process and is appreciative of the opportunity to provide input into the review.