

Review of The National Screening and Assessment Form (NSAF)

Submission

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Department of Health

Aged Care Quality Review

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A large, stylized graphic in the bottom left corner consisting of overlapping yellow and white curved shapes, resembling a stylized 'e' or a wave.

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ABOUT FECCA

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.¹ FECCA undertook the consultations to inform the *National Ageing and Aged Care Strategy for People from CALD backgrounds*² and was a member of its implementation committee. Currently, FECCA is represented on the Aged Care Sector Committee Diversity Sub-Group where it is working collaboratively with the Department of Health in developing and implementing the Diversity Framework.

FECCA gives consent for this submission to be published in whole or in part.

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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

RESPONSES TO THE SURVEY QUESTIONS IN RELATION TO THE REVIEW OF THE NATIONAL SCREENING AND ASSESSMENT FORM (NSAF)

QUESTIONS FOR HEALTH PROFESSIONALS, PEAK BODIES AND OTHER SURVEY PARTICIPANTS

1. Screening

Do you have any general comments on the current Screening questions completed by the My Aged Care contact centre?

Response

The screening questionnaire is rather extensive although missing certain information that might be relevant for CALD communities living in Australia. For example, the questionnaire currently only requires information on Country of Birth and Ethnicity. FECCA believes that these could be expanded.

Do you have any suggestions for improving the current set of Screening questions?

Response

Although extensive, the questionnaire could be extended to add "Main Language other than English Spoken at Home". This is relevant for consistency in data collection, so as to capture relevant CALD data. This could assist in future planning and effective monitoring of participation rates, inform targeted strategies with specific diverse communities and ensure effective policy development and planning. The Screening Form could also include information on religious affiliation. For example, the Arabic speaking community in Australia could be either Christian or Muslim and may hence require different culturally sensitive approaches.

2. Home Support Assessment

Do you have any general comments on the current Home Support Assessment conducted by the My Aged Care Regional Assessment Service?

Response

FECCA receives information from members of CALD communities that the current Home Support Assessment is seen as too long, invasive and can lead to a denial of service or future interactions with aged care related agencies. If the assessor does not understand the cultural context of client, it can lead to misinformation and lack of trust by the client which will inhibit the collection of relevant and useful data.

Do you have any suggestions for improving the current Home Support Assessment?

Response

FECCA believes that the Home Support Assessment could be improved by engaging bi-cultural bi-lingual staff to operate in the assessment of aged care needs for older people from culturally and linguistically diverse backgrounds. Also, FECCA recommends additional

training/sensitisation of staff in diversity/cultural awareness. This will be important for better understanding of CALD communities and building trust and rapport between staff and clients.

Secondly, interpreting for CALD clients remains a big issue according to FECCA information. The aim of the Regional Assessment Service (RAS) should be to ensure that services respond to clients' and carers' needs. RAS teams should address the needs of diverse clients by including interpreters where needed, facilitated between service arrangement between My Aged Care and TIS National. FECCA understands through its feedback mechanisms that some RAS teams are requesting that older CALD people to call TIS in order for RAS service to avoid paying the TIS National client fee which will be paid by the client. This puts older CALD people in direct disadvantage and is seen as a discriminatory practice.

Also, for consumers who only currently require a short term or limited service such as transport or a meal service whilst convalescing for instance, the Home Support Assessment is too long and onerous a task for both consumers and assessors alike. There needs to be a flexible assessment approach where the assessment reflects the nature of the services sought by the consumer. It is also important to encourage the consumer to seek services not to be discouraged by a lengthy and often invasive assessment process.

3. Comprehensive Assessment

Do you have general comments on the current Comprehensive Assessment conducted by ACATs?

Response

The current ACAT assessment is very comprehensive. It is the FECCA view that it has certain inadequacies that need to be addressed, such as cultural safety, development of workforce capacity to assess consumers' disability and health needs, appropriate use of language services including TIS. Secondly, the assessment should include information about Advanced Care Directives that are in place.

Do you have any suggestions for improving the current Comprehensive Assessment?

Response

Any future reformed assessment should include assessment of eligibility, care and support needs, and consider the consumer's relative need and circumstances of their physical, emotional, psychological and care needs. Translating and Interpreting Services should not be considered an additional burden to assessors but a way of providing dignity and equity to older CALD Australians. It should also be noted that the repetitive nature of assessment can lead to consumer frustration and refusal of service. This becomes amplified for CALD consumers when there is a language barrier, as it becomes distressing for many older people who are frail in health to be repeatedly asked the same questions.

FECCA urges that utilising a bicultural and bilingual staffing base will greatly assist with the delivery of informed assessments to the Department. This will lead to heightened positive outcomes for consumers from CALD backgrounds in aged care service usage.

4. Wellness and reablement in assessment

How can a stronger focus on wellness and reablement in aged care assessment be achieved?

Response

A wellness approach will require an assessor to possess multidisciplinary knowledge where proper diet, exercise, social engagement and alternative approaches are understood and encouraged, particularly for people from CALD backgrounds. The wellness approach to assessment should not only be dependent on the actions of a particular individual, but also on the dynamic relationship between people involved in the consumer's life and the quality of their physical and social environment.

In terms of the NSAF this means that assessment will require more of a conversational approach conducted in a format which is understood; for a person from a CALD background this will be a bicultural/bilingual professional who is skilled in their knowledge of the aged care system, concepts of ageing and an understanding of a social model of care approach, rather than a treatment based or clinical approach. An understanding of what the consumer's culture deems as wellness also needs to be understood. What is wellness in one cultural context will not be the same for another.

A truly person-centred approach to aged care will commence any investigation into a consumer's circumstance with an assessment conducted by a person who has a sound cultural knowledge of that individual. This means that they will understand wellness and reablement from that person's cultural context. A social model of care approach rather than a clinical model approach will assist the assessor in understanding what the holistic needs are for the consumer that they are assessing.

5. My Aged Care system functionality

What changes are required to improve the presentation of assessment information in printed documentation? Please specify if your comments relate to the printed NSAF, support plan and/or client record.

Response

Printed documentation accessible to the client should be simplified for easier access and understanding. When drafted in English for CALD community members (when translation is not provided), simplified English should be used for easier understanding.

Do you have any suggested improvements to how assessment information is provided?

Response

FECCA believes that consumers should be given the option of having the report delivered in the format of choice, either translated in their language, recorded as audio, or written in simplified English for easier understanding.

6. Do you have any other comments relating to My Aged Care assessment?

Response

A flexible approach should be enabled, in that it gives people the option of the assessment being completed over a period of time, rather than one sitting. Placing the client at the centre of the process and giving them some ownership of this process will foster a greater level of confidence in the system and a feeling of restored dignity.

Also, the assessment could be conducted by a trusted agency – e.g. ethno specific organisation, someone that the client is familiar with, or a community officer in a social support group could be invited to the multi-disciplinary team conducting the assessment.

The other flexible delivery option would be for people to choose whether they want to have the assessment completed at their home or at an ethno specific agency/support group. That way the language barrier could be alleviated. This will assist with interpreting and translating issues which are currently circumvented in the system.