



FECCA Aged Care Consultations 2014-15

Purpose

Each year, FECCA undertakes consultations with members of the culturally and linguistically diverse (CALD) community groups and people who work with them. The aim of the consultations is to attain a high level of grass-root input to help improve the ageing and aged care policy environment for people from a CALD background, and to ensure that CALD consumer, carer and worker views inform FECCA positions. FECCA also provides this information direct to the Department of Social Services.

For the consultations in 2014-15, FECCA partnered with the Ethnic Communities' Council Victoria (ECCV). ECCV is the peak body for ethnic and multicultural organisations in Victoria, and is a member of FECCA. Throughout this report, references to FECCA are to be understood to include ECCV.

In South Australia, FECCA collaborated with Ethnic Link Services, UnitingCare Wesley, Port Adelaide, Multicultural Aged Care (MAC), and the Multicultural Communities' Council SA (MCCSA). In Tasmania, particular thanks to the Migrant Resource Centre, Southern Tasmania, and the Multicultural Council of Tasmania. And in Queensland, the Ethnic Communities' Council of Queensland and Diversicare in Queensland.

FECCA wishes to acknowledge the contributions made by all of these organisations, as they helped to organise and run the consultations.

The locations were selected on the basis of large populations of older people from a CALD background; a combination of metropolitan, regional and rural locations; and places that had not been visited in recent times by FECCA.

FECCA is indebted to the goodwill shown by the participating organisations and CALD community members, and thanks all for their openness and preparedness to share their views on a range of topics in relation to ageing and aged care. Further details of organisations involved, and the different groups which participated, are in Attachment A.

Approach and methodology

Nearly 30 separate group sessions were conducted during September to December 2014, and more than 350 people attended in total. Each session varied depending on the size and nature of the group. For instance, several sessions were held with particular CALD community groups, and were assisted by either an interpreter or a bilingual worker, and others were held with mixed groups of ethnicities, and generally conducted only in English. Other sessions were held with volunteers who work with CALD community groups, and others were held with aged care providers. Each session was conducted along similar lines: an introduction about the purpose of the gathering, a range of questions to guide the discussions, and the opportunity for individuals to provide personal stories and views when

they wished to do so. Some of the sessions were also attended by staff from the Translating and Interpreting Service (TIS National), giving them an opportunity to hear firsthand some of the issues some people face in using a telephone-based interpreting service.

At each session, the questions to the groups were framed to allow FECCA to hear about people's experiences with the following:

- access to information about aged care services, including the Australian Government's 'gateway' to aged care information, *My Aged Care* (website and call centre), and internet and computer usage; and how the Government could improve the way information is provided to CALD consumers;
- home care services, including the introduction of 'consumer directed care' (CDC), and having control over the services that can be provided, who provides them and when;
- whether or not individuals felt they were receiving the services they needed to remain living independently at home;
- use of language services;
- what would be important to someone if they had to move into a residential aged care facility; and
- at some consultations, considerations for new and emerging communities.

Findings

Although there were some regional variations, and some differences between metropolitan and regional groups, many themes were the same or similar. An overview of the common themes across communities follows.

1. *Accessing information about aged care services*

The Australian Government has moved towards the internet and other technology as the means of informing the public about aged care services, such as the 'one stop shop' of the *My Aged Care* website. Of the several hundred CALD people consulted, less than 1% had access to the internet, and that was usually through their children. No one said they had a computer or understood how to use a computer. One or two had heard about the *My Aged Care* website but were unable to access the site without assistance from their children.

FECCA's consultations strongly reinforce that this is not an effective option for older people from CALD backgrounds. These groups of people rely heavily on multicultural media (such as ethnic radio and newspapers), family, and community networks. Also there is a preference for face to face interaction with workers who speak the same language and understand their culture.

The Call Centre which is provided as part of *My Aged Care* was also shown to be unpopular with the people consulted. Many complained of the complex nature of telephone systems requiring the caller to press different keys for different options – often the instructions are too quick – and as indicated above, face to face interaction is very important to the groups consulted.

Many people in this population group experience severe isolation as they age – some due to their regional geographical location, but also for some who are not located near their children, and for some both isolating factors exist.

FECCA considers that the investment in technology needs to be balanced with funding directed towards consolidating and strengthening partnerships with multicultural media and local community networks. For example, SBS television and radio, ethnic broadcasters such as Radio SEBI in South Australia, local community radio such as local ABC radio stations, ethnic press, and CALD community newsletters. Generating information pathways through trusted bilingual workers, community leaders, and advocates are all methods considered the most effective in targeting information to those who need it the most.

2. The importance of language and culture

The vast majority of consultation participants had limited or poor English throughout their lives. Especially for those who arrived in the post-War migration, there were no opportunities to learn English. The men in the Riverland region, for instance, worked long hours undertaking hard physical work in agricultural jobs, and did not have much time for English language learning. The nature of their work left them less opportunity to engage with the wider community as immigrants who were working in manufacturing and other industries. These workers were often working more closely with English-speaking colleagues. Their wives, however, were often limited to ‘supermarket’ English and spoke their own language at home. These examples (provided by consultation participants) illustrate how important it is for older people from CALD backgrounds to receive assistance in their own language, to ensure equitable access to services and information.

Accessing information in their own language and being able to readily communicate their needs and aspirations in their own language is an essential prerequisite to the effective planning and delivery of quality aged care services for this population group. They need equitable access to services particularly with the introduction of Consumer Directed Care (CDC), as discussed below. Information that has been translated, such as the ‘tea cup’ campaign brochures from the Department of Social Services (DSS), need to be translated into appropriate-level language. FECCA made representations to DSS about the poor quality of the brochure translations as a result of the consultations feedback.

Most people at the consultations said they wished to remain connected to their culture as they age. This particularly came through when talking about what was important should they have to move into residential aged care. Many spoke of the importance of cultural activities such as music and songs from their homeland; being in the company of others from the same culture; and remaining connected to their culture through ethnic media. Cultural food preferences were also discussed broadly – even though many people had adjusted to different types of food in Australia and were happy to experience other options, many identified food as an essential requirement for happy living in residential aged care.

3. The importance of transport

Transport is a major issue for this population group. Isolation is further compounded by the inability to leave their homes and engage with others. One woman originally from Bosnia told FECCA that her fortnightly social group (supported by ELS) was her only

social engagement, and only possible because of the transport provided by ELS. Half of the participants in the Riverland consultations required transport assistance to attend the consultations: again, a service provided by ELS.

Some people in the Hobart consultation commented how important the transport services provided by the Migrant Resource Centre were to them.

4. Consumer Directed Care

Under the aged care reforms, the Government is introducing CDC as part of home care packages. From 1 July 2015, all Home Care Packages will be provided on a CDC basis. At the time of the consultations, some providers were offering CDC packages. Many participants in the consultations were uncertain about the impact CDC might have on them.

Under CDC, consumers determine the level of involvement they would like to have in managing their Home Care Package. Consumers will be provided with a personalised budget so they can see how much funding is available for services and how the money is being spent.

In principle, most of the consultation participants agreed that having greater control over the services they would like, when they would like them, and who would provide them, was positive. However it is important to note that supporting older people from a CALD background to achieve a level of understanding which allows them to make informed choices about their care, requires those elements of assistance discussed above. That is, information must be provided in their own language, preferably in a face to face discussion with a trusted bilingual person. Ongoing support is needed as people navigate the process and explore options, and the capacity for follow up is required. Support in a person's first language should not be part of the package costs. This would be inequitable.

In discussing the concept of CDC with consultation participants, it was not possible to use a direct translation of the term. It had to be broken down into its parts in order to communicate the concept to participants – and even then it proved difficult. The fact that information about CDC is also being provided in large part through key websites (such as Home Care Today) is problematic for older CALD Australians, as discussed above. The information on Home Care Today is excellent and although some is now available in several community languages in hard copy, these need to be more readily available.

It is essential to promote understanding of CDC among people from CALD backgrounds as all home care packages will be delivered on a CDC basis from 1 July 2015.

5. Language Services

Staff from TIS National were able to attend some of the consultations in South Australia and Tasmania, and were able to hear firsthand some of the issues experienced by some CALD older people. The discussions about the use of interpreters were not confined to TIS, and other interpreting services are used.

Participants explained that using the telephone can be problematic, for example if the response is a recording requiring the caller to choose from a menu of items, particularly if

the options are provided too quickly. While several people said their experiences with TIS had been positive, some observed long waiting times.

At some consultations, concerns were raised about the limited availability of on-site interpreting services in regional and rural areas. In times of complex health and aged care crises, on-site interpreters are preferred to telephone interpreters to ensure the best possible care. TIS acknowledged that lack of on-site interpreters can be a problem, while noting that a very large range of languages are catered for within their telephone service.

6. New and emerging communities

Service providers recognised the importance of responding to the needs of new and emerging communities as some of their populations age. As some of the new and emerging communities have less established community infrastructures and networks, it was acknowledged organisations may need to form partnerships to ensure they are effective and able to support these populations.

Difficulties faced by some new and emerging communities are exacerbated by very small numbers, particularly in a smaller State such as Tasmania. In the Sunshine Coast area, the difficulties can be compounded by its spread out nature.

May 2015

Consultations and locations

Consultations were held from September to December 2014.

- A. Renmark, Riverland, South Australia – consultations facilitated by the Riverland bilingual staff of Ethnic Link Services, UnitingCare Wesley, Port Adelaide, and introduced by the Senior Deputy Chair, FECCA

The Riverland is the most culturally diverse region in country South Australia in terms of its ageing population, of older people from a CALD background. Including the Riverland region as well as Whyalla provided an interesting contrast, as their economic drivers (agricultural and industrial) have experienced severe economic downturn and the two regions share the challenges associated with younger generations moving away in search of improved employment opportunities.

Participants were from the Greek, Italian, Croatian and Turkish communities. Discussions were undertaken in the primary language of each group, with assistance from bilingual staff. The group size was 57 participants.

The following consultations (B-F) were facilitated by FECCA and ECCV, and organised with the assistance of the Multicultural Communities' Council of South Australia (MCC SA), Multicultural Aged Care, South Australia (MAC SA) and Ethnic Link Services.

- B. At the Greek Welfare Society of South Australia, Henley Beach, a session was conducted with the assistance of a Greek language interpreter. Group size was about 80 participants.

- C. Through MAC SA, several sessions were conducted at their premises in Henley Beach, each with about a dozen participants:

- Italian speaking group;
- Greek speaking group;
- Polish speaking group;
- Vietnamese speaking group; and
- Staff and Management of MAC SA.

- D. Through Ethnic Link Services, UnitingCare Wesley, Port Adelaide, several sessions were conducted at their premises in Port Adelaide:

- Staff and Management of ELS – 8 participants;
- Spanish speaking group – 12 participants;
- Bosnian speaking group – 30 participants;
- Italian speaking group (with the assistance of Co.As.It.) – about 80 participants, of all ages; and
- Volunteers working with CALD people –12 participants.

- E. Through MCC SA, a session was held with service providers and volunteers from a range of CALD communities – 23 participants.
- F. Through the Thebarton Community Centre, two sessions were held at the Whyalla public library, involving about 20 participants, including CALD community members and service providers.
- G. With the assistance of the Migrant Resource Centre (MRC), Hobart, and the Multicultural Council of Tasmania (MCOT), two sessions were conducted, each with about 25 participants – firstly a group of people from several CALD communities, and secondly service providers working with older people from a CALD background. The second group was facilitated by the CEO of MCOT.
- H. FECCA and MCOT met with representatives of the Good Neighbourhood Council in Launceston, a small organisation that provides social opportunities for older people from a CALD background. FECCA and MCOT then met with a service provider who provided ethno-specific services in Launceston.
- I. With the assistance of Diversicare Qld, and the Ethnic Communities' Council of Queensland, FECCA met with older people from a CALD background on the Sunshine Coast – about 15 participants, and then with older people from a CALD background in Brisbane, and service providers, about 10 participants.