

National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds: Impact Statement

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

The Healthy Ageing Reference Network (HARN) is FECCA's ageing and aged care policy advisory structure consisting of dedicated voluntary members representing consumer groups as well as service providers.

Summary of Outcomes

The needs of people from CALD backgrounds have been clearly identified and the Strategy is in place to remedy those issues and needs. The existing mechanisms to implement the Strategy need to be more proactive and adequately resourced to ensure that older people, their family members and carers as well as the communities ultimately benefit from the existing service structure.

There is limited clarity in terms of the resources attached to the implementation of the Strategy and reporting and accountability mechanisms.

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.

Background

FECCA was instrumental in developing the *National Ageing and Aged Care Strategy for People from CALD Backgrounds* (the Strategy).² The purpose of the Strategy is to ensure that older people from CALD backgrounds receive care appropriate to their cultural, linguistic and religious beliefs.³ Considering the importance of the Strategy and the involvement of

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* (2012)

³ Sue Field, 'Human rights and residential care for older persons – an Australian Perspective' in Helen Meenan, Nicola Rees and Israel Doron (eds), *Towards Human Rights in Residential Care for Older persons – International perspectives* (2016), 50.

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.

The Strategy was launched in December 2012 and the strategic goals and actions are the tangible outcomes that will be achieved from 2012-2017.⁴ During the time that the strategy was in operation, the Department of Health has adopted a number of successful measures to implement the strategy.

As per the 2014-15 report on the operation of the *Aged Care Act*:

Achievements to date under the CALD Strategy include

- consultations with representatives of CALD communities on the aged care reforms to ensure inclusiveness is embedded in aged care practices;
- provision of key aged care information on My Aged Care in community languages and access to free translating and interpreting services for callers and assessment;
- cultural competency training for aged care service providers; and
- increased funding for advocacy services and the Community Visitors Scheme to meet the needs of all special needs groups.⁵

As part of the implementation process of the Strategy, the Department of Health established a 'National Ageing and Aged Care Strategy for People from CALD backgrounds Working Group' (the Working Group) and FECCA is represented on this group. Working Group meetings are facilitated by the Department of Health twice a year. After November 2015, the Working Group met in August 2016, with a gap of nearly 10 months between the meetings.

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. A number of concerns related to lack of or limited access to funding and removal or discontinuance of projects and funding channels that facilitated the implementation of the Strategy.

Goal one: CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive

Goal one relates to the development of ageing and aged care policies and programs that are appropriate and responsive, including developing initiatives in early diagnosis services, acute care, respite care and palliative care. Feedback received by FECCA indicates that there are currently no satisfactory programs in operation that meet this goal.

In relation to the question as to whether survey participants were involved in or were aware of any initiatives in relation to funding or other supports provided by the government to implement the action areas under goal one, one respondent stated:

Nil of late, since the removal of the dementia supplement the ability to engage resources to support staff education and development has become increasingly limited. In addition there has been no identifiable CALD based initiatives of note.

⁴ Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds* (2012), 8.

⁵ Department of Health, 2014-15 Report on the Operation of the Aged Care Act 1997, 89.

Meaningful operation of the Strategy requires allocation of adequate resources and supports to ensure that the CALD consumers ultimately benefit from the investments and are provided with culturally appropriate care.

Goal two: 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

CALD consumers represent 26 per cent of home care consumers compared with 18 per cent in residential care (permanent and respite).⁶ This demonstrates that home care is the preferred option among CALD consumers. These numbers will increase over the years and the service providers will need to cater for their specific cultural, religious and linguistic needs.

Number of consumers from CALD backgrounds in residential care and home care, at 30 June 2015, by state and territory

State/territory	Home care	Residential care
NSW	4,863	11,272
VIC	5,098	10,455
QLD	1,437	2,977
WA	1,402	2,555
SA	959	2,742
TAS	195	297
ACT	231	383
NT	100	52
Australia	15,204	32,483

Source: Aged Care Financing Authority, Annual Report on the Funding and Financing of the Aged Care Sector, July 2016

Positive feedback was received in relation to the support provided to aged care providers to pay special consideration to the needs of people from CALD backgrounds. The Department's responsibilities include developing cultural competency training. Concerns were raised in regards to the changes of funding streams that could have a negative impact on the current ongoing projects.

My organisation has developed and runs its own employee induction and orientation to cultural care of the elderly in our community. In addition under the HACC funding we were required to provide evidence of our Diversity actions and intended actions on an annual basis. That said, there was no direct funding allocated to deliver such plan nor report against it. Further to this we for a time received a HACC assessment funding line to allow for the cultural specific assessment of clients. This disappears with CDC.

⁶ Aged Care Financing Authority, Annual Report on the Funding and Financing of the Aged Care Sector, July 2016, p. 19
https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2016/2016_report_on_the_funding_and_financing_of_the_aged_care_industry_0.pdf (accessed 30/08/2016).

Although the cost of the interpreting needs of the consumers during the negotiation stage is borne by the Department, currently, the consumer has to pay for the cost to have the Home Care Agreement translated into their first language if required.⁷ This is inequitable and costly for the consumer and in effect goes against the essence and the purpose of the Strategy.

The *My Aged Care* website and phone line was established to assist older people, carers and their family members to navigate the aged care system. However, there are people who are not aware of the services available to them or do not fully comprehend the concept of Consumer Directed Care. One of the main criticisms about aged care services is the lack of a holistic outreach or educational program to ensure older people are empowered and confident in navigating the aged care system. A number of survey participants expressed their dissatisfaction when asked whether information, other supports and services provided through *My Aged Care* website was culturally appropriate.

Absolutely no. Information and support for CALD people is non existent. There has been no planning for how My Aged Care will work for this group.

Goal three: 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 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 Translation and Interpreting Services (TIS National) to obtain information.

We [service provider] also assist families to prepare and engage with My Aged Care. Staff on occasion has interpreted for clients because access to interpreters with My Aged Care has been met with resource or timing issues.

The website also contains a number of translated factsheets for the benefit of CALD consumers. Often, community organisations, friends or family assist older people to navigate the website. The complexity of the *My Aged Care* website and the lack of or limited computer literacy and/or language literacy results leads to older people not accessing the services that they are entitled to or adds further pressure on community and other small ethno-specific service providers to help them navigate the system.

The initial information campaign comprising of translated brochures in a limited number of languages other than English as well as radio promotion (an older person speaking with an Italian accent) did little to raise awareness. Issues were also reported with the quality of the translations. This has placed an additional burden on CALD specialist services and CALD communities to be that conduit of information for their clients and members with the cost borne by those agencies.

We have seen little evidence of CALD clients being given adequate information about MAC [My Aged Care]. A radio ad with someone with an accent featuring in it does not cut it. I feel there is a presumption that CALD older people have children who are literate and fluent in English who can assist them, however, many of our clients are

⁷ Translation and Interpreting Services for Home Care Packages Factsheet, <https://agedcare.health.gov.au/aged-care-reform/home-care/translating-and-interpreting-services-for-home-care-packages>

alone with no family or are estranged from their children, and without our help they would not get any service at all.

Consistency of responses in relation to referrals directed via *My Aged Care* portal has also caused concerns among CALD communities and service providers.

[Service provider's name] submitted an inbound referral for an older couple (husband and wife) living at the same address who wanted to be referred back to [Service provider's name]. A direct referral back to [Service provider's name] was activated for the wife via the MAC [My Aged Care] portal almost immediately but the husband was instead referred to a RAS Assessor. When the [Service provider's name] staff member contacted MAC [My Aged Care] to enquire about the status of the husband and why he was not directly referred to [Service provider's name] as his wife had been, she was told that they 'have certain protocols around direct referral' but was not able to satisfactorily explain why the husband and wife were submitted to a different process for the same service objectives. Neither requested or required additional services other than requesting to join a social group conducted in their primary language.

FECCA has highlighted that having to give consent to a number of different people for the same service 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 and language and other barriers that people from CALD backgrounds may encounter must be addressed.

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

In registering a client with My Aged Care, a [Service provider's name] staff member asked the call centre officer to make sure that they ticked the 'Identifies as CALD' box which flags a client at risk of isolation. The contact centre officer did not know what 'CALD' meant or represented.

Institutionalised care can compound cultural isolation of a client by the removal of a person from their language and from interactions with others from their cultures.⁸ 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 *My Aged Care* website, the Department must adopt clear initiatives to provide adequate and sustainable funding ethno-specific aged care advocacy services to be delivered across Australia to assist people from CALD backgrounds 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.

⁸ Jackie Crisp, Catherine Taylor, *et al*, *Fundamentals of Nursing* (2013: 4th edition), 224.

Goal five: Enhance the CALD sector's capacity to provide ageing and aged care services

The apparent underrepresentation of the ethnic aged among the clientele of community services and residential care has been a consistent concern.⁹ Due to the changes that are taking place in other sectors such as disability and services for carers, there is some discussion in relation to the need for culturally sensitive service provision among the mainstream service providers. However, within a market driven service model, there is a risk that small or medium ethno-specific service providers will struggle to compete with the larger more established service providers.

Next steps

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 and rehabilitation.

⁹ Allan Borowski, Sol Encel and Elizabeth Ozanne, *Longevity and Social Change in Australia* (2007), 113.