THE FEDERATION OF ETHNIC COMMUNITIES' COUNCILS OF AUSTRALIA

Future Reform – an integrated care at home program to support older Australians

Submission

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Department of Health

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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/wpcontent/uploads/2015/11/FECCA2020Vision.pdf
[2] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds,* 2015

Reform Context

2.3 Reforms to date – Increasing Choice 2017

Aged care delivered in the home is preferred by CALD older people with 27 per cent of Home Care recipients aged 70 and over were from CALD backgrounds (2014-15).[3] *The Increasing Choice in Home Care* reforms have provided aged care consumers with portability of their Home Care Packages and the ability to choose provider. It has also streamlined the process for organisations to become approved providers of aged care in Australia. This reform is significant however, many consumers including CALD, are not empowered to fully understand the changes and the liberty that they have to make choices and exercise control over service delivery.

Consumer Directed Care

FECCA has consistently highlighted that, in discussing the concept of consumer directed care (CDC) with older people from CALD backgrounds, the term has to be broken down into its parts in order to communicate the concept.[4] Even then, some people find it difficult to understand CDC. In summary, consumer choice and control which the reforms have brought about only in effect suit consumers who are empowered to make decisions about their care and who understand the changes to receiving care in their own homes highlighted by the *Increasing Choice* reform and the implications that these changes incur.

Choice of provider

The reforms have enabled the consumer to engage a provider of choice to provide care in the home. With the opening up of the market to For Profit providers, FECCA is aware that many ethno-specific providers are disadvantaged and unable to compete in an increasingly competitive market environment. Some are finding that they cannot provide the same service due to the individualised budget model and also the changes in organisational processes which are required to keep track of CDC service requirements which include the monthly budget and statement statutory requirements; also case management activities in which goal-setting and co-authoring care plans require. As the market becomes more competitive, some of the traditional CALD service providers are finding it difficult to remain operational in terms of maintaining compliance in the Home Care operational setting.

Approved Provider streamlined process

FECCA welcomes the measures that simplify criterion used to assess and appoint approved providers. However, FECCA is concerned that, when appointing approved providers, a service provider's capacity to cater for diverse clients or deliver culturally appropriate services is not included in the assessment criteria. Given the large percentage of older Australians born overseas, FECCA recommends that the Approved Provider Principles be revised to ensure measurement of a provider's capacity to deliver services to CALD Australians and that the skills of an approved provider in providing culturally appropriate care are clearly stated.

The streamlined process is aimed at assisting new providers to commence operations and enter the market. This includes smaller culturally-appropriate or culturally-specific providers that meet the needs of the CALD ageing sector. However, new providers must compete in a competitive market increasingly dominated by 'disruptors' such as multinationals and private health care funds who can achieve a dominant market presence. These large organisations generally cater for the mainstream

[3] Australian Government, *Report on the Operation of the Aged Care Act,* Canberra, 2015, p. 82.
[4] FECCA, Consultations in ageing and aged care 2015-16, April 2016, http://fecca.org.au/wp-content/uploads/2016/04/Consultations-in-ageing-and-aged-care-2015-16.pdf

population and do not cater for the specialised needs of CALD consumers, and may also push out niche ethno-specific community providers.

National prioritisation process

There is anecdotal evidence of long waiting periods. Importance should be placed on a system for prioritising access to home care services based on level of need and waiting period. Further, FECCA suggests that the current 56 day period allowed for finalising a package is too long and may lead to hardship: *My Aged Care* should include reminders (delivered appropriately – not through email only) and provide face to face assistance for those experiencing difficulties navigating the process. For example, one particular challenge in the process for CALD and other consumers including the nomenclature, for example the difference between being approved for a package to being assigned a package.

Section 3 What type of care at home program do we want in the future?

3.1 Policy Objectives

FECCA fully endorses the NACA submission (pp. 5-7) and would like to comment additionally on some areas of concern including the Home care agreement and the current CHSP client contribution framework.

Home care agreement

FECCA welcomes the assistance of the Government in arranging a specialised contract for the provision of translating and interpreting services with TIS national for Home Care Package providers when negotiating the Home Care Agreement and co-designing the care plan and the individualised budget. FECCA urges the government to cover the costs of TIS for CALD Australians when re-negotiating, seeking advice or otherwise discussing issues relating to their Home Care Agreement, care plan and budget. Currently, these additional TIS costs must be paid for by the consumer through their package of care. This additional cost burden for some CALD Australians, to be absorbed by their care package, leads to inequity.

CHSP Client contribution framework

Currently, Commonwealth Home Support (CHSP) providers are guided by a principles' based approach contained within the Client Contribution Framework. In other words, CHSP providers have discretion whether to charge fees to clients dependent on their assessment of the client's capacity to pay. Clients, currently not paying or paying minimal charge for CHSP services, have no incentive to move to a low level home care package which will incur higher costs. FECCA recommends a review of the home care package charging system for levels one and two, so that consumers are encouraged to move from CHSP to home care packages when appropriate.

Section 4 Reform options

4.2 An integrated assessment model

The aim of the Regional Assessment Service is to ensure that services respond to clients' and carers' needs. It does this by allowing assessments to be conducted independently from service provision and ensures that assessors consider the full range of options when responding to clients' and carers' needs and goals. It is understood that the RAS team should address the needs of diverse clients by including interpreters where needed, facilitated by a service arrangement between *My Aged Care*

and TIS National. FECCA understands through its feedback mechanisms that some RAS teams are conducting feedback over the phone and requesting that some older CALD people call TIS in order for the RAS service to avoid paying the TIS National client fee. It also understands that the use of professional interpreters is not fully utilised as it incurs a cost to the service which minimises its margin.

FECCA understands that one of the objectives of introducing the RAS assessment service was to target vulnerable groups that may find assessment over the phone difficult such as people living with dementia and people from CALD backgrounds. The intention was that assessment is carried out in the person's home where face to face communication is made possible. To this end the current RAS system is failing the needs of CALD older people, particularly if the RAS assessor is not able to communicate directly with the client.

A single assessment service ideally will incorporate a single assessment process which will witness the consumer relaying their personal details, vulnerabilities/frailties, support issues, medication details, mental health status, preferences for service, goals for the future etc once only. It is distressing for many older people, who are not well, to be constantly asked the same questions. FECCA is aware that the current model can include multiple investigations by assessors, service providers, allied health, *My Aged Care* and can lead to a denial of service with some consumers due to sheer exasperation. FECCA requests that answers to the National Screening and Assessment form (NSAF) are captured in a repository of information that can be accessed by all the stakeholders involved in the care environment of the older person, so that repetition of their story is not required or at least minimised.

4.3.1 New higher level home care package
4.3.2 Changing the current mix of home care packages

The *Future reform* discussion paper states that any manipulation of package levels would need to consider current funding allocations;

> …supporting more packages at higher levels within current available funding would reduce the total number of packages (and therefore the number of consumers receiving care) because packages at different levels cannot be substituted on a one-for-one basis.[5]

Without extra funding and with internal reallocation of package levels it would be an opportune time to consider the actual individual package funding model.

FECCA is aware that many Home Care Package clients have a large amount of surplus funds within their packages. This indicates that either the packages limits are too high or that they are being administered and case managed inefficiently. FECCA would like to ask some questions at this point.

1. Are service providers fully aware of the range of care, support and clinical services that the *Quality of Care Principles 2014* and the Home Care Operational manual state, insofar as the services that are available to their clients?
2. Is case management effective and is there adequate understanding of goal setting and customer centricity?
3. Are consumers experiencing large surplus funds in their packages because they are saving for a 'rainy day'?

[5] Australian Government, Department of Health, *Future Reform – an integrated care at home program to support older Australians,* Discussion paper, July 2017.

4. Is the package level too generous for the needs of the mainstream public?
5. Can individualised funding of a package have a portion or percentage of it attributed to cater for CHSP service provision? For example, say a limit of 10 percent allowed to be spent on popular services such as social support groups, centre based respite, transport, medication management, meals on wheels etc? For CALD consumers, these are typically services with the greatest uptake.

For many older people a lower level package is not taken up, as they are able to have entry level services covered by the CHSP program which is available for a minimal cost and is not subject to an income test. A higher level package is taken up for people with higher needs due to the existence of comorbidities and other considerations such as limited assistance and limited support from informal support networks. It generally represents good value for the cost of the package to the consumer.

For CALD older people, accessing a Home Care Package for higher level needs means that entry into residential aged care is delayed or circumvented. The asset of the family home is important to many older people as it is the defining achievement of success in a new land where many sacrifices were made. It is also important to leave this asset to beneficiaries, such as children. As the family home is exempt from the financial assessment for a home care package, it makes this aged care service most attractive to CALD consumers, hence the relatively high uptake, (26 per cent) of the total home care recipients of the program.[6]

FECCA supports a tiered payment approach so that lower levels of package attract a lower basic daily fee than the higher packages and also requests that the income tested fee is reflective of the varying levels of care.

4.4.1 Changing the current mix of individualised and Block funding

The current CHSP services of centre based respite, social support, transport and meals services should ideally be retained under a block funding model. The flexibility which defines this current block funded CHSP service is ideal to support the needs of the CALD older person. The social support environment provided by many ethno-specific and multicultural services are hubs of support for many CALD population groups. These services provide a safe, weekly meeting place which provides a way for people to socialise and importantly it is a conduit to learning about the aged care system and sharing experiences of services. For many, it also provides a way of keeping in touch with cultural roots and language. This is seen as a great comfort for many, particularly as they age. It is important that CALD social support groups are delivered by bilingual workers that are supported by their organisation to provide culturally appropriate services where language and culture are central to activities conducted within the group.

Wellness and independence

Wellness and independence is different for different people. In order for a wellness and independence focus to be maintained throughout the consumer journey, all stakeholders involved from first contact point to service delivery need to initiate and maintain a strengths-based and solution-focused approach, which means not centering on a person's challenges and deficits. This type of support requires the assessor and provider to identify the person's strengths, talents, capabilities and resources. To help with a strengths and solutions based approach is to have an understanding of the person's history and life story which can help to develop rapport between consumer and provider and to help identify motivational goals. Personal history is particularly important for CALD older Australians as their migration history and experiences have a real impact

[6] Aged Care Financing Authority 2016, *Fourth report on the Funding and Financing of the Aged Care Sector,* p. 62.

on their ageing years. Identifying individual strengths of older people can assist to challenge stereotypes about ageism, culture and a person's capacity to live as independently and autonomously as possible. Establishing a good understanding of the client's background assists to maintain a focus on strengths throughout all phases of assessment and service provision. These strengths once identified can encourage the older person to develop and use these strengths to work on particular goals and tasks in their support and care plans.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Allied health services should be promoted as essential in responding to various consumer needs, including encouraging independence. Various approaches could include developing partnerships with allied health in training care staff to understand a restorative and well-being approach to care, rather than the traditional model which focuses more on a clinical model of care. Social connectedness programs which promote feelings of belonging are really important in the lives of many older Australians, particularly CALD who may have less avenues for social activities. Another area of consideration is to incentivise case managers to develop true CDC case management based on the philosophies of CDC which will lead to full optimisation of the package budget.

The *Future Reform – an integrated care at home program to support older Australians* discussion paper (p.17), asks what can be done to maximise the flexibility of care and support for people who are ageing and who also have a disability. FECCA believes that flexibility will be achieved by having a skilled staffing base who understands both the aged care and disability sectors. This will bring a range of flexibility of care and support and will promote linkage between the two sectors.

Increased salaries are needed to attract competent and efficient staff with empathy and who have a sound understanding of the requirements of both sectors. Barriers to increasing salaries and the increasing casualisation of the workforce need to be investigated as a matter of urgency. Competent and skilled staff will greatly benefit and will increase positively the care outcomes of the aged and disability client bases.

4.6.2 Accessing services under different programs

FECCA supports the NACA position in where it is necessary at times (depending on circumstance) for people to access both programs. This is particularly noted in rural and remote regions or where health care services are available and not aged care specific services.

As stated in the discussion paper (p.17), there are at times when an older person may require extra assistance, such as waiting for a higher level package to be made available from the national prioritisation queue. FECCA requests that in the new single model of care at home that flexibility is built into the funding model which will allow for reserve funds to be available for people in need, where there are limited services. In particular, there needs to be funding considerations for people living in rural and remote regions and where existing services do not meet need, including the delivery of culturally appropriate care.

4.8.1 Supporting specific population groups

In terms of making the system work better and assisting older CALD Australians in accessing and receiving care at home there needs to be consideration for the following areas;

1. Reducing the barriers to accessing My Aged Care
    - Provision of *My Aged Care* multicultural hotline, similar to the DHS model
    - Marketing and promotion of systems and supports via ethnic media

- Block funding arrangements to support ethnic specific services to support awareness of reforms and services and to build capacity in accessing of aged care systems in CALD older people
- Increase awareness of *My Aged Care* through other agencies, including Centrelink, GPs, emergency departments, PHNs, Allied Health and pharmacies
- Single assessment procedure where a client's story is not repeated. It is understood that repetition is a factor which leads many CALD consumers to denial of service
- Resourcing bi-lingual workers to understand the aged care system and to assist to navigate CALD consumers through the My Aged Care process
- Support for advocacy and community organisations

2. Social Support groups are valued in CALD older communities. This present CHSP service is well-supported by CALD ageing communities and they are in effect act as an information service for the communities on a range of topics.

3. CALD older people receiving home care packages need to have Home Care Agreements presented to them in a language that they comprehend, or in 'plain English'. At present the negotiation of the agreement can be covered by TIS, however, ongoing changes to care plans and case management are not covered. FECCA argues that not providing subsidised and continuing assistance in this area is discriminatory. Charging the home care package for translating and interpreting services for understanding all elements of the package is depleting funds that should essentially be kept for service provision.

4. Understanding the CDC philosophy
   - Greater resource allocation towards education around the CDC model for CALD groups would assist understanding and build capacity in this area.

4.8.2 Supporting informed choice for consumers who may require additional support

The single entry point to government subsidised aged care, the *My Aged Care* portal is to be considered a barrier and not an enabler for older people and many of their representatives from CALD backgrounds. People from CALD backgrounds have a low understanding of the aged care system and in some cases they do not understand what aged care can mean as their country of origin had no organised structure to provide services to the frail aged. In many cultures it is the domain of the family to provide care. For many people ageing in Australia who were born overseas, the nature of migration prohibited them from caring for their own parents and families. To this end they were not involved in the 'hands on' care that many Australians have been privy to. The Ethnic Communities' Council of Victoria have identified this phenomenon and have referred to it as the 'Ethnic Baby Boomer syndrome'.[7] The recommendations from the report include broad public awareness campaigns on caring for ageing parents to be targeted at CALD family groups and that multicultural and ethno-specific community organisations are resourced to facilitate culturally appropriate family information sessions that encourage all generations to be involved in decision making and to plan for the future. Most importantly, the recommendation of free interpreter services that have a face to face component is always as FECCA advocates necessary to build the capacity of the older CALD Australian in terms of understanding the aged care service provision landscape.

[7] Ethnic Communities' Council of Victoria, *Unready, Unwilling and Ageing, Ethnic Baby Boomer and their Parents,* http://www.eccv.org.au/library/file/policy/ECCV_Discussion_Paper_Unready_Unwilling_Ageing_04_Feb_2009.pdf, accessed 17 August, 2017.

When referring to people from CALD backgrounds it is important to understand the diversity within this population group. The diversity includes the various reasons for migration, such as economic, family reunion, refugee status, length of time in Australia, educational background and the level of English language proficiency. The proportion of older people coming to Australia under the family reunion or refugee background is significant and rapidly increasing following the changes to the immigration health requirements. The arrival of frail aged refugees in the last two years have placed enormous pressure on local community organisations and settlement services that have no experience in working with frail older people.

CALD communities would feel more confident in accessing *My Aged Care* if they were well supported in the journey. It is imperative that they are afforded culturally responsive assessment services and are able to choose the right service for them. This will require the provision of bilingual case managers or link workers. The bilingual case managers could be employed by My Aged Care or the bilingual link workers could sit with local relevant and experienced NGOs.

Multicultural system navigators and community hubs are another preferred option to enable service access to CALD older Australians.

FECCA acknowledges the recent changes to *My Aged Care* where a representative is able to speak on behalf of an older person either as a regular representative or an authorised representative. Once this information is communicated to CALD communities and they learn of the scope of this change it is hoped that there will be an increase in communication between CALD consumers and the aged care portal.

4.10
Other suggestions for reform

As the Ethnic Link Services submission states, "it is critical that an appropriate transition to an integrated home care services model is conducted so that consumers, service providers and stakeholders can effectively prepare for the changes"; FECCA fully appreciates the complexity of rolling out the reforms, however, the quality and provision of care must not be compromised, in particular for vulnerable population groups such as CALD, ATSI and LGBTIQ.

Section 5 Major structural reform

5.2 What would be needed to give effect to these structural reforms?

FECCA has long advocated for the development, implementation and provision of a nationally accredited cultural competency program for the aged care sector. This should encompass the *My Aged Care* contact centre, the ACAT and RAS assessment teams and the aged care workforce. Of particular interest is the necessity of regulatory and complaints bodies such as The Quality Agency and Aged Care Complaints Commissioner to be well-versed in the nuances of ageing in a foreign land and the associated challenges this brings, particularly for people living with dementia.

Bilingual and bicultural workers are an important part of the workforce and their competencies should be valued and recognised by formal recognition/accreditation processes. Additionally, FECCA recommends that bilingual and bicultural workers should be appropriately remunerated for the professional deployment of their language and cultural skills.

Planning ahead – Investing in a bicultural and bilingual workforce

The participation rates in terms of bilingual and bicultural staff in the aged care sector is considerable and is worthy of specific mention. In view of demand and supply of aged care service provision, cultural and linguistic diversity is a substantial factor concerning both market forces which cannot be ignored.

The 2016 National Aged Care Workforce Census and Survey Report (NACWCS) reflects the diversity of the aged care workforce and states that 32 per cent of residential care workers were born overseas and 23 per cent of community care workers.[8]

Aged Care is part of the Australian Healthcare and Social Assistance sector, where it is predicted to be the strongest growing industry in the Australian workforce over the next four years, growing by 250,000.[9] The Aged Care workforce will be required to grow to 980,000 by 2050 to meet demand.[10] It is anticipated that the requirement for bilingual and bicultural staff will therefore continue to escalate. The Australian health, care and related services sector skill shortage can ameliorate the projected deficit of aged care staff by engaging recent migrants.[11]

The NACWCS demonstrated that there are benefits of employing bicultural/bilingual staff in the community sector. Amongst the benefits are enhanced cross-cultural understandings, language skills and links to community where added benefits for communication and support can be derived such as CALD specific volunteering programs such as The Community Visitors' Scheme which provides social and often emotional support to its recipients.

Table 5.48: Stated benefits of employing community care workers (CCWs) from CALD backgrounds in home care and home support outlets: 2016 (per cent)

Benefits	Outlets
No benefits	0
Stated benefits:	
Enhance cross-cultural understandings	84.7
Offer different cultural activities	50.0
Language (other than English) skills	67.6
Link clients to ethnic communities	49.5
Link outlet to ethnic communities	47.7
Other	5.3

Source: Census of home care and home support aged care outlets.
Note: Multiple response allowed, column will not sum to 100.[12]

These **Stated Benefits of employing CCW from CALD backgrounds** statistics highlight;

[8] Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce 2016, Commonwealth of Australia, 2017, pp xv-xviii
[9] Department of Employment, *Labour Market Information Portal,* 'Industry Employments Projections Report', See http://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections, accessed, 13 July, 2017.
[10] Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce 2016, Commonwealth of Australia, 2017, p. xviii
[11] Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce 2016, Commonwealth of Australia, 2017, p. 103
[12] Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce 2016, Commonwealth of Australia, 2017, p.105.

- The skill and appreciation of bilingual and bicultural workers within the community care industry
- The importance of the bilingual and bicultural worker in aged care sector development
- The practice of espousing a greater understanding of cross-cultural relationships
- The bilingual and bicultural worker adopts a 'cultural advocacy' type role within the organisation, which is performed arguably outside of their statement of duties
- The additional benefits that these workers can bring to an organisation in terms of supporting the client through recreational activities

These further highlight and provide support for the FECCA recommendations towards a formalised recognition of the skills and attributes that bilingual and bicultural staff should be afforded and the crucial work that this cohort perform on a daily basis in providing language support to the aged care consumer and industry as a whole.

Section 6 Broader aged care reform

6.1.1 Informal carers

Informal and hidden carers are a cohort of people that FECCA is most aware of in the community.

Any carer group may be 'hidden'' for varying reasons but some CALD communities may be more likely to be hidden than others. CALD carers may have difficulty accessing services simply because of language barriers and may require the use of an interpreter or to receive written information in their first language. Other carers may struggle with written information in their own language due to literacy issues and may prefer to have information presented in DVD or CD form in their language. Others may be distrustful of government services due to experiences and/or circumstances in their countries of origin. They may also not realise that such services exist in Australia.

Due to stigma existing around the condition of the person that they care for, such as disability, mental illness, dementia or profound physical disability, CALD carers may be reluctant to seek help and therefore absorb the challenges of caring much to their own personal detriment.

Another group of hidden carers are working carers. These carers find it difficult to access services in time of need. Research states that nearly 80 per cent of carers do not see themselves as carers and may not be aware of the support and services available to them.

It is important to understand that carers may also have other family roles such as mother, daughter, father, son or breadwinner. Some cultural values understand caring as a continuing and multifaceted relationship.

While a person's ethnicity can play a role in how carers negotiate the caring process, it needs to be placed in a broader cultural context in which other social, economic and political factors play an equally significant role. Carer support should be integral and front of mind when designing what the future of home care will look like in the Australian aged care landscape. Integrating the Carer Gateway and *My Aged Care* is an initial recommendation.

6.1.2 Technology and innovation

For CALD older people innovation and the use of technology can have far reaching opportunities. For the many socially isolated, infirm and frail, the use of telehealth systems which can connect the CALD consumer to medical support is an important and long overdue initiative. Incentives provided to telehealth providers will open up this innovation area to reach many groups, particularly population groups that are geographically isolated. Investing in this type of technology will enable accessibility and equity in aged care.

The challenges around optimising these services extend to service provider organisational processes that are not agile in nature. This tends to be a barrier towards implementation of innovative practices which will assist the older person maximise usage of their government subsidised aged care package. For example, FECCA is aware of cases where there have been difficulty around allowing the Home care package to fund digital connectivity (either wifi or broadband services) to enable access to telehealth, social networks and families, even though it may have been clearly articulated as a goal in a CDC care plan.

6.1.3 Rural and Remote areas

The challenges of providing aged care in rural and remote areas are well-documented and the impacts affect a number of areas including increased workforce costs to attract and retain employees, limited staff development opportunities, travel, freight costs, limited access to allied health services, intermittent and limited internet connectivity[13].
As outlined in the ACFA 2016 report, some services demonstrate that strong financial results can be achieved in outlying areas, particularly when innovative approaches are adopted and also considering the application of the viability supplement and availability of capital grants to support operations. It is essential that rural and remote operations have strong governance and robust approaches to service management which covers care, administration and asset and financial management.

6.1.4 Regulation

FECCA has concerns around the longevity for ethno-services competing in an open market and less regulated aged care landscape. Typically, ethno-specific services contribute greatly to awareness raising of aged care processes, reforms, health literacy and active ageing in many culturally and linguistically diverse communities. Under the current highly competitive framework, many of these services will find it difficult to remain trading without specific assistance and subsidies from the government. The aged care reforms have seen some organisations morph from ethno-specific to multicultural and even generalist services. This is the reality of the reforms and with the possibility of substantial cut backs to CHSP organisations and even more reforms, this may then see the end of important specialised service provision to large cohorts of Australians.

Innovation could include providing incentives for generalist aged care organisations to partner with established ethno-specific community organisations where they would share in revenue streams by providing cultural intelligence in aged care service provision. Additionally, it is important to understand marketing and advertising to reach to diverse audiences.

6.1.5 Aged care and health systems

Of concern to FECCA are acute care considerations for older Australians when they require hospitalisation when receiving government subsidised aged care, particularly for the older CALD person living with dementia. FECCA acknowledges the National Framework for Action on Dementia 2015-2019 and the actions around this area. FECCA would strongly suggest that the new model of care at home pays particular attention to the large cohort of Australians, particularly CALD older people who through the lack of language proficiency are generally less likely to have their concerns made aware to service providers, medical and health practitioners. A dementia specific package of home care that will take into consideration the need for appropriate acute care if and when required would be welcomed by many Australians.

[13] Aged Care Financing Authority 2016, *Annual Report on the Funding and Financing of the Aged Care Sector,* p. 109

Further comments?

FECCA wishes to thank the Department of Health for the opportunity to contribute to the discussion process on this important reform measure which will inevitably impact on the lives of culturally and linguistically diverse older Australians. FECCA urges the government to consider fully these impacts prior to making substantial regulatory and legislative changes.