



FECCA 2019 Pre-Election Policy Paper #2

Healthy Ageing in CALD Communities

Purpose

This Policy Paper is based on the Federation of Ethnic Communities' Councils of Australia (FECCA) 2019 Election Platform, *Governing for culturally diverse Australia*, and the priorities outlined in the Platform. In this policy paper, FECCA provides an elaboration on some of the issues mentioned in the Platform. You can find FECCA's full Election Platform [here](#).

About FECCA

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 strives to ensure that the needs and aspirations of Australians from cultural and linguistically diverse backgrounds are given proper recognition in public policy.

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.

Key Messages

FECCA calls for all parties to support a strong representation of CALD communities in policy, practice and research.

FECCA calls for all parties to support holistic and culturally appropriate interventions at the community level on health and wellness literacy, health system navigation, support groups and lifelong learning for people from CALD backgrounds.

FECCA calls for a commitment to prioritise, understand and develop strategies to respond to the challenges specific to CALD older persons in the development of ageing well and aged care policies. Specific consideration is required in relation to CALD women and the intersectionality of issues around dementia, isolation and loneliness.

FECCA calls for commitment to ensure greater support for multicultural and ethno-specific providers to develop new approaches to make My Aged Care accessible to CALD older people and the establishment of mandatory cultural competency training for all aged care providers and workers.



Background

CALD lens in policy, practice and research

Policy, practice and research need to be reflective of and responsive to the social, economic, geographic, cultural and linguistic diversity of diverse population groups including CALD. Being inclusive requires participation from the process of development to implementation.

Currently, there is no CALD participation at the Aged Care Sector Committee effectively filtering the view of about a third of stakeholders in aged and community care through other voices and priorities. Similarly, quantitative studies continue to exclude older persons who do not speak English. More active collaborations between CALD communities and researchers need to be in place from conceptualisation to translation for research to have value for CALD older persons, their families and carers.

CALD access and learning in the community

Culturally-informed health literacy is critical to achieving consumer-directed care. Ageing well initiatives help older CALD persons and the CALD community gain knowledge, develop the motivation and build support networks to actively manage their own health and wellness outcomes. Informed and empowered communities can effectively advocate for their needs. There is a considerable body of evidence that has emphasised the positive impacts of supportive environments at home and the community in building individual agency to change health-related behaviours.

Social support groups are mainly funded through the Commonwealth Home Support Programme (CHSP). For many older persons from CALD communities, the obligation on providers to charge fees has been a barrier. With the limited funding and temporary nature of CHSP, providers rely largely on volunteers creating an untenable situation that does not support and often weakens local solutions to local problems.¹

Demand for home and community care are likely to increase over the long term as the cost of institutionalised care rises.² By 2050, it is expected that 80 percent of services will be delivered in the community³ making it imperative to develop their capacity. The systems must also change to organise services and funding models around the needs of an individual. It must support individuals to move with ease across the continuum of wellness, community, health and aged care.

FECCA contends that secure and ongoing block funding of CHSP is critical as we continue to improve service delivery for CALD communities.

CALD women and ageing

On average, women live longer than men. Yet, they are at a higher risk of financial insecurity in old age as an outcome of cumulative disadvantages over the life-course. The workforce participation rate among CALD women is at 47 percent compared to 59 percent for all women in Australia.⁴ Unpaid care work significantly impacts on women's ability to create income and

¹ NCOSS. Increasing social connection for older people in marginalized communities. NSW, June 2017.

² Royal Commission into Aged Care Quality and Safety. Background Paper 2: Medium- and long-term pressures on the system: The changing demographics and dynamics of aged care. Adelaide, May 2019.

³ Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra.

⁴ Towards 2025: An Australian Government Strategy to Boost Women's Workforce Participation.
<http://womensworkforceparticipation.pmc.gov.au/culturally-and-linguistically-diverse-women.html>



accumulate superannuation. Financial barriers also influence older women's participation in the community, isolating them further from potential networks of support.

It is estimated that about 376,000 Australians have dementia in 2018 and 61 percent were female. Dementia was the leading underlying cause of death for females.⁵ There is a need to understand the challenges of dementia among CALD women and the community as a whole.

An emerging concern is the rise of homelessness among older women. In the 2016 Census, it was estimated that 6,866 older women were homeless while 5,820 were considered at risk of homelessness.⁶ This is an issue that is often hidden from view and in the absence of disaggregated data, a potential vulnerability among older CALD women.

Loneliness and social isolation

Social connectedness is a key determinant of health. A major challenge for people from CALD backgrounds is isolation as they age. This is often compounded by language, cultural and systemic barriers to access and participation. This concern relates to both an increasingly isolated person receiving care and an increasingly isolated unpaid home carer.

For the unpaid home carer, often a woman, social isolation is an incredibly important factor to consider. As a person gets older, the capacity to socialise lessens. Caring for a partner at home exacerbates that issue. Many unpaid home carers in that position basically feel that they become trapped in their home. Currently, the capacity of the home care system to respond in a way that improves wellbeing is low.

Multicultural and ethno-specific providers and workforce

CALD specific providers provide key support to older CALD people such as advocacy and help in navigating the system. They are often small operations but manage a disproportionate number of clients with high care needs. As the mainstream aged care system streamlines and as aged care consolidates, the CALD specific organisations struggle to maintain their niche. The system itself is likely to force CALD specific organisations out of the aged care sector, to the detriment of CALD people.

The capacity for the aged care sector to deliver services in a culturally sensitive way needs to improve. Cultural awareness is low and the cultural requirements of people from CALD backgrounds have not been significantly or consistently addressed. Cultural awareness training often focuses on improved responsiveness to consumers of services. Given the significant proportion of migrant workers in the aged care sector, cultural awareness training should also focus on how the service provider responds to the cultural diversity of its workforce.

Meanwhile, the industry continues to grow, driven by demographic change. The demand for aged care services is not seasonal. It is short-sighted to leave the responsibility of caring for vulnerable older persons to migrant workers who are themselves vulnerable without a clear pathway to permanent residency or citizenship.

⁵ Royal Commission into Aged Care Quality and Safety. Background Paper 2.

⁶ Australian Human Rights Commission. Older Women's Risk of Homelessness: Background Paper. Exploring a Growing Problem. Sydney, April 2019.



FECCA's 10-Point Call for Action

1. FECCA urges all political leaders to work on future-oriented and innovative policymaking with a real whole of government approach that will cover overall wellness—financial, social, mental and physical health—for all Australians. It is time to invest on changing society's mindsets—to look at the life-course and create interventions at earlier life stages to support all Australians in harnessing the full potential of their longevity.
2. FECCA calls for funding to encourage model-building that will test and create solutions for sustainable community-based systems for ageing well and aged care in CALD communities.
3. FECCA urges all parties to work on a strategy in health literacy across CALD cohorts, support platforms for older persons to learn from other older persons, and enable community clubs and associations to advocate grassroots, bottom-up solutions to the issues experienced in their communities.
4. FECCA calls for all political leaders to put a priority focus on the specific challenges of CALD women in the development of ageing well and aged care policies and support research that can provide insights on issues of financial security, isolation, dementia and homelessness.
5. FECCA urges all parties to work towards providing a solution that minimises the division between core government health, disability and aged care support services.
6. FECCA calls for targeted funding to multicultural sector organisations to develop and implement strategies aimed at empowering and strengthening the capacity of CALD communities to participate in the NDIS with a focus on empowerment of people with disability, their family members and carers.
7. FECCA recommends that strategies be developed to strengthen CALD specialist services within the aged care sector and to implement a binding clause for all Commonwealth-funded aged care organisations to adhere to the CALD Aged Care Diversity Framework and ensure consistency in care across Australia.
8. FECCA urges all political leaders to balance the recruitment of migrant workers and the recruitment and upskilling of Australia's domestic aged care workforce. A workforce with stable and long-term employment prospects will provide better quality of care.
9. FECCA calls for increased funding to expand its crucial role in research, policy development and advice, from a national peak perspective that includes consumer voices to the Federal Government.
10. FECCA urges all political leaders to support FECCA's full membership and representation on critical Government Aged Care advisory bodies including the Aged Care Sector Committee and the Aged Care Financing Authority.

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