Submission by the St George Migrant Resource Centre
To the Australian Government Productivity Commission
Caring for Older Australians
July 2010

Context

The St George Migrant Resource Centre (SGMRC) provides services to people from culturally & linguistically diverse (CALD) communities living in the St George & Sutherland areas of Sydney. Our target groups include older people, people with disabilities and their carers. We also provide settlement services to newly arrived migrants and refugees. Our programs include the Multicultural Day Care Program, Multicultural Community Aged Care Packages and the CALD Community Care Program.

Methodology

This submission seeks to address the issues in the aged care system as they relate to CALD communities. This information was collected via a focus group discussion with SGMRC Coordinators, Multicultural Access Project Officer & Bilingual Case Workers in June 2010.

Overview

CALD aged people face the same issues and difficulties as the rest of the Australian community, with the added impact of 'barriers to access'. These barriers revolve around language difficulties, social isolation, cultural expectations and a lack of knowledge of the Australian aged care system. Barriers to access also result from a lack of knowledge on the part of service providers from the dominant culture in terms of delivering culturally responsive service to CALD clients'. The Multicultural Access Project (MAP) and CALD Community Care Programs (CCCP) have and continue to bridge the gap between CALD communities and mainstream service providers. The most important consideration for the CALD older person is having a clear 'point of entry' into the aged care system with intake and assessment undertaken in their own language and with cultural sensitivity.

The delivery of service must also be linguistically and culturally appropriate and CALD-specific services must be funded appropriately to meet the needs of the ageing CALD communities of Australia.

The Current System
Strengths, Weaknesses, Future Objectives

Point of Entry

At present, entry points into community and residential care are not clearly identified or funded as such. Many CALD older people enter the system at crisis point, and will enter via the Aged Care Assessment Teams (ACAT), Quick Response Teams, Acute hospital care or the Commonwealth Respite & Carelink Centre's (CCRC) (emergency respite). At this point interpreters are not always sourced or available to assist with triage and intake. In terms of community care the CALD older person finds it difficult to navigate the system due to the sheer number of service providers, the lack of translated information, and the 'language' of community care. For example, the word 'carer' does not exist in many languages and hence the older person is unable to identify that they are in a caring role and are subsequently missing out on services that can be appropriate to meet their needs. Furthermore, many service providers are auspiced by organisations with religious affiliations which can be confronting for some CALD older people seeking support. These organisations are not reflective of the CALD older person's identity or value-system and may be a disincentive to accepting service.

Another point of entry for CALD older people is the CCCP program and its equivalent in NSW, programs that can offer bilingual case workers and culturally responsive service. These programs connect the CALD older person to mainstream services. Older people are able to communicate their needs in their own language, be assessed in a culturally appropriate manner, and be provided with information and guided referrals to mainstream services. Such CALD-specific services work towards an effective interface between the health sector, the community sector and residential care services. Service users are assessed based on a holistic, person-centred approach that endeavours to meet their individual.

The Interface – Referral Pathways

Currently, the interface between the aged care system and the wider health and social service sector can have a negative impact on CALD consumers. Communication between service sectors is minimal or, at times, non-existent. Clients' are forced to undergo multiple assessment processes in order to access appropriate services. For example, an older person who is admitted to hospital and is in need of services post-discharge will need to share their story with a hospital social worker, who may refer to the ACAT team for an Aged Care Assessment, who may then refer to Home Care NSW for domestic assistance, another provider for Day Care Services, and another provider for emergency respite. By the end of the process the older person will have undergone at least 4 assessments, including an ONI, CIARR and ACCR. If the same older person requires residential respite he/she is generally expected to undergo an interview at the residential care unit, and, if accepted, further assessment to develop a care plan. For the CALD older person who does not understand the language and the system this process can be challenging and confronting. A uniform single assessment tool used by all aged care service providers, effective communication between sectors, and CALD-specific services to provide case coordination and case management are strategies that will make the process more user friendly for CALD older people.

Pathways to residential care and residential respite are a long way from meeting the needs of CALD older people. Stronger partnerships need to be developed between the community sector and residential care facilities. The growth of language and cultural clusters in Nursing Homes and Hostels need to be strategically developed and grown to meet the need of an ageing CALD population. The Community Partnership Program is one strategy that is in its infancy and needs continued funding and growth. However, other strategies can also be employed to facilitate CALD transition into residential care and must come from joint efforts by the community care service providers and residential care service providers. Partnerships can be developed to organise for day care users to visit to nursing homes, joint activities, information sessions and guided tours for carers etc.

Flexible Service Models

At present, the proportion of government funding supporting residential aged care far outweighs the allocation to community care, even though supporting older people to live independently in their own home for as long as possible is a clear policy directive of both State and Federal government.

As a result of this funding quota demand for community services far outweighs supply. Waiting list for support services to assist with basic activities of daily living (ADL's) can range from 3 months to over one year. Similarly, waiting lists for packaged care (CACP & EACH) are long, particularly for CALD-specific services. Older people on waiting list are vulnerable to early admission to residential care as their needs are not being met in a timely manner in the community. Many older people on waiting lists exhibit significant deterioration with their needs moving from low-level to high-level care, posing a difficulty for CACP service providers who often continue to support client's with high support needs due to long EACH waiting lists. This issue impacts significantly on CALD older people as there are limited CALD-specific EACH packages. The CALD older person is often transitioned from a CALD-specific CACP provider, who provides culturally and linguistically appropriate service, to a mainstream EACH provider at a time in their lives when continuity of care is essential. Innovative and flexible models of care are required to address these issues. For example, in the present system, an older couple may have two packages from two different service providers. A flexible model will allow one service provider to meet the needs of a couple or family.

Unmet Need

Apart from demand exceeding supply, as discussed above, there are clear and identifiable unmet needs in the community. These include:

- Long day care for frail aged and dementia
  This will assist working carers who can drop-off and pick up the care-recipient before and after work, hence also reducing the cost of transport which is attached to most current day care services
- Weekend Services
  Services must be made available to support carers and care-recipients during non-business hours with a whole-family approach. Carers often juggle the needs of an ageing parent, spousal relationship and children. Flexible service models that include weekend care will provide holistic and family-centred service delivery.
- One-on-one social support for CALD older people
  This type of service is currently available via the Neighbour Aid Network but not accessible by CALD people due to a lack of bilingual workers.
- Bilingual Counselling Services
  The current services available within the Mental Health Sector and Trans Cultural Mental Health do not meet current demand. Long

waiting lists mean that services cannot be accessed when most needed, particularly in crisis situation.

- 'Ageing in place" for CALD older people
  This model sees the older person transitioning from retirement village, low level hostel care, to high level care whilst remaining in the same home, with appropriate services and supports in place as this transition evolves. This will also address the stigma that many cultural groups associate with residential care and also the trend of CALD older people to delay entry into residential care until the point of crisis.

Who Should Pay

Equity & Affordability

To ensure a sustainable aged care system that can meet the needs of the growing ageing population Government subsidies must be accompanied by user contributions. However, older people that cannot afford to pay should not be excluded from using services. The system must be equitable. The community care sector lacks uniformity and direction in terms of user-pay and means testing. Individual organisations and service providers make decisions around who can afford to pay and develop their own tools to means test prospective clients. In contrast, the residential care system has clear and effective guidelines that are identifiable and measurable. Community care needs to follow this best practice approach. Older people must have access to clear information as to what they must pay in order to plan ahead and make decisions about how they would like to live their lives in the future. As Australia moves from a generation of older people reliant on the aged pension to superannuants who are self-funded retirees, equity in terms of who pays for community care and residential care services is paramount. A universal means testing tool to be used by all service providers will provide equity, equality, and ensure all older people are financially stable during their retirement years and beyond.

'Pay as you go' is not an ideal system. Many older people do not budget for 'non-urgent' or 'non-essential' services where a contribution is required. However, these types of services, such as social support services, are an important part of the older persons' wellbeing and mental health, keeping them connected to the community and preventing social isolation.

Some older people are disadvantaged because they are newly arrived migrants and are not entitled to government assistance. Currently, new arrivals must reside in the country for 10 years before they are entitled for the aged pension. Aged newly arrived migrant are thus not able to afford services.

Carers

The current community care system is heavily reliant on the efforts of informal family carers who support older people to remain living in their own home and in the community for as long as possible. This trend will continue with the growth in our ageing population. The unpaid work undertaken by family carers has an impact on the health system and the residential care system. Older people cared for by their families are less likely to be admitted for acute-hospital care; less likely to enter residential care prematurely; and more likely to remain socially connected to the community. The contributions made by family carers can be described as the glue within the interface. Even so, carers are financially disadvantaged when they take on the caring role. Many carers are forced to give up careers, professional development opportunities, and future prospects in order to support the care-recipient. They depend on the Carer Allowance and Carer Payment which can sometimes lead to families living below the poverty line. They do not have access to a superannuation scheme whilst in a full-time caring role. This has implications for the individual, families, and society. The carers of today will, at some stage in later life, be in need of care and, without financial stability, will become dependent on the welfare system.

Roles of Different Levels of Government

The implications of the Home & Community Care (HACC) split for CALD communities will be compounded by all of the issues discussed above in terms of 'barriers to access' and referral pathways. A consumer who currently uses both aged and disability services under one pocket of funding, for example, will need to navigate two systems under Commonwealth and State funding as a result of the HACC split. A streamlined approach is essential for effective service delivery. CALD older people will benefit from one culturally and linguistically appropriate 'point of entry' in terms of community and residential care. CALD older persons and their family carers will benefit from services that can address their needs at every stage in the continuum of life – from child through to

adulthood and old age. CALD families, particularly where extended family co-reside, could, at some point in their lives or concurrently, require child and family services, disability services, carer support services, mental health services and aged services. CALD families do not have the knowledge and resources to navigate multiple care systems and hence, may be negatively impacted by the HACC split. Measures need to be put in place, specifically for CALD communities, to ensure a smooth transition. Measures need to be developed to ensure 'barriers to access' do not become entrenched in the system but continue to be addressed and, in the long term, be minimised. These measures will require appropriate and specific funding for CALD issues.

Aged Care Workforce

The Award rates and conditions for the aged and community care workforce are lower than government employees in similar roles and with similar skills. This makes it difficult to attract and recruit appropriately skilled and trained professionals. Retention of staff is also difficult due to the lack of a career path and opportunity for professional growth and development for employees. There is also a short-fall of bilingual workers that can provide CALD older people with culturally and linguistically appropriate services. This is even more significant in terms of CALD mental health as there are long waiting lists for bilingual counselling services and limited bilingual staff in acute-care mental health and community mental health. The increased use of volunteers to deliver community services has had a significant impact on the sector. There needs to be recognition of the value of community workers/care workers as a profession, rather than charitable work, and that most community care workers cannot be replaced by volunteers. A strategic and well-funded approach to the retention, growth and development of the bilingual aged care workforce is essential.

Aged Care Rights & Complaint Resolution

The 'barriers to access' discussed in this paper are compounded for CALD consumers who often lack knowledge in terms of their rights & responsibilities and hence lose their 'voice' in the complaints resolution process. CALD consumers are often afraid to make a complaint for fear of

losing their service. Given the diversity of our CALD communities and the complexity of the social, political and cultural experiences in their mother countries, this reluctance to complain must be addressed. The basic right to communicate is often lost – CALD older people are oftentimes not aware that they have a right to request an interpreter, often resulting in the inappropriate use of adult children and minors as interpreters. The CALD older person is not familiar with the Australian mechanisms of complaint such as the Ombudsmen, Health Care Complaints Commission etc. Education, information and assertiveness tools need to be offered to CALD communities to empower them to exercise their rights, as would any other Australian.

Conclusion

The Australian Institute of Health & Welfare (2004) has predicted that by 2011, 23% of Australia's aged will be of CALD background, and 1 in every 5 people aged 80 or more will be from a CALD background. This figure highlights the urgency of appropriate service provision for CALD older people during the HACC split/ transition stage. It is clear from the issues raised in this submission that CALD-specific services are essential for the delivery of linguistically and culturally responsive service delivery. These CALD-specific services must have a clear point of entry, must incorporate intake and assessment processes, and include case management and case coordination to assist clients' at the interface – navigating the multi-layered health and community care system. Workforce retention, growth and development are a core component of this process. Most importantly, the one-size-fits all approach to service delivery has a negative impact on CALD older people and a movement towards more user-friendly models of care that incorporate choice, flexibility, and equity must be adopted across all service systems.

Australian Institute of Health and Welfare, 2004, *Diversity among older Australians in capital cities 1996-2011*, Bulletin 18