Submission to the Productivity Commission
Into Aged Care

Fronditha Care
26 July 2010

INTRODUCTION

Fronditha Care is a not-for-profit Organisation which provides a range of services to elderly from a non-English speaking background, predominantly those who identify as being Greek. Services range from home based services, Community Aged Care Packages, group based, Home and Community Care and residential services and social housing. Facilities are located within the 4 metropolitan regions of Melbourne, North, South, East and West and in Newcastle, NSW.

The areas of response to the Inquiry are listed under the following headings.

1. Culturally and Linguistically Diverse services
2. Financial sustainability
3. Quality of Care/ Complaints Investigation Scheme
4. Staff Shortages
5. Human Rights

1. CULTURALLY AND LINGUISTICALLY DIVERSE SERVICES

The needs of CALD elders in residential care have not been addressed by government policy and legislation. Current legislation categorizes this group of Australian elders as "special needs". However the planning processes, residential aged care accreditation standards, policies and practices fail to acknowledge and address the needs which arise from cultural identity and language. This is evidenced in a number of ways including:-

a) The failure to delineate the particular needs of CALD elders. The label "special needs" groups together a large number of Australian elders who need to be differentiated on critical dimensions such as proficiency in English and level of integration within the host community.

b) Failure to support the development of service models to address the needs arising from cultural identity and preferred language.

c) Failure to appropriately resource service provision to ensure that needs arising from language and cultural identity are addressed.

d) Failure to acknowledge the critical importance of culture and language in connecting CALD elders to the social and residential care environment which they inhabit 24hrs a day seven days a week.

1.1 Who are the CALD elderly

The Australian Institute of Health and Welfare have produced projections showing the growth of 65 plus year olds of cultural and linguistic diverse background. Between 1996 and 2026 the number of older people from CALD background is expected to increase by 139% from 392,000 to 939,000. The proportion of older people from CALD background is expected to increase from 17.8% to 21.2%.

The growth of this group is even more pronounced in the 80 plus age group. In 1996 there were 64,000 CALD elders aged 80 plus. In 2026 the figure is expected to reach 269,600 an increase of 321%. In comparison the Australian born population is expected to increase by 90%. By 2026, 25 per cent of 80 elders than the rest of Australia.

The demographics on CALD elders fail dramatically to differentiate and delineate the population other than identifying them as having been born overseas in a non-English speaking country. Yet, there is no *one* typical CALD consumer.

A single demographic measure alone, such a non-English speaking Country of Birth, is insufficient to assess the "special needs" of an individual presenting for aged care service. The current legislation labels all elders born in a non-English speaking country as being of "special needs". This approach fails completely to address the needs of CALD elders which arise from the following considerations:-

a) The elderly person's proficiency in English and level of integration to the host community.
b) The elderly persons preferred language and the language they use at home.
c) The year of arrival in Australia and the relative disadvantage this coincides with recent arrivals.
d) The elderly person's history of social and economic participation or non participation in the host community as evidenced by work history, social networks, levels of integration and capacity to negotiate the service system.
e) The elderly person's degree of identification with his or her original culture and levels of adherence to its traditions, beliefs and customs.
f) Cognitive impairment.

All of the above factors are critical considerations in defining a CALD elder's needs and in particular the service model which best meets but fails their needs. This is particularly so in the light of the critical importance of culture and language.

1.2 Cultural and Language

The importance of the cultural and language of age care provision was summarized by Gerard Mansour, CEO ACCV, in a keynote address to the 2007 National Conference on Cultural Diversity on Ageing. Mansour declared, *"Culture is not a mere add-on but rather informs the whole experience of CALD clients (it) is not just about language. It is about life and who we are."*

For CALD elders' culture is the world they inhabit. It is the sum of all their life experience and learned behaviors, attitudes, values and the way the whole world is viewed. It is all pervasive influencing all aspects of human life and providing meaning to social existence. It is the cornerstone of personal identity, social belonging and the glue which connects humans to each other. All aspects of human existence is touched and influenced by cultural identity. This includes personality, how people express themselves, how they link and feel about the world around them, their spiritual understanding of the world and how questions of values and human relationships are to be addressed.

Language is even more important. A common language is the only means through which elderly persons may exercise their fundamental right to engage and be engaged by the rest of the world. Without a common language it is impossible for an elderly person to,

- Have their needs assessed;
- Collaboratively develop intervention strategies to meet needs;
- Obtain and give feedback; and

- Allow the care recipient or resident to exercise their fundamental right to be informed and exercise choice.

This is particularly so in residential care which provides the total social environment to the elderly person 24hrs a day 7 days a week. The absence of a common language and a common cultural identity with fellow residents leads to extreme isolation and alienation.

Of similar concern is the experience of CALD elders residing in their own home, whose social contacts is sometimes limited to the care worker that visits them once or twice a week. If that opportunity for social interaction is not meaningful and engaging, due to the lack of language and cultural understanding then that older person can experience the same levels of isolation and alienation.

For many elders of a CALD background who are not proficient in the English language and have not internalized the host culture, life in a mainstream residential aged care facility is a lonely, isolating and alienating experience. The Commonwealth Government needs to give priority consideration to develop appropriate service models which ensure that CALD elders are able to connect and relate to the world in which they live 24hrs a day 7 days a week.

The failure of legislation to delineate the needs of CALD elders as outlined above and the consequent failure of adopting service models which are appropriate to needs, couple with the significance of culture and language means that many CALD elders in mainstream residential facilities are deprived of their right to:

- Be involved in the day to day social interactions in the residential facility;
- Be fully involved, engaged and connected to activity programs;
- Be involved in collaborative care planning processes;
- Be heard and be connected to the world which surrounds them;
- Receive care, particularly 'end of life' care that is respectful and takes into account religious, spiritual and/or cultural factors; and
- Participate in decisions that affect them.

Even before entering care or receiving care in the community, elders of CALD background are immediately disadvantaged in their attempts to access services, specifically where the model of service provided does not accommodate for a different language or culture at an enquiry point, initial contact point or initial entry point. The results often is that needs are not accurately assessed or responded to, with people too often falling through the gaps.

1.3 CALD needs and the Commonwealth Planning Process

The planning of development of aged care services involves a top-down bureaucratic process. Decisions are made in Canberra which is distant from, and not well informed of on the ground realities. Evidence for this includes:-

a) The formula based allocation of places in ACAR.
b) The secretive deliberations of State Advisory Committees.
c) A competitive process for allocation of places thus eliminating any collaborative action by service providers to meet diverse range of needs.
d) Labeling all elders born in non-English speaking countries as "special needs" and failing to differentiate and delineate different needs.

e) The Department's failures to implement monitoring processes which ensure that allocation of places are being applied in a way which is consistent with the conditions of allocation.

f) Complete absence of any consultation or input by consumers including CALD elders.

The alternative and more effective approach would involve a bottom-up process based on a regional planning model which would bring together service providers so as to facilitate collaborative decision making in the design of the regional service network and allow for consultation with the community on preferred models of service delivery. Such a model would facilitate existing CALD community structures to have a direct say and input in the decision making process and link CALD communities to service providers.

1.4 Recommendations

1. The Commonwealth reviews the current planning process with a view to develop processes which allow input by potential CALD consumers on preferred service models.
2. The current top-down model of planning process is changed to provide a bottom-up process based on regional planning models which allow for greater collaboration between service providers in meeting the needs of CALD elders.
3. The Commonwealth reviews and evaluates the different models of residential aged care to CALD elders and actively seeks input from the CALD communities in the evaluation process.
4. The Commonwealth reviews the interpreter program with the view of increasing access (funds) and enables practitioner training in the use of interpreters to ensure access to clients. . That this service is available across the breadth of aged care and health related services.

2. FINANCIAL SUSTAINABILITY

There has been consistent discourse within the aged care industry regarding the declining financial viability within aged care. The Conditional Adjustment Payment (CAP) was implemented in the early 2000's in recognition of the declining profitability of the industry. A seven year commitment was made which increased subsidies by approximately 1.75% capped at 8.75% with a further review. The capped period was expected to cease in 2008. The Commonwealth Own Purpose Outlays (COPO) provides minimal increases resulting in significant shortfalls in salary and non-salary costs.

2.1 Operational funding shortfalls

The formula used in the annual COPO indexation of care subsidies is calculated using the following components.

COPO = (Annual CPI X 25%) + (Annual Safety net increase X 75%)

The shortfall of the formula is self evident. It only takes into account 25 per cent of general price increases in goods and services (food, water, electricity, etc) and the salary increase

component is based on the safety net. It excludes the higher salary increases associated with nursing, social work, administration, etc.

Salary and non-salary costs rise approximately 3-4% each year, COPO has not reached more than 2% each year, hovering around 1.8%. The industry has waited for numerous inquiries and reports to sway government policy, the most notable being the Hogan Report in 2004. Subsequent reports have largely made similar recommendations regarding the above.

To highlight the growing problem, COPO increase of 1.7% for residential aged care and 1.8% for Community services for 2010/11 is a significant shortfall as evidenced by the following increases for Fronditha care in the 2010-11 recurrent budget:

- Increase in salaries of 2% 2010; however over 4 years ending 2012 the accumulative effect will be 14%.
- Increased travel costs due to higher petrol prices - 9%.
- Increased utility costs, gas and water by 10%, electricity by 15%.
- Increased cost of medical supplies and equipment by 13%

2.2 Capital Investment

The concerns regarding capital investment within the industry are growing. In 2009, for the first time, service providers handed back bed licences claiming non-profitability due to rising construction costs, lack of bonds for high care, planning difficulties which have escalated building costs and lack of subsidy indexation. Also in that year, bed licences were undersubscribed.

According to the Department of Health and Ageing's reports, as of the 30 June 07, 77.5% of homes held accommodation bonds and the average bond was $167,450. At the 30 June 2007 Fronditha Care had an average bond of $70,254.57. Of the 319 beds operated by Fronditha Care, 65 are low care (20%). Of these, half are financially disadvantaged residents and are expected to pay an accommodation bond. Current bond holdings at the 30 June 2009 were just over $3.5 m. Every effort is made to optimise bond holdings, however the target group for service provision falls within the 'financially disadvantaged" category and service is not denied based on inability to pay an accommodation bond. Furthermore, elderly from a non-English speaking background enter into residential services at a later age than their Australian born counterparts, hence often requiring high care places.

2.3 Elderly from Non-English Speaking Background – ability to pay! (zero real interest loans)

The Commonwealth government has allocated an additional $300m in the May 10 budget for zero real interest loans, these funds, although welcomed, would only fund 2500 beds at $120k per bed or 1875 beds at $160k which is a more realistic construction cost, nationally. The criteria for these loans has been regionally based, and the needs of elderly who fall within the criteria of 'special needs' has not been considered.

Facilities offering places to elderly from a CALD background need to be considered for zero real interest loans for the following reasons:

a. The elderly person enters into aged care at a later age and with higher levels of care needs, compared to their Australian born counterpart, hence often entering into high care.
b. The elderly person has migrated to Australia usually as an adult with limited education and skills training, hence having limited opportunities to maximise earnings or personal wealth.
c. The elderly person's history of social and economic participation or non participation in the host community as evidenced by work history, social networks and capacity to negotiate the service system.

2.4 Recommendations

5. The Commonwealth reviews the current COPO formulas and/or introduces new indexation structures for residential and community care which reflect real cost and enables growth to match the ageing population trends.
6. The Commonwealth reviews the current accommodation bond application with a view to introduce accommodation bonds for high care beds.
7. That real zero interest free loans are extended to providers who provide services to financially disadvantaged groups irrespective of location and region.

3. QUALITY OF CARE/COMPLAINTS INVESTIGATION SCHEME

The aged care industry and in particular the residential sector has experienced the burden associated with the Complaints Investigation Scheme (CIS) which has added another layer to the already complex audit and monitoring systems. The burden experienced is predominately time and strain placed on personnel resources.

3.1 Quality of Care

Investigations vary in severity and frequency and sometimes the method of investigation does not differ to reflect this. When the complaint is minor, the investigation needs to ensure that the complaintee has followed all due complaint processes, including internal complaint procedures. Where the matter is of a clinical background, and most age care is clinically based, the investigator needs to have a clinical background and relevant aged care experience to ensure that all quality issues are understood, investigated and assessments made on substantial evidence and knowledge. The outcome of the investigation needs to be based on a good understanding of all quality issues in aged care.

3.2 Complaints Investigation Scheme

At Fronditha residential services we have experienced a higher than industry average amount of CIS complaints with 12 complaints lodged since the beginning of 2009. Usually the first that the facility is aware of a complaint is when the investigation team arrives, most often unannounced. This visit results in activities that are scheduled for the day, needing to be put aside and time spent attending to the requests of the team. This includes:

- Hearing the complaint
- Providing information

- Photocopying vast amounts of documentation

Complaints can vary from: the menu, missing laundry through to items of a clinical genre. The majority of complaints received by Fronditha are anonymous; at times some have been vexatious. In one case it was clearly sent by a disgruntled staff member who was being performance managed. In this instance the team were shown the erratic work patterns of this staff member and the copious sick leave taken.

After the information is collected it is a waiting game to receive the results of the investigation. This can take 4 or more months and other times results may be available within 2 months. Ultimately the resolution timeframe is stretched out and this benefits no one.

The final point to make is the issue of the report findings. Very often the report is not clearly written and if there is follow up action there a no or at best vague timeframes. Statements have been ambiguous.

3.3 Compliance and Regulations

Once the data is collected the compliance/agency team then take the documentation away to investigate and usually require further information at a later date. It is common for the same documentation to be requested for sending again. It is worth noting that the CIS predominately rely on documentation whereas the Standards Agency triangulates their evidence. The lack of triangulation poses a risk for the organisation as there may be no documentation to substantiate the claim, yet the service or level of care is in fact being provided. At Fronditha Care we have experienced instances of some cases being a low level complaint whilst the investigation that has taken place is of a high level, the team seeming to continue the investigation until issues are detected. In one instance the facility received an open complaint from a relative. The issue of the complaint was about items that had already been addressed in the facility; however the relative (who was not the next of kin) was not in favour of the decisions. When the report was written there were 60 investigation points. This amount of investigation is extreme and is resource draining for the facility, once again direct care staff are left feeling that the paperwork is more important than the service and care provided to our elderly.

3.4 Recommendations

8. That the recommendations of the Walton Review be actioned, especially the recommendation that CIS become a separate body from the Department of Health and Ageing.
9. That a set of criteria be established to rate complaints and those classified as low risk such as missing laundry items, menu complaints etc. can be managed directly by the facility.
10. That CIS staff investigating clinical issues have clinical qualifications to ensure that quality of clinical care is accurately assessed.
11. That CIS reporting clearly lists the complaint, items of investigation, outcomes, recommendations and timeframes.
12. That CIS, Aged Care Accreditation Agency and Complaints Unit investigators have training and demonstrated knowledge of elder's cultural identity and the way in which this shapes the elder's world view.

13. That investigators assume the facility or program is compliant until proved otherwise.
14. That all investigations are governed by a set of principles which are clearly stated, demonstrated and measured, and include a method of triangulation.

4. WORKFORCE

The issues for Fronditha are shared by the industry at a national level. These issues relate to the ageing of the Australian workforce, shortage of nurses and aged care workers and the urgent demand for workers within the industry. In addition there are issues concerning the image of aged care, career structures and pay discrepancies between the acute sector and aged care. For Fronditha a pressing concern is the availability of bi-lingual workers, in particular staff who are starting their work-life and have an interest in aged care. The first generation migrants who constitute the major source of workforce supply are becoming older and are progressively moving out of the workforce.

4.1 Staff ageing population

Declining birth and mortality rates have caught up with us. The ageing of the 'boomer' generation may have several effects on the profile of our workforce. On average the Australian workforce is getting older and the aged care industry workforce is estimated to be older than the workforce in general.

In 2005, just under half of Fronditha's workforce is 51 years and over (117) which represents 41%. Sixty-two staff members (21.8%) are aged 51 to 55 years and 42 staff members are aged between 56 to 60 years of age (14.7%)

In 2010, the 51 plus aged group (182) represents 38% of the workforce, Sixty-three staff members (13%) are aged 51 to 55 years (13%) and 73 staff are aged between 56 to 60 (15%) and 43 staff are 61 years and over (9%).

In 2010, 19% of Fronditha's staff are aged 30 years or less, 30% are aged between 31-45 years and 51% are 46 + years of age.

4.2 Staff Training and Development

It is integral to the continued existence of aged care facilities for providers to be able to attract and source new recruits and to offer them ongoing training and development which would in turn allow them to establish a career in aged care.

The compulsory and non-compulsory components of training and development of staff also serves to address the compliance issues of this highly regulated industry. Staff entering the aged care sector, are bound to attend ongoing training and development. It does place the provider with a significant added financial responsibility to ensure that this ongoing training and development takes place.

Staff employed in CALD aged care facilities require additional training in basic communication language skills (e.g. Greek) and in the culture of the residents who live in these facilities. Without this basic understanding, the gap in the provision of high quality care is potentially difficult to achieve.

4.3 International Shortage – Incentives for retention

The 1997 legislative changes in Australia, which introduced the accreditation process, have contributed to the way in which we view work in the aged care industry. Staff shortages reached a critical point in 2001 and the Commonwealth government responded by undertaking a senate inquiry into the nurse shortage. A number of recommendations were made relating to education, training and the work place interface between the acute and aged care sectors.

There has been continued restructuring to work practices firstly through the introduction of registered nursed division 2 and personal care certificate 3 positions and secondly through increased demand in nursing complex procedures in high level care. In addition much work has been undertaken by the industry in the areas of employment frameworks (enterprise bargaining arrangements at the local level) and workplace practices (including rosters, occupational health and safety procedures, supervisory arrangements etc). For Fronditha Care, the issues are further complicated due to the need to acquire staff with specific language skills. There is a pool of international staff that fit the criteria but cannot be recruited due to the limitations of the 457 working visa.

4.4 Recommendations

15. That the immigration policies for overseas recruitment and employment be reviewed and changed to establish a program which enables direct care workers from overseas to be trained and to work in Australia.

5. HUMAN RIGHTS – MANDATORY REPORTING

Amendments to the *Australian Aged Care Act 1997* (July 2007) requiring mandatory reporting of elder abuse, addresses issues surrounding identification and notification of elder abuse in the aged care sector: The legislation is underpinned by the concern for vulnerable elderly who are frail and often have complex health issues who may be either reluctant or unable to report abuse.

The impact of the amendments are far reaching not only because of the number of aged care homes to be monitored but also the complexity of what constitutes abuse which sits outside the 'dominant culture' in which the law is made; a very pertinent issue in the state of Victoria where 25% of 65+ year olds are of culturally linguistic and diverse (CALD) backgrounds. The issues are particularly multifarious when the perpetrator or alleged perpetrator of the abuse is aged care staff. The acceptable response is to provide optimum protection for the elderly, to err on the side of caution and ensure that human rights of the elderly are upheld.

5.1 Human Rights Charter

The Victorian Charter of Human Rights and Responsibilities goes beyond simply identifying a range of human rights, in that it commits public authorities to actively respect and protect these rights and fulfil certain obligations. In operation, this means that all public authorities must give

proper consideration to human rights in their decision making and to act compatibly with the rights contained in the Charter when providing services and making decisions.

Charter Application

- Core" public authorities including public officials, statutory bodies, Victoria Police, local government, parliamentary ministers
- "Functional" public authorities including many NGOs with functions of a "public nature" provided "on behalf of government

Implementing human rights good practice in service delivery is crucial and all organisations should aim to ensure that the older person's human rights are respected. Importantly, the question of choice and dignity must be addressed at all times and the lack of protection may arise from poor access to information and available options, or limitations on consent and autonomy within the residential setting.

5.2 Anti- Discrimination Act

The Anti-Discrimination Act makes it unlawful to treat people unfairly on the basis of a number of characteristics namely

- age
- • impairment or disability
- • sexuality
- • gender, pregnancy, marital status
- • political belief or activity, industrial belief or
- activity
- • race, nationality, religious belief or activity
- • physical features
- • and other attributes covered by the EO Act.

Michael Gorton AM, a partner at Russell Kennedy, Solicitors, warns that many operators and facilities could unintentionally breach these obligations. He says that it is a common misconception that aged care providers can choose to refuse services to potential clients who require culturally appropriate services. It may be unlawful to refuse to provide services to people who speak a language other than English, or require particular services to be delivered in accordance with religious or cultural requirements.

With the growing number of elderly from a CALD background, the provision of CALD services becomes the domain of all aged care providers, not only those who currently provide ethno-specific or multicultural services. Aged care legislation also includes quite specific provisions to prevent discriminatory practices in relation to regulated aged care services and aged care facilities.

The Aged Care Standards in residential services and Quality Reporting in Community Aged Care Packages needs to ensure that CALD appropriate services are delivered across all standards and requirements, not only in the area of activities and spiritual expression. The standards need to ensure that aged care providers have appropriate policies and procedures in place which address equal opportunity and discrimination issues and train and educate staff

accordingly for example in the area of 'use of interpreters' breach of confidentiality which may occur when using family or friends to interpret.

5.3 Violation of Human Rights for Elderly from Non-English Speaking Background by aged care standards and regulations.

The Aged Care Agency, the Complaints Investigation Scheme and the Compliance Unit have perhaps unwittingly prioritized various components of the Aged Care standards while at the same time not fully appreciating nor responding to the elderly person's right to exercise choice and cultural preferences. For example, what transpired after an elderly gentleman, in aged care who is cognitively able and from a CALD background is kissed by a staff member, who is also a family friend, magnifies the complexities with human rights protection. This gentleman's repeated requests for privacy and dignity were ignored, culturally appropriate behaviour was disregarded and staff's intent in reporting was not investigated?

Dr Helen Szoke, CEO of the Victorian Equal Opportunity and Human Rights Commission in her speech to launch Senior Rights Victoria made a statement applicable to this very set of circumstances: "I highlight these rights in particular because too often we assume responsibility for older people which means we take away their capacity to make decisions, to participate in plans about their future, to identify what constitutes abuse to them and how they wish to deal with this."

5.4 Recommendations

16. That the Aged Care Accreditation Standards in residential services and Quality Reporting in Community Aged Care Packages includes a number of outcomes which address the human rights issues for elderly from a CALD background, including but not limited to, choice, dignity, cultural and spiritual expression and civil rights.
17. That "indirect discrimination" in current Legislation, namely mandatory reporting be reviewed to ensure that the method or mode of delivery, or interpretation of the legislation in its application does not actually discriminate on the basis of nationality or race, in that those of a particular race or religion may have greater difficulty complying with, or cannot receive the benefit of, the services (protection) because of their racial or religious background.

6. SERVICE MODELS FOR CALD ELDERS

While existing models of service such as CACPs and EACH provide necessary care to elders they do at times require the older person of CALD background to fit into a 'fixed' or 'prescriptive' model of care that is inflexible and does not accurately respond to cultural and linguistic needs. There needs to be a shift to exploring models of care that are innovative and creative and that respond to an identified service gap, rather than reinventing existing service types.

6.1 Funding opportunities

Funding is provided to mainstream agencies to develop CALD appropriate services in partnership with CALD agencies; however this same funding may not be made available directly to CALD agencies. The administrative costs are doubled when partnership arrangements are made not because of service demands but rather to satisfy funding guidelines which attempt to limit the administrative burden at the commonwealth department level. It seems wasteful to incur additional administrative costs when these funds could be spent on direct service delivery. The arrangement is further non-sensical when the partnership between a mainstream organisation and the ethno-specific agency does not differentiate in their ability to provide service planning, development, implementation and financial, payroll or human resource support. Transparent process with the same opportunities being available to ethno specific and multicultural agencies is recommended.

6.2 Funding flexibility

Flexible funding options would enable service providers to implement models of care where the outcomes are met and resources utilized to their optimal level. CALD elderly respond well to, and seek services within group settings. These models of care also respond to the work force shortage that eliminates the need for 1:1 care, and offer financial sustainability for the program. At the same time these models benefit community capacity, informal networks amongst care recipients and carers, and connection between the individual and their community.

6.3. Funding for the care of elderly with dementia

It is well documented that the prevalence of dementia will continue to increase, this is particularly critical to elders of CALD background who, generally, will revert back to their native language as their dementia progresses. Elders of CALD background with dementia are often doubly disadvantaged in the service system. This needs to be taken into consideration in delivering alternative models of care both in the residential and community care settings to ensure the provision of a meaningful and quality driven service.

6.4 Recommendations

18. To make available funds for residential aged care facilities to build partnerships with other aged care providers and allow for group activities or service models that respond to the cultural and linguistic needs of residents in a way that is not currently offered.
19. To make available funds or grants to develop new programs in the community setting.
20. Those agencies with bi-lingual and bi-cultural expertise be identified and funded to provide support to mainstream agencies in a variety of capacities.
21. Existing models that are working well in CALD communities, such as Host Home, be expanded and funds made available to agencies to replicate a model or adapt the model for their own communities.

7. Summary of Recommendations

1. The Commonwealth reviews the current planning process with a view to develop processes which allow input by potential CALD consumers on preferred service models.
2. The current top-down model of planning process is changed to provide a bottom-up process based on regional planning models which allow for greater collaboration between service providers in meeting the needs of CALD elders.
3. The Commonwealth reviews and evaluates the different models of residential aged care to CALD elders and actively seeks input from the CALD communities in the evaluation process.
4. The Commonwealth reviews the interpreter program with the view of increasing access (funds) and enabling practitioner training in the use of interpreters to ensure access to clients. . That this service is available across the breadth of aged care and health related services.
5. The Commonwealth reviews the current COPO formulas and/or introduces new indexation structures for residential and community care which reflect real cost and enables growth to match the ageing population trends.
6. The Commonwealth reviews the current accommodation bond application with a view to introduce accommodation bonds for high care beds.
7. That real zero interest free loans are extended to providers who provide services to financially disadvantaged groups irrespective of location and region.
8. That the recommendations of the Walton Review be actioned, especially the recommendation that CIS become a separate body from the Department of Health and Ageing.
9. That a set of criteria be established to rate complaints and those classified as low risk such as missing laundry items, menu complaints etc. can be managed directly by the facility.
10. That CIS staff investigating clinical issues have clinical qualifications to ensure that quality of clinical care is accurately assessed.
11. That CIS reporting clearly lists the complaint, items of investigation, outcomes, recommendations and timeframes.
12. That CIS, Aged Care Accreditation Agency and Complaints Unit investigators have training and demonstrated knowledge of elder's cultural identity and the way in which this shapes the elder's world view.
13. That investigators assume the facility or program is compliant until proved otherwise.
14. That all investigations are governed by a set of principles which are clearly stated, demonstrated and measured, and include a method of triangulation.
15. That the immigration policies for overseas recruitment and employment be reviewed and changed to establish a program which enables direct care workers from overseas to be trained and to work in Australia.
16. That the Aged Care Accreditation Standards in residential services and Quality Reporting in Community Aged Care Packages includes a number of outcomes which address the human rights issues for elderly from a CALD background, including but not limited to, choice, dignity, cultural and spiritual expression and civil rights (limited by understanding and language proficiency in English).

17. That "indirect discrimination" in current Legislation, namely mandatory reporting be reviewed to ensure that the method or mode of delivery, or interpretation of the legislation in its application does not actually discriminate on the basis of nationality or race, in that those of a particular race or religion may have greater difficulty complying with, or cannot receive the benefit of, the services (protection) because of their racial or religious background.
18. To make available funds for residential aged care facilities to build partnerships with other aged care providers and allow for group activities or service models that respond to the cultural and linguistic needs of residents in a way that is not currently offered.
19. To make available funds or grants to develop new programs in the community setting.
20. Those agencies with bi-lingual and bi-cultural expertise be identified and funded to provide support to mainstream agencies in a variety of capacities.
21. Existing models that are working well in CALD communities, such as Host Home, be expanded and funds made available to agencies to replicate a model or adapt the model for their own communities.