RESPONSE TO PRODUCTIVITY COMMISSION DRAFT REPORT

INTRODUCTION

The Productivity Commission Draft Report *Caring for Older Australians* (January 2011) was welcomed by the NSW Transcultural Aged Care Service (TACS) and the Community Partners Program (CPP) projects of NSW. TACS is auspiced by the Sydney Local Health Network and funded by the Department of Health and Ageing under the Partners in Culturally Appropriate Care (PICAC) program. This submission is on behalf of the NSW CPP-PICAC Forum which is convened by TACS and comprises 17 CPP-funded ethno-specific and multicultural organisations. Chapter 9 of the Draft Report attempts to provide a comprehensive depiction of the current aged care situation of special needs groups and raises significant aspects of aged care reform that can impact on the capacity of our target population, the culturally and linguistically diverse (CALD) communities, to access quality culturally appropriate aged care services.

Despite a general agreement and support for many of the proposed recommendations in the Report there remain some areas of concern in regards to the Report's approach to special needs groups, specifically those from a culturally AND linguistically diverse background. In the discussion that follows, this response will look at some general issues requiring clarification and then focus on the principles, issues and recommendations outlined as part of Chapter 9 'Catering for diversity – caring for special needs groups'. Some amendments to key statements and recommendations will be included. Finally the response will address some of the workforce issues affecting CALD older Australians that are addressed in Chapter 11 of the Draft Report.

At this point in our response it is important to clarify our use of terminology and how it differs from that used by the report. As an organisation that is concerned with the delivery of culturally appropriate care to CALD communities the target of our efforts are those members of the community who have come to Australia as migrants or refugees and experience difficulties as a result of their cultural and linguistic diversity. In our field and in this response CALD is used to refer to those members of the migrant community. The Draft Report tends to favour the use of NESB, admittedly current terminology at the time of the Aged Care Act in 1997, but in the current context its use is misleading.

Throughout the Productivity Commission document the term NESB seems to be used to distinguish Australian migrants (the linguistically diverse) from the Australian-born GLBTI community (the culturally diverse) who have been subsumed under the one banner of CALD. This is the first time we have seen the pairing of GLBTI with CALD in this way and it is a disservice to both groups, blurring very different sets of service needs and issues and creating artificial and inaccurate distinctions and comparisons between the two. The GLBTI group are generally not concerned with language and communication barriers (apart from a small sub-group who may not speak English) but they may face increased levels of non-acceptance from the general community. To avoid confusion we suggest clarifying the use of terminology in the report and using the term CALD solely to describe people/communities who are both culturally AND linguistically diverse. This will contrast with GLBTI who may be culturally but NOT linguistically diverse. It is recommended that the link of GLBTI groups to CALD groups be eliminated in all sections. While GLBTI may fit under the banner of 'diversity' their status as a special needs group is something that should be considered separately.

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CHAPTER 9: CATERING FOR DIVERSITY – CARING FOR SPECIAL NEEDS GROUPS

Identifying and Addressing Principles

The Report identifies four principles for the delivery of aged care to special needs groups (pp 272-3). The first of these focuses on access to services. It is encouraging that the Draft Report focuses on sub-groups with particularly challenging profiles such as Indigenous Australians, the homeless and those with behaviourally challenging conditions. There are a number of CALD groups that also deserve inclusion in this point, particularly those from a refugee background or who have suffered torture and trauma.

A key concept that is also missing from the first principle is that of equity. Mentioned only once in Chapter 9 (page 272, paragraph 3), equity is an essential element of service to special needs groups and is worth highlighting here. The recently released *The People of Australia: Australia's Multicultural Policy* (Feb 2011: 5) states 'Australians from all backgrounds are also entitled to receive equitable access to government services'. This statement should also apply to Government-funded aged care services. While it may be difficult to ensure 'equality' in accessing aged care, striving for 'equity' should be at the core of aged care service delivery.

The second principle refers to support for specialised models of care. There are two issues that need to be considered under this principle. In addition to supporting specialised models of care where there is sufficient target population it is important to highlight the responsibility of so-called mainstream services to provide culturally appropriate services to individual care recipients in accordance with the Aged Care Act (1997) provisions for persons with special needs. While specialised models of care tend to be the preferred option for CALD groups the same level of quality care needs to be provided to CALD clients in mainstream services.

It is important to also highlight a terminological issue in relation to the second principle that is reflected throughout Chapter 9. In discussing the cultural and religious 'preferences' of some groups the Report risks making light of the significance of such views held by CALD individuals. For those who don't understand the weight of cultural, religious and other values these may seem to be a matter of individual choice. But for the majority of CALD individuals, service issues related to their cultural and religious values are of the utmost importance and are considered to be 'needs' and not 'preferences'. Throughout Chapter 9 the use of 'needs and preferences' together is recommended to recognise this point.

The third principle is in relation to creating culturally responsive services with a focus on training packages for aged care workers. Apart from training packages, it is important to highlight the additional support mechanisms that are available to equip aged care workers to provide culturally responsive services. Service providers should enlist the help of cultural experts, such as the current PICAC, CPP Officers or Multicultural Access Projects to provide their workers with specialised skills and understanding of specific CALD issues. Such issues include knowing how to access multicultural resources such as accredited interpreters trained in aged care, professional translation services, CALD community visitors and support structures for CALD carers for referral purposes.

The value of engaging with CALD expertise in the development of culturally responsive services is also critical in the areas of policy and decision-making. This goes beyond the boundaries of training for workers as identified in the third principle and is directed towards

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senior management. For this reason we have suggested an additional principle focusing on capacity building for service provision (see box below).

The final principle outlined in Chapter 9 of the Draft Report acknowledges the potential for higher costs in delivering services to 'large proportions' of clients with special needs. This principle should be expanded to acknowledge the higher costs involved in catering to low proportions of clients with special needs. This is particularly the case in rural and remote areas where the likelihood of culturally isolated care recipients is high. Challenges also arise in those locations with a high concentration of small and emerging CALD communities where the numbers may be limited but the problems likely to be more complex. These communities generally have low social capital with poor infrastructure and often carry the additional burden of refugee experiences.

In recognition of the issues raised in this the following amendments and additional principle are suggested (changes are in red):

In principle, the delivery of aged care for special needs groups should:
- ensure equity and access to services – reducing discrimination and meeting any specific and challenging needs
- support specialised models of care – ensuring providers have the flexibility to meet the needs and preferences of groups that require different aged care services because of cultural, religious and emotional needs
- ensure service providers tailor services to meet particular sets of needs and create culturally responsive services (through training and by engaging cultural expertise to provide workers with specialised skills and understanding), and to ensure that policies, practices and continuous improvement strategies reflect such needs
- acknowledge the higher costs of service delivery or difficulties accessing capital for some services catering for large proportions of clients with special needs and isolated communities in rural and remote areas
- acknowledge the value of engaging CALD expertise in policy and decision-making and capacity building for service provision

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The Draft Recommendations

The Draft Report summarises issues confronting Australians from 'NESB' backgrounds into three points – access to easily understood information, ability to communicate with aged care staff and health professionals and culturally relevant social activities (p274). These issues are presented in the context of difficulties encountered by mainstream providers in delivering culturally appropriate care. While a number of good points are highlighted in the discussion they are not sufficiently explored, with the result that the proposed solutions fail to address a number of key barriers experienced by CALD clients in accessing appropriate services. These underlying issues need to be acknowledged and addressed if new reforms are to be effective.

Barriers that CALD older Australians face in accessing culturally appropriate care go beyond the initial access to information and subsequent ability to communicate with aged care staff and health professionals. The access of CALD older Australians to services continues to be limited by a lack of culturally viable options. This adds to the complexity of planning to meet CALD client needs as data about this group is inadequate and can easily misrepresent the

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reality of their situation. CALD community care clients may choose to remain on a waiting list until someone from their linguistic and cultural background can be found. They may find themselves forced to move out of their area to find a facility that caters to their cultural and linguistic needs. Alternatively their family may share the burden of in-home care resulting in the care recipient being swapped from one household to another, potentially in different areas creating problems for continuity of aged care services and increasing likelihood of confusion for the clients.

These issues all relate to the intersection of cultural expectations with the limitations of the current aged care system. It is important to recognise that the barriers facing CALD older Australians in accessing services are not purely linguistic. Although language poses an initial barrier to accessing information, cultural expectations and norms have a big impact on how an older person will approach health and medicine management, social and spiritual life, aged care options and decision-making and the way they access information and services. This is why in the first instance they tend to approach their own community organisations for information and support.

For the proposed Australian Seniors Gateway to work for CALD older people and their families it is important that information pathways reach into their communities via familiar communication channels. For this purpose the Gateway will need to engage with external language and cultural experts e.g. interpreters and translators, CALD community organisations and media, and programs such as PICAC (Partners in Culturally Appropriate Care) and CPP (Community Partners Program). In addition to dealing with the challenges of accessing information and understanding the aged care system brought about by linguistic diversity, CPP and PICAC Programs also seek to identify the cultural beliefs and expectations held by members of a particular CALD community that may prevent them from accessing care.

Staff working as part of the Gateway will need to be equipped to understand those aspects of the aged care system that are likely to pose additional challenges for those coming from a diverse cultural and linguistic background. Particular issues are faced in relation to aged care terminology and concepts, necessitating the use of interpreters and translators who are trained to understand the aged care system and are able to convey this information in a way that is easy to understand. Some interactions require support beyond the purely informational role. In these cases CALD clients of the Gateway will need to be able to access bilingual workers and advocates conversant with their special needs status.

The ultimate goal is to empower CALD older Australians to be able to make informed choices about their care. This includes the capacity to be able to take on board new flexible care models such as self-directed care as they become available. Such models, while offering many advantages for CALD clients who typically prefer flexible care in the home, also poses particular challenges. CALD care recipients and their families will need additional case management assistance to benefit from self-directed care and safeguards to ensure standards of care are maintained. It is very important that during any Australian trials of self-directed care models the CALD perspective is not forgotten or ignored, despite any extra financial implications.

In order to acknowledge the breadth of the issue of accessing information for CALD older people the following amendments and additional points have been added to Draft Recommendation 9.1 (changes are in red):

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> DRAFT RECOMMENDATION 9.1
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> **The proposed Australian Seniors Gateway Agency (draft recommendation 8.1) should cater for diversity by:**
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> - *ensuring all* CALD *older people have access to information and assessment services* *that meet their diverse needs.*
> - *providing* *professional language and cultural services* *to convey information to older people and their carers, to enable them to make informed choices.*
> - *providing information on aged care options in an appropriate language and context.*
> - *ensuring that diagnostic tools are culturally appropriate for the assessment of care needs.*
> - *establishing and maintaining working links with CALD organisations and services to assist CALD older people in finding a path to the Gateway.*
> - *establishing specialised units to provide cultural expertise within the Australian Seniors Gateway Agency to deal with CALD and other special needs groups.*

Issues related to the quality of care delivered to CALD older Australians are responded to as part of Draft Recommendation 9.2 – the proposed Australian Aged Care Regulation Commission. In looking at the associated costs of catering for diversity it is essential that provision is made for the use of interpreter services in aged care. This is a practice that currently occurs very rarely and can make a huge difference to the quality of life of a CALD aged care recipient and minimise the potential for complaints.

It is important to remember that communication, while crucial to the expression of care needs and preferences, is also a necessary part of meeting our social and emotional needs as human beings. Research shows that socially isolated individuals face increased health risks related to among others depression and susceptibility to abuse. For this reason culturally appropriate policies and practices need to be embedded and implemented throughout an organisation. This should encompass not only comprehensive interpreter services, but also translation of materials, culturally appropriate food provision, socially inclusive activities, support of spiritual practices and professional development activities for staff to increase their cultural awareness. Cultural awareness training should include instruction on the availability of services and resources to support aged care staff in caring for their CALD clients. This includes CPP and PICAC programs, local CALD community organisations and support groups, spiritual and religious leaders, Community Visitors Scheme, other volunteers and council initiatives.

It is not however enough to make allowance for the costs of catering for diversity. Older Australians of all backgrounds are entitled to equitable care and there need to be systems in place that increase the responsibility and accountability of aged care services to equitably meet the care needs of CALD care recipients. The current standards in both community and residential aged care fail to highlight the importance of catering for diversity. There are no benchmarks for culturally appropriate care and assessors are unlikely to seek out examples of such care. The proposed Commission can address this policy to practice gap by ensuring that accreditation, quality and monitoring processes leading to equitable and appropriate care for CALD clients are clearly stated, supported and implemented. Part of this process involves developing in-house complaints mechanisms that aren't daunting for CALD clients. This may

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involve the need for formal or informal advocacy support. Information on User Rights and Responsibilities also needs to be approached in a way that is more accessible to CALD care recipients.

In order to ensure that the proposed Australian Aged Care Regulation Commission addresses the rights of CALD clients to equitable care the following amendments and additional points have been added to Draft Recommendation 9.2 and an additional Recommendation has been added in relation to the proposed Australian Aged Care Regulation Commission (changes are in red):

DRAFT RECOMMENDATION 9.2
The proposed Australian Aged Care Regulation Commission (draft recommendation 12.1), in transparently recommending the scheduled set of prices for care services, should take into account costs associated with catering for diversity, including:
- ***providing ongoing and comprehensive interpreter services (either face-to-face or via telephone) in residential and community aged care settings***
- ***ensuring staff can undertake professional development activities which increase their cultural awareness***
- ***implementing culturally appropriate policies and practices such as translation of materials, food provision, social inclusion activities etc.***

ADDITIONAL RECOMMENDATION
The proposed Australian Aged Care Regulation Commission should ensure that residential and community accreditation, quality and monitoring processes are equitable and appropriate for CALD clients by:
- ***providing cross-cultural training to assessors on identifying culturally appropriate care***
- ***using interpreters in the course of (accreditation) assessment***
- ***developing strategies to meet gaps in addressing complaints mechanisms for CALD communities***

CHAPTER 11: DELIVERING CARE TO THE AGED – WORKFORCE ISSUES

Informal carers

Informal carers from culturally and linguistically diverse backgrounds face additional problems in caring for elderly relatives due to linguistic and cultural barriers. CALD communities in general do not understand the concept of respite. It is a difficult term to translate and the idea is culturally unacceptable in some communities. CALD family members acting as carers are unlikely to recognise themselves as performing a formal role. This means they are also unlikely to be aware of or seek out information on carer support services such as respite.

Traditional gender roles often place family pressure on females to look after older relatives. This impacts not only on the individual carer but the family as a whole; particularly when there is a lack of supportive infrastructure e.g. childcare to provide relief from other family responsibilities. CALD older women in traditional roles may also find themselves less equipped to understand aged care supports as they may have had less of an opportunity to

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develop English language skills. In many cases such women have been dependent on their husband for transport and interactions with services and the broader community.

These additional burdens must be taken into consideration when planning support mechanisms for carers, particularly in areas with a high concentration of new and emerging communities where the problems are exacerbated.

Suggested amendments and additions to Draft Recommendation 11.1 are in red below:

DRAFT RECOMMENDATION 11.1

The proposed Australian Seniors Gateway Agency (draft recommendation8.1), when assessing the care needs of older people, should also assess the capacity of informal carers to provide ongoing support. Where appropriate, this may lead to approving entitlements to services and/or assisted referral for:

- *carer education and training, including English classes where appropriate*
- *planned and emergency respite*
- *carer counselling and peer group support*
- *advocacy services*
- *a broad range of carer support services addressing special needs status*

Carer Support Centres should be developed from the existing National Carelink and Respite Centres to provide a broad range of carer support services.

The formal aged care workforce

It is well known that the proportion of bilingual aged care staff aligned to certain CALD groups is acutely low in spite of the overall increasing numbers of migrant workers entering the sector. While some cultures are well represented in aged care fields, others such as European workers are unlikely to take up such roles. Demographic projections indicate that this gap will grow as more and more overseas born Australians need aged care services.

The need to make aged care a more attractive professional orientation in some well-established CALD communities is becoming more pronounced. Difficulties in attracting staff also mean difficulties in matching staff profiles to that of residents; this can be particularly isolating for CALD residents who have reverted to their first language and are unable to communicate with staff or other residents. Communities themselves will need government support in order to identify the problem and develop strategies for encouraging their younger members to consider nursing and aged care as 'culturally-acceptable' professions.

Suggested amendments and additions to Draft Recommendation 11.3 are in red below:

DRAFT RECOMMENDATION 11.3

The Australian Government should promote skill development through an expansion of courses to provide aged care workers at all levels with the skills they need, including:

- *advanced clinical courses for nurses to become nurse practitioners*
- *management courses for health and care workers entering management roles*
- *English proficiency classes for migrant skilled workers*
- *Cultural awareness classes for all staff*

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Volunteers

There are a number of factors that place CALD older Australians at risk of social isolation. Not least of these is the communication barrier. Even those with a good command of English language may find themselves reverting to their first language due to conditions associated with ageing. Social isolation itself places CALD older people in a vulnerable situation; including a higher potential for abuse and increased health problems. Volunteers from CALD backgrounds are important contributors to the health and wellbeing of isolated CALD care recipients.

The recruitment of appropriate CALD volunteers is difficult due to the need to align the volunteer's background with that of the care recipient's, level of English proficiency, greater difficulty with transport and cultural barriers affecting their understanding of the boundaries of the volunteer role. Recruiting and maintaining CALD volunteers should attract additional financial support. For instance, advertising will need to be done through a variety of ethnic media and some documents explaining roles and responsibilities may need to be translated.

Suggested amendments and additions to Draft Recommendation 11.5 are in red below:

DRAFT RECOMMENDATION 11.5
The proposed Australian Aged Care Regulation Commission (draft recommendation 12.1), in assessing and recommending scheduled care prices, should take into account the costs associated with:
- ***volunteer administration and regulatory costs***
- ***appropriate training and support for volunteers***
- ***reimbursement of out-of-pocket expenses for those volunteers who are at risk of not participating because of these expenses***
- ***recruiting and training bilingual volunteers***

CONCLUSION

For aged care reform to effectively respond to the needs of CALD older Australians systems need to employ a diversity of strategies. In relation to the proposed Australian Seniors Gateway Agency it is critical to note that a one-size fits all approach is unproductive in meeting the requirements of special needs groups. This will need to be taken into account when developing the operational structure for assessment and information access. Case management is an important factor in catering for diversity and will need to be included as part of the strategy for improving the access of CALD care recipients to aged care services.

In order to achieve equity for CALD older Australians it is important that they have true choice in their options of aged care services. This means equipping aged care staff to deliver quality culturally appropriate aged care services through training, support and resources. The new Commission has the potential to play an important role in this regard by identifying quality inclusive practices and monitoring their implementation through accreditation and complaints procedures. TACS and the CPP look forward to being part of any further consultative reform processes to achieve the best possible outcomes for the growing numbers of CALD aged care recipients and their carers.

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