

**COTA National Policy Forum:
Rights, respect, recognition: a new deal for older Australians**
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Rights, respect and recognition for older CALD Australians

Introduction

I would like to acknowledge that we are meeting on the land of the Ngunnawal and Ngambri people. I pay my respects to their elders past and present. Just as, for less than a century, this city and region has been a place where Australia's political and community leaders have come to meet, so it has been a meeting place for many Aboriginal nations for thousands of years.

As an immigrant to Australia and a resident of Sydney, and therefore a guest to your community, I acknowledge the traditional owners of this land, past and present.

The main topics I will focus on today are:

1. Aged Care Reform - and ensuring that culturally and linguistically diverse (CALD) Australians benefit from it, including:
 - The Relevance Rationale
 - The Information/Consultation Imperative
 - Accessing the Aged Care System
 - Enhancing Current Systemic Capacity & Competency
 - Developing Aged Care Capacity in CALD Communities
 - Ensuring Service Quality Compliance.
2. The CALD Ageing Policy Environment.
3. Some beyond-aged care observations on Rights, respect and recognition for older CALD Australians.

Aged Care Reform - and ensuring that CALD Australians benefit from it

This COTA National Policy Forum comes at a particularly important time in the history of aged care provision in Australia. Indeed it is a time of change, one in which the Federal Government has taken full responsibility for aged care, one in which the Productivity Commission has raised important questions about the inherent problems in our system and finally one in which the Federal Government's policy response *Living Longer, Living Better* will provide a once in a generation opportunity to affect the future development of aged care

in Australia which is fully cognisant of and responsive to the aged care needs of the ageing from CALD backgrounds who represent a significant component of this cohort.

As such I believe that the CALD ageing sector should be on the front foot in both insisting that the needs of the CALD ageing are considered at this planning and development stage and that the services and program changes allow for the equitable access of these services to a group which has in the past been demonstrated to have missed out or received less.

The reality has been that government policy has significantly dragged behind the needs of older people from CALD backgrounds. To an unacceptable degree, they have neither rights, nor respect, nor recognition.

In discussing this position of marginality I will also be able to relate my story about the role of advocacy in ensuring that the needs of older people from CALD backgrounds are brought to the centre of the current aged care change considerations, and are accorded rights, respect, and recognition.

The Relevance Rationale

Australia is one of the most ethnically diverse nations in the worldⁱ ⁱⁱ. Nearly half of our population is born overseas or has one parent born overseas. According to the Australian Institute of Health and Welfareⁱⁱⁱ (AIHW), one in five older Australians come from non-English speaking countries and numbered over 583,200, compared with 370,500 born overseas in English-speaking countries and 1,780,400 Australian born. In 2006, the most common countries of birth for non-English-speaking older people were Italy (113,900) and Greece (57,200).^{iv}

People from non-English-speaking countries represented a more significant part of the population aged 75–84 years (21%) and of those aged 65–74 years (23%),^v although they made up only 15% of the very old population (85 and over)

Furthermore, the community of older people from CALD, as a proportion of the population, is increasing at a significantly higher rate than the Australian born community. Older persons from CALD backgrounds in 1996 comprised 18% of Australians aged 65 and over. In 2011, this figure was 23% and will reach 30% by 2021 representing over one million older Australians.^{vi}

This is a growth rate of 66% over a 15 year period, nearly three times the growth of the Australian born population.^{vii} Similarly, it is estimated that people from CALD backgrounds over 80 increased from about one in eight in 1996 to one in five in 2011 and will further increase to one in four in 2026.

Therefore access and equity for CALD older groups is a crucial consideration in the evolution of aged care in Australia.

In order for these people to benefit from the aged care reform process they need information, access to services that will meet their preferred care need, and an enhancement of carer support to meet their needs.

The Information/Consultation Imperative

A critical issue in the engagement of the CALD ageing with the aged care system is that of approaches which fail to operate around two different but related issues:

- The first is the perceived and actual difficulties around accessing aged care information

which is not made specific to the language and information access needs of the CALD ageing group.

- The second is the lack of appropriate and meaningful consultation with and feedback from CALD older people and the service providers who cater for them. There is a distinct lack of representation and participation of CALD older people in the mainstream consumer organisations such as COTA (which they acknowledge), as well as a lack of organisational participation from CALD aged care providers within aged care industry forums and associations.

Failure to address these two overarching issues has had the impact of marginalising CALD older people in the aged care system.

Aged Care Information

Health literacy and knowledge of health promotion messages tends to be lower among CALD communities due to barriers in accessing health information. Such barriers may involve literacy and language proficiency issues as well as the 'digital divide'^{viii}, with generally lower uptake of home computers and internet services, an increasingly important source of health information^{ix}, especially among CALD seniors. It is important, therefore, that health and aged care services find new strategies to improve and accommodate the general health literacy levels of CALD seniors, carers and families.^{x xi xii xiii}

A lack of awareness of service options available and relevant to their needs is a frequently identified problem for CALD seniors and their communities. Burgeoning numbers of services and information about them is of little value if the target groups cannot access it due to physical, social, cultural or linguistic barriers or simply the sheer complexity of service provision systems.

There is an increasing level of multicultural communication practice that is seen to be effective with the activities of the Department of Human Services (formerly Centrelink) often identified as delivering best practice. The promotion of the aged care system should be based on existing best practice in multilingual communication.

Consultation and Representation

To ascertain aged care preferences, options and attitudes to aged and health care services, consultative mechanisms involving CALD older people as well as ethno-specific and multicultural services providers should be instituted. This would provide a means of identifying gaps and deficits in the aged care system.

At present, national older people's consumer bodies are limited in their ability to interact with and include CALD people. As such, COTA needs to direct both attention and resources into the establishment of effective and accessible mechanisms to access older CALD consumers, and allow for their voices to influence policies and programs.

Accessing the Aged Care System

In response to the complexity of the aged care system and the difficulty in navigating it, the Government launched on 1 July the Aged Care Gateway as a point of entry into the aged care system.

The Gateway's proposed scope of activities in the short and long term is extensive and includes information on services, fees and quality indicators; a national call centre; the *My*

Aged Care website; referrals; consumer and carer assessments; means testing; linking services to vulnerable older people and liaison with Medicare Locals.

For the CALD ageing group, the reliance on this single point of information entry is of concern, given the lack of cultural and linguistic responsiveness in all existing DoHA age related information activities.

To date, call centre operations have been difficult to access as they have not been developed to have multilingual capacity.

Online information has not been provided in other languages and at best the DoHA website encourages users to navigate the site in English and seek translated information using one of three on-line translation tool built into the site. There has also been a lack of systemic public information capacity to cater for the multilingual information requirements of this group.

Given that nearly one quarter of older Australians are from CALD backgrounds, any development of a single point of entry needs to systemically build in the capacity to deal with linguistically and culturally diverse consumers. This consideration should be at the forefront of the design and development of the Gateway.

Equally, consideration should be given to complementing the Gateway with mechanisms specifically designed to meet the aged care information needs of identifiable communities which are disadvantaged in their information access capacity.

Alongside this proactive approach, the Gateway operation should access and retain ethnicity data on people accessing the Gateway to identify those communities who may be underrepresented according to their need.

Enhancing Current Systemic Capacity & Competency

The diversity represented by the CALD ageing group poses a significant challenge to aged care service delivery. As a consequence there is a need to increase the capacity of all aged care service providers to deal with the diversity of clients. This would apply equally to generalist, multicultural and ethno- specific service types and organisations.

Rather than operating a demarked system between ethno-specific and mainstream, the fundamental principle in service delivery should be supporting choice, both in aged care settings, and between aged care providers for CALD older people and their families.

CALD older people and their families need flexibility in their choice of services, with some needs met by ethno-specific or multicultural agencies, and others by generalist organisations.

Home Care

It is important to increase the capacity of older people with high level care needs from CALD backgrounds to stay at home with their families and delay the need for residential care where this is preferred and appropriate. This requires sufficient funding for accessible ethno-specific service provision across all care levels that are proportional to CALD population ratios.

An Australian Institute of health and Welfare (AIHW) study^{xiv} indicated that a higher proportion of Community Aged Care Packages (CACP) clients were from CALD rather than non-CALD backgrounds. This may be due to a resistance to residential care and a preference for at home care among CALD families.

Other cultural and linguistic factors may also be implicated here. For elders with higher care needs for example, AIHW^{xv} has hypothesised that lower use of respite residential care (RRC) by CALD seniors and their families can be attributed to the acceptance of dementia as a normal part of ageing in their communities.

There are also systemic barriers to accessing services, the most important being English language proficiency. The use of Residential Respite Care has been identified by AIHW^{xvi} as an important pathway to the subsequent transition to permanent residential care and it also provides important support to carers. It is important, therefore, to improve the uptake of these services amongst CALD families. Indeed, it is a common finding in the literature that CALD carers and consumers resist accessing services until there is a crisis and they no longer can care for their aged relative at home themselves^{xvii}.

Residential Care

Research into CALD ageing identifies that institutional care is not preferred and is often used as a last resort. There is however an increasing community recognition that high level care and end of life care may not be able to be provided in the home. As such there is a need to consider the high level institutional care needs of CALD communities both at present and over the next 10 years as increasing numbers make this issue critical.

The provision of high level care in residential settings has become one of the most critical issues in CALD communities. The current requirements for residential care development are often unable to be met by individual CALD communities, while, on the other hand there is still a strong perception in CALD communities that generalist residential services are unable to meet their needs.

At the same time capacity and governance issues have arisen around a number (albeit small) of ethno-specific residential facilities, leading to a level of questioning around positioning the ethno-specific model as the only model for CALD older people.

It is of concern that both ethno-specific and multicultural providers fared poorly in the latest Aged Care Approvals Round (ACAR).

Therefore in moving forward within the new aged care framework attention and resources need to be given to a range of intervention, support structures and activities that are specialised for the three operating residential models:

- the maintenance of support and partnership programs and resources such as the Partners in Culturally Appropriate Care (PICAC) and the Community Partners Program (CPP) programs to build cultural responsiveness in generalist residential services;
- the promotion and enhancement of multicultural residential models in demographic situations that make them the most viable service type;
- the development of monitoring and intervention capacities that can be used to support ethno-specific residential services to meet their governance and service outcome requirements, especially in demographic or social situations in which other models are less appropriate.

Carer Support

Carers are integral to Australia's health system and the foundation of our aged, disability,

mental health, community care and palliative care systems. Carers contribute immensely to the Australian economy and society. Some 79 per cent of assistance required by Australians due to disability or illness is provided by family carers.^{xviii} In 2009, Australia had over 2.6 million carers, of whom more than 771,000 were primary carers. ABS data shows that 366,700 of these were born in non English-speaking countries.

By 2031 older carers (aged 65 years and over) are likely to comprise 56 per cent of all carers.^{xix} Demographic trends and population profiles indicate that an increasing proportion of carers are likely to be from culturally and linguistically diverse backgrounds.^{xx}

Caring responsibilities can vary greatly, from feeding, bathing, toileting, dressing wounds, administering medication, managing incontinence and advocacy on behalf of those they care for, to emotional support and supervision, or help with accessing employment, finances and transport.

Many carers experience social, emotional and economic disadvantage. Carers have been identified as a group at risk of long-term social exclusion and disadvantage under the six priority areas of the federal government's social inclusion agenda.

It is a truism that in many CALD communities, families shoulder the responsibility for care of their older members. While this role for CALD families and carers cannot be overstated, it must not justify an abdication of responsibility by governments and care providers for supporting them in providing care when this support is required.

In many CALD communities, services such as maintenance, home care, meals and transport are considered family responsibilities, while nursing services are "considered a professional health service, something that the person and their family acknowledge is best delivered by a qualified practitioner."^{xxi} Importantly however, when care is delivered by an ethno-specific provider, the CALD participation rates in these services show a marked increase.

Developing Aged Care Capacity in CALD Communities

The need to develop aged care service capacity in CALD communities is in demographic terms a necessity. The large number and diversity among CALD communities does present a challenge to the aged care system and there is a strong argument that these communities need to be actively involved in some way to ensure that aged care delivery is equitable, appropriate and responsive.

Given this consideration, and the need to meet the short term care needs of the CALD ageing, it is important that ethno-specific and multicultural community organisations are enabled to provide a full range of aged care services, including community centre and home based services where an organisational commitment and demand for these services can be demonstrated.

While some communities have highly developed capacity and infrastructure, others do not. Therefore it is imperative that the Commonwealth Government continues to support community and service capacity-building in this sector.

The approaches necessary for this would include:

- Community-specific capacity building through communicating service requirements to attain service provider status;
- Aged care system information that will enable increased understanding of the aged

care system and its new direction;

- Earmarking resources to enable flexible approaches to developing aged care services where the involvement of a specific linguistic or cultural community is necessary;
- Earmarking funds in the ACAR rounds for the development and funding of service models that will allow CALD communities to partner with existing providers to provide a culturally or linguistically specific aged care service.

Ensuring Service Quality Compliance

The creation of the Australian Aged Care Quality Agency provides an opportunity for objective practices to be established which comprehensively include cultural and linguistic considerations across all domains of the community and residential care standards.

This quality framework for the aged care system must incorporate benchmarks acknowledging culture as a central need for consumers.

This should, for example, include national standards of cultural competence in aged and community care service provision to be adopted by all service providers, linked to accreditation. Cultural competency can be defined as “a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals which enable those systems, agencies or professionals to work in cross-cultural situations”.^{xxii}

The CALD Ageing Policy Environment

A History of Marginality

The big question that I have had to face over the last four years as FECCA’s representative in the aged care space is that we did not have a policy framework to work within and use to drive the change needed to reflect CALD needs in this area.

- At a Federal Government level there had not been a CALD aged care policy or strategy since the Ethnic Aged Care Framework in 1997, which followed on the then Minister for Health & Ageing Carmel Lawrence’s CALD aged care policy in 1995. Without a policy structure since then it had become increasingly hard to argue the validity and needs of CALD older people in the aged care space.
- We also lacked a broader policy framework relevant to cultural and linguistic diversity. The Rudd/Gillard Government was extremely tardy in stating its position on multiculturalism and its related policy settings. Whether a legacy from the previous administration or indeed a sense that this area was neither essential nor desirable, it took four years before this Government categorically stated its position on multiculturalism. In February 2011 the then Minister Chris Bowen delivered the Government’s renewed multicultural policy under the title, ‘The Genius of Multiculturalism’.

This policy initiative had both totemic and substantive value. In a totemic sense it opened the way for the multiculturalism word to re-enter the political lexicon. It was substantial as well in articulating a sense of policy initiatives such as the Review of Access & Equity requirements, the development of National Partnership on Anti-Racism, as well as structural support for the arts and sport as key community domains relevant to a more engaged and equitable society.

- The implications for aged care were that increasingly there were policy and advocacy pressures for the aged care reform which gathered pace to take on board cultural diversity - and the needs of older people from CALD backgrounds.

Re-establishing a CALD Aged Care Strategy

On the 21st of December 2012, the Government launched the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* (which we refer to as the CALD Aged Care Strategy for short).

This strategy has been universally welcomed by the CALD sector dealing with ageing issues. Its development and impetus needs to be identified as the following factors represent the key ingredients for change.

- The first of these was the role of the then Minister, Mark Butler, who while undertaking his extensive discussions with the aged care sector prior to developing and releasing his new aged care policy, was exposed to the issues facing CALD communities in the aging area. After participating in consultations with CALD communities and one specific to dementia, he indicated an interest in having a strategy to reflect these issues.
- The second was that strategy development was supported by a significant round of consultations undertaken by the Federation of Ethnic Communities' Councils of Australia (FECCA). This was an important component as FECCA had participated in a range of ongoing consultative structures and had built up both a reputation and a capacity to address CALD issues at a national level.
- The third was a CALD aged care sector which was both willing and able to support FECCA and to provide the policy smarts and organisational grunt to participate in consultations and to articulate the specific needs of CALD older people.
- The fourth was support from the whole aged care sector represented through the National Aged Care Alliance or NACA and individual organisations. We had strong support, for example from COTA on the Department's Steering Committee for the development of the CALD Aged Care Strategy.
- Finally the Department of Health & Ageing was also instrumental, understanding that the policy imperatives required by the new multicultural policy and the strength of the advocacy of the CALD sector needed to be accommodated and reflected in aged care policies and strategies.

The result was the CALD Aged Care Strategy which will not only articulate the structural requirements but focus the attention of the Department to the CALD aged care space.

I want to pay tribute to the vitally important role that Mark Butler played as Minister for Ageing. He comes from a background where he was fully across the complex issues challenging the aged care system in Australia, including the many barriers faced by CALD Australians seeking access to high quality, culturally appropriate aged care.

During these discussions we came to appreciate that not only is direct input into the Government reforms from people with expertise in CALD aged care crucial, but so many important issues are inter-linked. Properly addressing one issue, such as low health literacy, often means addressing several others at the same time, such as access to culturally and linguistically appropriate information and comprehensive training of aged care staff and interpreters.

This is why the CALD Aged Care Strategy is so ground-breaking and so necessary. It does not treat the issues that limit equitable access to quality aged care services in isolation, and it will set the scene for a holistic approach to ageing and aged care in CALD communities for years to come.

Challenges

There are a range of challenges that need to be the focus of the next phase of engagement. These include:

The need to integrate culturally and linguistically diverse perspectives into the overall aged care and health delivery frameworks so that ageing people from CALD backgrounds have access and equity to a full range of appropriate aged care services, and are empowered and confident in accessing it. Our aim is to help develop an aged care system where access and equity is integral to everything.

The need to ensure that key elements of the aged care reform agenda, such as the Gateway and consumer directed care, are implemented in such a way that ensures that for older people, their families, and carers, including those from CALD backgrounds, do achieve enhanced access and equity to quality aged care.

The need to build CALD community capacity by developing a workforce with the skills and knowledge to deliver culturally, linguistically and faith-appropriate aged care services.

And finally the need to ensure that capacity is built in ethnic communities so that they can fully participate in the direction and nature of aged care for their members.

The road ahead

My conclusion is a simple one which is that in order to ensure that aged care policy and programs are made responsive to the needs of older people from CALD backgrounds the following ingredients are necessary:

- Strong and consistent political leadership;
- Supportive equity policy frameworks to legitimise and drive policy responses;
- A CALD aged care sector that can work together to advocate for the needs of this demographic and to move beyond individual community interests to ensure that the broader CALD demographic is benefited;
- Capacity and knowhow in ethnic communities to both articulate and provide for the aged care needs of their community; and finally
- Policy and program design and delivery processing that accommodates CALD participation across all its structures and processes.

Some beyond-aged care observations on Rights, respect and recognition for older CALD Australians

The Federation of Ethnic Communities' Councils of Australia or FECCA is the peak national body that represents the voice of Australians from culturally and linguistically diverse (CALD) backgrounds. FECCA promotes multiculturalism as a core value that defines *what it*

means to be Australian in the 21st century. We are a non-political community-based organisation. Our role is to advocate, lobby and promote issues on behalf of our constituency to government, business and the broader community. We work to promote fairness and responsiveness to our constituency in the delivery and design of Government policies and programs.

During those consultations around Australia as part of developing the CALD Aged Care Strategy, the topic of elder abuse was frequently discussed. The feedback informed FECCA that elder abuse ranged from taking advantage financially of an older CALD person to filtering information by a carer or family member who acts as their advocate or interpreter.^{xxiii}

Our consultation participants acknowledged that a lot of work had been done around elder abuse nationally by community organisations but they suggested that frameworks need to be put in place to protect elder CALD persons from abuse. This is supported by learnings from consultations conducted by FECCA that were documented in *Opening the door to access and equity in Government services*, FECCA Access and Equity Report 2011-2012.

The consultations highlighted the difficulties that elderly CALD people have with Australian systems. Coupled with the other challenges posed by the process of ageing, the report suggested that cultural adjustment may be impossible for some. As a result, elderly CALD people may require a high level of assistance in the form of translators and interpreters, and bi-cultural workers, throughout their whole life.^{xxiv}

In this report to Government, FECCA recommended that the Government adopt measures to encourage the recruitment of bi-cultural workers into all levels of the health care system in Australia, particularly at the level where staff have face to face interactions with CALD consumers.^{xxv} The Government's announcement on 15 April 2013 therefore, that they would increase resources for language translation and interpreting services for Government programs to ensure equality in access for CALD Australians, is timely and welcome news as participants at FECCA's consultations did not feel that some services could adequately accommodate the needs of senior CALD persons.

How these services are developed is important. FECCA believes that cultural competency training is integral.

Conclusion

I thank COTA for the opportunity to speak frankly and fearlessly with you today. FECCA has established close working relations with COTA, and we look forward to taking them to still greater heights. I have posed some challenges that I hope we can work together towards resolving.

Endnotes

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ⁱⁱⁱ AIHW (2006) Special Population Groups"

^{iv} ABS (2009) Population by Age and Sex, Australian States and Territories, <http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0> .

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- vi FECCA fact sheet, www.fecca.org.au
- vii The Myer Foundation, *2020 A Vision for Aged Care in Australia*, p15 quoted in “Strength Through Diversity: National Policy Submission, Aged and Community Services Australia, Sept 2006, p2 accessed at www.agedcare.org.au 26 July 2010
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- xxiii Elder Abuse, Attachment C, FECCA Summary of Written Feedback on Draft National Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds, p3,4,29. (unpublished)
- xxiv *Opening the door to access and equity in Government services FECCA Access and Equity Report 2011-2012. p51.*
- xxv Ibid, recommendation 22.