Submission to Senate Community Affairs References Committee Inquiry into Aged Care

Ethnic Communities Council of NSW

29/07/04

Summary of Recommendations

Recommendation 1
The Commonwealth create a national committee to develop a cultural competency framework for aged and community care in consultation with the States and Territories.

Recommendation 2
The Commonwealth consult CALD communities so as to plan and develop appropriate aged care options in response to identified needs.

Recommendation 3
The Commonwealth provide additional funding to subsidise culturally competent service provision at 3 levels:

- Personnel
- Service provision
- Organisational / systemic

Recommendation 4
The Commonwealth re-evaluate the existing Ethnic Aged Care Framework

- Shift from a program framework to a policy framework
- Commit to recurrent funding for ethnic aged care

Recommendation 5
The Commonwealth and States address and resource recruitment and retention of staff

Recommendation 6
The Commonwealth and States investigate models that encourage recruitment, training, retention and recognition of bi-lingual workers

Recommendation 7
The Commonwealth make provisions to ensure that all aged care staff are culturally competent and have access to cultural competence training

Recommendation 8
The Aged Care Accreditation Standards be amended to include specific consideration of the cultural aspects of care provision

Recommendation 9
The Aged Care Standards and Accreditation Agency and Department of Health and Ageing develop and utilise standard cultural competence assessment tools: Demonstrated Best Practice and expertise is essential

Recommendation 10
All Agency Auditors be trained in cultural competency in aged care service provision

Recommendation 11
The Commonwealth – in consultation with services catering for the needs of CALD older people – develop supplements to help services meet the additional costs of providing culturally competent care.

Recommendation 12
A greater number of age and culture appropriate services be developed to cater for the needs of young people with disabilities

Recommendation 13
The Commonwealth develop and implement a National cultural competency Framework for HACC services, to be driven by the re-established National Multicultural HACC reference group

Recommendation 14
The Commonwealth and States improve the reliability of data collection and implement concrete strategies for data dissemination in order to facilitate effective planning of services

Recommendation 15
The States create planning and funding allocation benchmarks and targets for the provision of services to CALD communities

Recommendation 16
The Commonwealth and States invest in cultural competence training across the HACC sector, and in evaluation of current programmes and services for culturally competent practice

Recommendation 17
The Commonwealth and States build the capacity of local communities to facilitate development of active partnerships between local communities and services

Agency Descriptions:

The Ethnic Communities' Council of NSW (ECC) is the peak NGO representing people of culturally and linguistically diverse background in NSW, with over 230 member organisations and hundreds more individual associated members. A major objective of the ECC is to participate actively in the development of a culturally pluralistic society in Australia.

Introduction:

The NSW Transcultural Aged Care Service (TACS) and the Ethnic Communities' Council of NSW (ECC) welcome the opportunity to write a submission to the Senate Community Affairs References Committee Inquiry into Aged Care. Both TACS and the ECC are key agencies in a consortium of NSW government and community aged care organisations that has recognised the need for a shift to a culturally competent model of aged care. We have been progressing cultural competence in the areas of policy, workforce training, and research for aged and community care sector, therefore would like to take this opportunity to share our expertise and make recommendations for the Senate Community Affairs Reference Committee.

The following submission firstly highlights the nature of Australia's rapidly ageing culturally and linguistically diverse population, indicating that projected demographic profiles indicate significant increases in demand for aged and community services for this demographic group over the next 20 years. Having situated the need for appropriate

mechanisms to address the increased demand, the submission then provides a brief outline of cultural competence and the importance of such an approach for the creation of an effective, world class aged care sector. Each relevant Term of Reference is then discussed with recommendations from a cultural competence perspective.

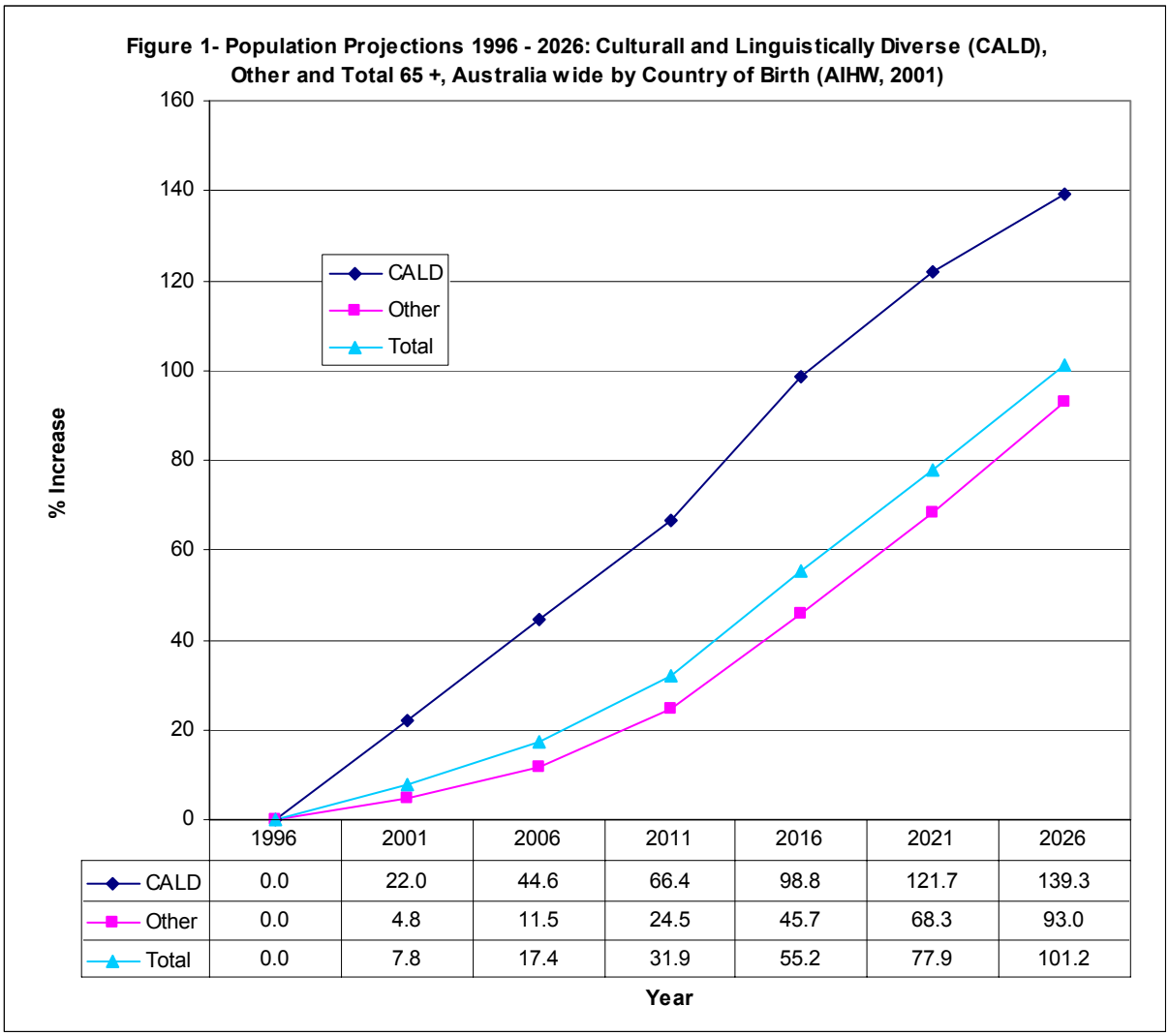
The demographic picture:

Currently, the number of elderly from culturally and linguistically diverse backgrounds living in Australia is sizeable at around 19.6% of the population aged 65+ (AIHW, 2001[1]). This figure is set to increase dramatically. Based on population projections by the Australian Institute for Health and Welfare, Table 1 and Figures 1 and 2 below indicate that the number of people aged 65 + from a culturally and linguistically diverse background is set to grow from 479, 395 in 2001 to 939,822 in 2026. This represents a growth of 139.3 %. Figure 2 indicates that the proportion of Australians aged 65+ born from Culturally and Linguistically Diverse Backgrounds is projected to peak in 2016 at nearly 23 %, approximately one quarter of the total population aged 65+.

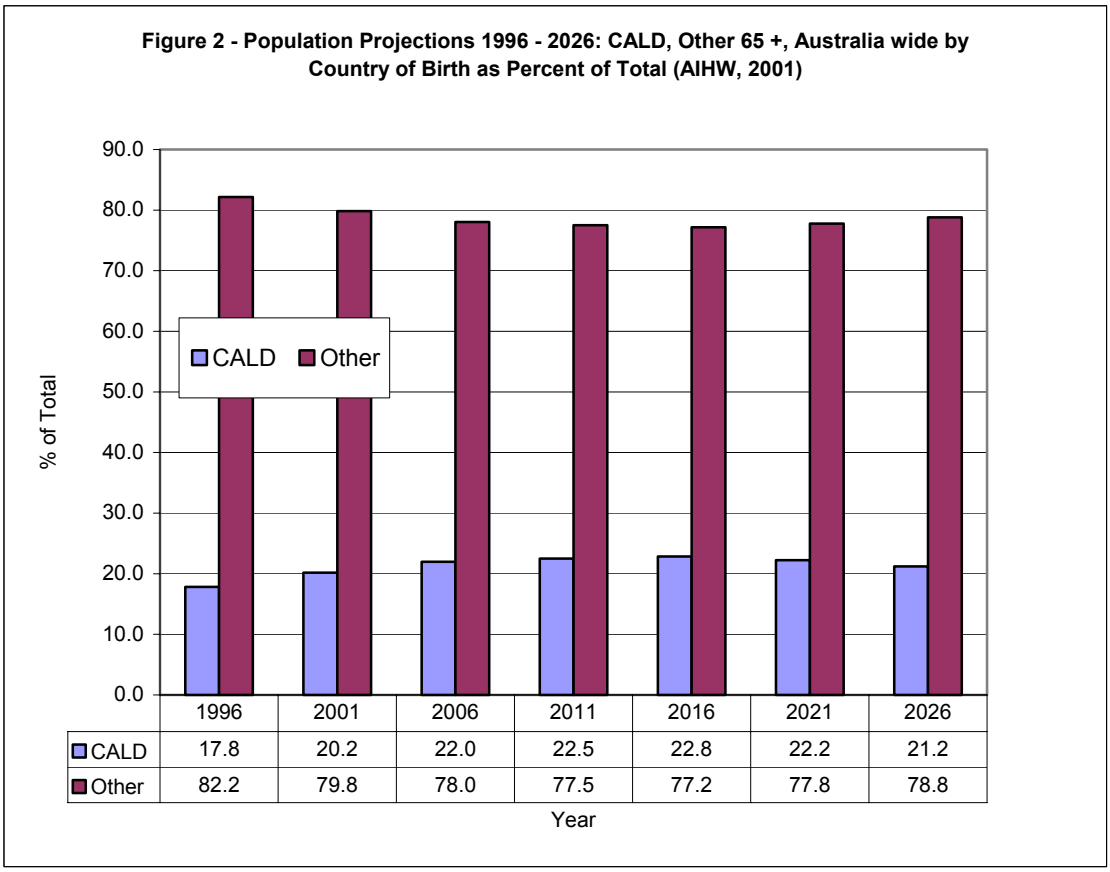
[1] Gibson D, Braun P, Benham C & Mason F (2001). Projections of older immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia. AIHW cat. No. AGE 18. Canberra: Australia Institute of Health and Welfare (Aged Care Series no. 6).

Table 1 - Population Projection 1996 - 2026: CALD and Other 65 +, Total Populations, Australia wide (AIHW, 2001)

	1996	2001	2006	2011	2016	2021	2026
CALD	392,800	479,395	567,944	653,801	780,743	871,007	939,822
Other	1,810,194	1,896,405	2,018,172	2,252,944	2,637,465	3,047,236	3,493,200
Total	2,202,994	2,375,800	2,586,116	2,906,745	3,418,208	3,918,243	4,433,022



	1996	2001	2006	2011	2016	2021	2026
CALD	0.0	22.0	44.6	66.4	98.8	121.7	139.3
Other	0.0	4.8	11.5	24.5	45.7	68.3	93.0
Total	0.0	7.8	17.4	31.9	55.2	77.9	101.2



	1996	2001	2006	2011	2016	2021	2026
CALD	17.8	20.2	22.0	22.5	22.8	22.2	21.2
Other	82.2	79.8	78.0	77.5	77.2	77.8	78.8

In line with the increasing demand that will follow these projected trends over the next 20 years, the simple fact is that the aged care sector will need to continue to develop mechanisms to improve both service accessibility for CALD communities and system responsiveness for clients from CALD backgrounds. Australia's unique demographic picture places us in a prime position to provide world leading culturally competent aged care across our multicultural population.[2]

Cultural competence:

There is increasing interest across Australia and overseas in the use of cultural competence as a mechanism to improve the quality and efficacy of care for the growing

[2] The importance of taking a multicultural approach has recently been outlined in the 2004 United Nations Human Development Report.

numbers of people from CALD backgrounds requiring and accessing service delivery systems. Cultural competence is an approach to human service delivery that is based in health education and training, particularly for the purpose of providing quality 'managed' care. Cultural competence recognises that culture is not restricted to ethnicity, but is a phenomenon that affects and is affected by each person interacting with, and working within a system. Therefore cultural competence can be implemented to improve a health system for all individuals accessing it: those receiving care; those providing care; and those designing care.

Cultural competence is most often defined as '… a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations'[3]. Cultural competence involves understanding how service delivery practices, at the personal, professional, organisational, and system levels, must change to work with the history, culture, lifestyles, and experiences of the individuals and groups that comprise the frame of reference for their lives. In this context, 'culture' refers to patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and / or an organisation within the context of the cultural beliefs, behaviours, and needs presented by other people. Cultural competence moves beyond, whilst being inclusive of, terms and strategies such as 'cultural awareness' and

[3] (U.S. Department of Health and Human Services Office of Minority Health (2001). Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. ACTION: Final Report. Available for download at http://www.omhrc.gov/CLAS/indexfinal.htm). Definition based on Cross et al., 1989; Isaacs & Benjamin, 1991

'cultural sensitivity', by enabling the effective monitoring and evaluation of service delivery to all clients.

Implications of Cultural Competence for the Current System:

The 1997 aged care reforms were partially successful in restructuring the funding mechanism, reducing Government capital provision and fostering quality improvement. However it remains that the industry has difficulty in demonstrating an ability to serve Australia's increasingly diverse populations. Professionally, the industry cannot be considered either clinically or programmatically effective unless the organisation and its personnel are always accountable for delivering culturally appropriate services in a competent manner. Similarly, emphasis must be placed on industry development and sustainability. In order for the industry to survive in the contemporary competitive, largely for-profit environment, providers must be capable of offering quality services to the significant proportion of the population from CALD backgrounds.

In line with the definition of cultural competence outlined above, it is important that the industry fosters competence at three levels:

- ***Personnel level***
- ***Service provision level***
- ***Systemic and organisational level***

The existing set of policy and program arrangements offer little scope for the development of knowledge, skills and procedures to meet the needs of clientele from CALD backgrounds. The current systems are not conducive to the implementation, monitoring, evaluation, or reporting of quality improvement mechanisms for clients

from diverse backgrounds. Systemic and management reforms are needed in order to create culturally competent organisations capable of attaining all standards of Best Practice.

We therefore recommend that the Commonwealth develop a cultural competency framework in consultation with each State, thereby enabling the evolution and delivery of aged care services with positive client outcomes and consistently high levels of client satisfaction across demographic boundaries.

Recommendation 1
The Commonwealth create a national committee to develop a cultural competency framework for aged and community care in consultation with the States and Territories.

Recommendation 2
The Commonwealth consult CALD communities so as to plan and develop appropriate aged care options in response to identified needs.

Recommendation 3
Additional Commonwealth funding is required in order to subsidise culturally competent service provision at 3 levels:
- Personnel
- Service provision
- Organisational / systemic

Terms of Reference: Discussion and Recommendations

a) The adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training

While we welcome the government initiative to provide an additional $11.6 million over the next 4 years to strengthen culturally appropriate aged care, we are concerned that there is no specific project outlined to develop sector cultural competency. We understand the Australian Government has developed the Ethnic Aged Care Framework

and funded a number of projects and initiatives that seek to assist both the aged care industry and ethnic communities and organisations develop and implement culturally appropriate care choices. However this program framework has short term goals and all programs are funded on a non-recurrent basis. There are no long term commitments from the Australian Government to meet the increasing demands of the CALD population . The Ethnic Aged Care Framework needs to be restructured from a program framework to a policy framework with a strategic focus and long term goals. Furthermore, it is pivotal for the Australian Government to develop a coherent and inclusive national aged care policy to fulfill its responsibility of caring for the growing culturally and linguistically diverse population.

Recommendation 4
The Commonwealth re-evaluate the existing Ethnic Aged Care Framework
- Shift from a program framework to a policy framework
- Commit to recurrent funding for ethnic aged care

The aged and community care sector continues to face significant workforce issues that need to be addressed in the near future if quality of care is to be maintained / improved. The general shortage of bilingual trained staff, the ageing of the workforce, and the lack of wage parity with other health sectors are paramount. Whilst we recognise that the labour shortage is a consequence of the growing shortage of nurses in all sectors of the health system there are specific problems of recruitment and retention of nursing staff in aged care.

Particular issues that need to be addressed immediately to improve skilled staff recruitment and retention are: the lack of wage parity with the acute care sector; poor working conditions; lack of educational opportunities and a clear career path; and the poor public image of aged and community care.

Recommendation 5
That the Commonwealth and States address and resource recruitment and retention of staff

Bi-lingual workers:

Due to the projected increase in the numbers of CALD clients over the next 20 years, the recruitment, training, retention and recognition of bi-lingual workers is set to become a paramount issue in the provision of culturally competent care. Bi-lingual workers are currently undervalued and under-utilised. In NSW, however it has become apparent that the Community Language Allowance Scheme (CLAS) available to State government employees is a good way of increasing recognition of diversity skills as an organisational asset. The CLAS includes a language allowance on community and residential employees' awards. Importantly, the scheme improves outcomes for clients (due to improved communication), whilst reducing the costs that burden many services utilising traditional interpreting services. Nevertheless, bi-lingual workers cannot replace the role of trained interpreters for medical and legal consultations or handling confidential matters. Moreover, in the absence of bi-lingual workers, access to trained interpreters at affordable rates is imperative.

Recommendation 6
That the Commonwealth and States investigate models that encourage recruitment, training, retention and recognition of bi-lingual workers

NESB staff and residents in all regions

The *Annual Data Collection of NESB residents and staff in residential care facilities in NSW (2002-03)* conducted by NSW TACS indicated that there were 5271 bi-lingual staff employed in those aged care facilities that returned the questionnaires (the return

rate is 54.4%) [4], of whom 862 work in regional, rural and remote facilities. There is quite a significant number of bi-lingual staff working in the residential aged care industry. To be able to provide care which is culturally sensitive, it is essential that all residential aged care staff have access to cultural competence training and are able to develop cross cultural communication skills in order to actively promote the cultural safety of the residents in their care. This applies for staff from English speaking backgrounds being culturally competent with clients from CALD backgrounds as well as for staff from CALD backgrounds being culturally competent with English-speaking clients.

Recommendation 7
The Commonwealth make provisions to ensure that all aged care staff are culturally competent and have access to cultural competence training

b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency

The protection of residents' rights and the regulation of quality standards are critical matters. Through the Aged Care Standards and Accreditation Agency and Department of Health & Ageing, the Government's intervention in aged care to promote quality and protect consumer interests is justified and welcomed. However, notwithstanding the assessment of Quality Standards 3.8, these mechanisms do not have a systematic measure to ascertain aged care facilities' ability and willingness to respond to unique client needs arising from an individual's culture. Moreover, there are no mandatory guidelines for providers to assess their ability to offer culturally appropriate services. Above all, the lack of culturally appropriate aged care places implies residents have less

[4] Data Collection of NESB residents and staff in residential care facilities in NSW is an annual data collection conducted by TACS. Questionnaires are sent to all residential facilities in NSW. In 2002-03 the return rate is 54.4%, out of 946 nursing homes and hostels, 515 returned their questionnaires.

opportunity to exercise choice, and thus necessitates governmental regulatory provisions for quality assurance and conditions of entry. It is recommended that the Accreditation Standards be amended to specifically consider cultural aspects of care.

Additionally, the cultural competence of Agency Auditors is of some concern to the review. In order to adequately assess the quality of cross-cultural service provision, assessors must necessarily hold some level of expertise in the field being assessed. Similarly, accurate assessment requires high quality, standardised assessment tools. For this reason, it is further recommended that standard assessment tools to measure cultural competency be developed and that all Agency Auditors be trained in cultural competency. The community increasingly looks to the national accreditation process for reassurance about the quality of care provided in each aged care home. Given the importance of culturally appropriate care provision, there is a need to develop national cultural competency standards by which services can be measured.

Accordingly, funding to the Aged Care Standards and Accreditation Agency will be increased by $36.3 million over the next four years to support auditing and monitoring against the quality standards. Provision should be allocated within this funding for cultural competency training and the development of practical assessment tools and guidelines for measuring cultural competency.

Recommendation 8
The Aged Care Accreditation Standards be amended to include specific consideration of the cultural aspects of care provision.

Recommendation 9
The Aged Care Standards and Accreditation Agency and Department of Health and Ageing develop and utilise standard cultural competence assessment tools:
Demonstrated Best Practice and expertise is essential

Recommendation 10
All Agency Auditors be trained in cultural competency in aged care service provision

We welcome the streamlining of the Resident Classification Scale and the new funding model with simplified resident categories to be introduced in 2006, along with the proposed new supplements to better target assistance for residents with higher care needs by supporting the provision of care for residents with dementia exhibiting challenging behaviours and residents requiring complex palliative nursing care. However, it is disappointing to note that no new supplements are proposed to assist service providers to cater for culturally and linguistically diverse clients, e.g. to meet interpreting and translation costs, or provide culturally appropriate diversional therapies. We encourage the Commonwealth - in consultation with services catering for the needs of CALD older people - to develop supplements to help services meet the additional costs of providing culturally competent care.

Recommendation 11
The Commonwealth – in consultation with services catering for the needs of CALD older people – develop supplements to help services meet the additional costs of providing culturally competent care.

c) The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements

According to the Commonwealth Guidelines for Assessment Services, Young People with Disabilities (YPWD) are entitled to enter aged care facilities. However this entitlement should ***only*** be exercised if they need the intensity, type and model of care provided in such facilities and no ***other more appropriate service is available***.

The above policy is supported by a number of overarching factors.

1. Services should, where possible, enhance the quality of life for consumers. Services should be provided in such a way and in an environment which is consistent with the norms and patterns of the rest of the community. Therefore the right of older people and people with disabilities to be supported in their own homes and in their own communities should, wherever possible, be encouraged.

   Older people and people with disabilities should be supported by residential services only when it is their wish and other support systems are unable to meet their assessed needs.

2. The provision of appropriate accommodation and support services for younger people with disabilities has been agreed, under the Commonwealth/State Disability Agreement (CSDA), to be the primary responsibility of the relevant State/Territory agency responsible for disability services. The CSDA currently provides that ***States have responsibility for the approval, administration and evaluation of disability service accommodation, independent living training, respite care, recreation, information and print disability services, with the Commonwealth Disability Program responsible for employment related services for this target group.***
3. Through the placement of younger people with disabilities in residential aged care facilities, access to services provided under the Aged Care Program for the frail aged target group is reduced. Nursing homes and hostels primarily cater for the needs of frail aged people who are no longer able to live in the community. The planning processes used to determine the number of

residential places in an area are based on the number of people aged 70 or over. Data on younger people with a disability are not included for planning residential aged services and therefore entry of younger people with disabilities to such facilities limits the availability of services for the primary target group.

For ***assessment*** considerations, the skills and experience of staff in aged care facilities generally indicate that they are not able to cater adequately to the specific needs of younger people with disabilities. When 'disability' is further seen as being cultural, the cultural competency of aged care workers and the organisation infrastructure will always pose challenges for the Aged Care Facility to provide individualised services for YPWD.

It is recommended that nursing home delegates should not approve entry until they are satisfied that all available care alternatives have been explored by or on behalf of the applicant and are found to be unsatisfactory - in line with legislative requirements. Ongoing review should be conducted to ascertain if / when more appropriate accommodation or support services become available. Should more suitable accommodation or care become available, the resident must be consulted and agree to any suggested service changes prior to initiating the change.

While the review is in agreement with the Commonwealth policy that residential aged care only be used for YPWD when no other care option is available, there is serious concern that there are no other service alternatives for this group. Aged care facilities are not an appropriate solution. Culture and age appropriate services must be provided.

Recommendation 12
A greater number of age and culture appropriate services be developed to cater for the needs of young people with disabilities

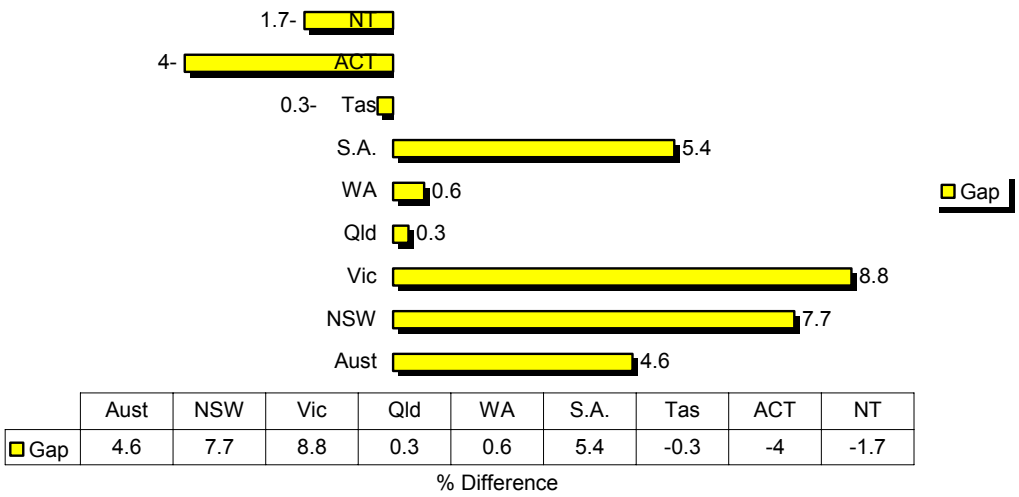
d) The adequacy of home and community care programs in meeting the current and projected needs of the elderly

Development of a National Culturally Competent Framework for HACC:

Whilst there are national HACC standards in place that encourage culturally appropriate service delivery, these standards do not provide a uniform national framework from which to deliver culturally competent care.

Current strategies in each State and Territory to improve both service responsiveness and accessibility for older people from CALD backgrounds are occurring in a piecemeal and isolated fashion. Figure 3 below, based on the 2001 - 2002 HACC MDS data, highlights the varying successes of such strategies. Whilst some States are performing well in terms of achieving equitable access for CLDB communities, others, such as NSW, Victoria and South Australia are performing less well.

Figure 3: % Gap between HACC usage rates and HACC benchmark -19.3 % - (DoHA, 2002), by NESC



	Aust	NSW	Vic	Qld	WA	S.A.	Tas	ACT	NT
Gap	4.6	7.7	8.8	0.3	0.6	5.4	-0.3	-4	-1.7

Given the projected rapid growth of CALD elderly people over the next ten years, the development of a national cultural competence framework to guide policy and program implementation would be a first step toward effectively monitoring the performance of each State and Territory as the numbers of clients from CALD backgrounds grows. There is an argument for a State-by-State approach to addressing local, contextual differences between States and Territories. This is an important consideration given the local nature of HACC service delivery, however, a national framework would provide an important guide for appropriate local development in a uniform manner. In addition, this would enable promising local capacities to be taken up nationally whilst providing a backbone for consistent service implementation, monitoring, evaluation and reporting.

The development, implementation, monitoring, evaluation, reporting, and resourcing of such a framework needs to occur at the Commonwealth level in consultation with each State and Territory. It would be timely for the Commonwealth to re-establish the disbanded National Multicultural HACC reference group to guide the development of a national cultural competency framework for HACC.

Recommendation 13
That the Commonwealth develop and implement a National Cultural Competency Framework for HACC services, to be driven by the re-established National Multicultural HACC reference group

Culturally competent initiatives for the HACC sector:

There are four broad initiatives that need to be employed to advance the capacity of HACC [5] programs and services in order to increase their accessibility and responsiveness to the growing number of clients from CALD communities. These are:

[5] A similar argument can be put forward for other community care programs such as Community Aged Care Packages

improving data collection and reporting; creating planning and funding allocation targets; sector capacity building; and community capacity building.

Improve current data collection and reporting:

Current data collection and reporting on the use of HACC services by people from CALD backgrounds is inadequate. Data from the HACC minimum data set (MDS), which could be used to assist effective planning of services to CALD clients, has not been released to service providers for the past two years due to its apparent unreliability. If the HACC sector is to meet growing demands for services for people from CALD backgrounds then it is fundamental that effective dissemination of reliable data occurs.

Recommendation 14
That the Commonwealth and States improve the reliability of data collection and implement concrete strategies for data dissemination in order to facilitate effective planning of services

Targets

The creation of planning and funding allocation benchmarks and targets, both for existing programs and new services, is an essential initiative to improve CALD communities' access to services. Targets should be established in consultation with representative groups; implementation plans should be developed based on these targets; and performance against such targets should be monitored and reported upon annually. In addition, there should be consequences for services who continually fail to appropriately cater for clients from CALD backgrounds.

Recommendation 15
That the States create planning and funding allocation benchmarks and targets for the provision of services to CALD communities

Sector capacity building

Targets alone will not improve outcomes. A significant component of enhancing equity lies in investing in the skills and knowledge of the service sector. Cultural competence needs to become a core training competency for workers across the aged and community care sectors. In addition, evaluation of current programmes and services is important so that future services can learn from the successes and failures of the past.

Recommendation 16
That the Commonwealth and States invest in cultural competence training across the HACC sector and in evaluation of current programmes and services for culturally competent practice

Community Capacity Building

Targets and sector capacity building will go a long way towards achieving equity, but without developing and building the capacity of ethnic communities themselves, equity cannot be achieved. This is even more important where the structures and beliefs of particular communities may differ from those of the systems delivering the needed services.

Greater emphasis on engaging with established and emerging ethnic communities will enable clients from CALD backgrounds to better articulate their needs; and services to respond effectively. Emphasis should be placed on working towards an informed understanding of the link between service delivery and the needs of clients and communities. This informed understanding should provide the foundation for the creation of active, sustainable, and ongoing partnerships between local communities and local service providers. In addition, the provision of culturally appropriate information

sessions and advocacy training for local communities will be important in raising awareness of the existence of responsive aged and community care programs and services.

Recommendation 17 That the States build the capacity of local communities to facilitate development of active partnerships between local communities and services

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