

Submission to Senate Community Affairs References Committee Inquiry into Aged Care from the Ethnic Child Care Family and Community Services Co-operative, 29th July, 2004.

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

While we welcome the English Language and Literacy Program to improve the literacy and language skills to 8,000 or more aged care workers, the expected increase in older people from CALD by 66% over a 15 year period – from 16% over 80 in 1996 and over to 26% in 2011, while Australian-born for the over 80s increase from 23% to 28%. (Pricing Review of Residential Aged Care, 9.8), it is also essential for cultural competency training to be provided to all Aged Care Workforce including GPs, Nursing Home staff, health and community care workers.

(b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

- (i) assessing and monitoring care, health and safety. – The agency is doing an excellent job in this area and they do make suggestions if the organisation which runs the hostel on how to improve these areas and to provide documentation to prove that the standards are followed. Also the fact that they do checks and visits between the times of Accreditation ensures that the hostels have to comply with the standard of health and safety of the residents.

(ii) identifying best practice and providing information, education and training to aged care facilities, and

- the clustering of people from CALD background in Nursing homes to break-down social isolation in a predominantly Australian born environment is an example of best practice as is the bilingual workers Community Visiting scheme in Nursing Homes.
- Some of the best practice models that I have been involved with were ethno-specific hostels and nursing homes, where the language, cultural, religious, social, nutritional, and other needs of the residents is of main concern and the staff of the facilities speak the language of the residents. Also they have in-service training for the staff in their language for them to be able to learn different methods of care and other requirements of the Standards. One such facility is the Greek Orthodox Community of NSW Aged Hostel in Woolcott Street, Earlwood as well as other ethno-specific aged care hostels and nursing homes. The other big plus for these centres is the involvement of those communities with these facilities and the residents live within their ethnic community networks, social links, and feel part of the community instead of being isolated. Also the various ethnic community organisations organise functions, outings, visits by cultural and artistic groups, observances of the national and religious festivals with which the residents identify and they feel part of the system.

- (ii) implementing and monitoring accreditation in a manner which reduce the administrative and paperwork demands on staff.
- One of the problems is the amount of paperwork which the various committees have to prepare for accreditation and in the case of ethnic organisations, there are limitations by the sponsors of the facility and they expect the staff to do all the work. This places extra strain on the staff and as there limitations in funding they cannot have relief staff to come in when the staff member, usually the Manager or Supervisor who has an understanding of Accreditation is expected to do this work. Further, it may help if training is provided to the sponsors and the staff about Accreditation so that they are familiar with the process.

ECCFCSC support the need for young people with a disabilities to be relocated from aged care facilities to appropriate care accommodation as:

- Young people with a disability have different needs to aged people in residential care, the majority of whom are over 80 years, for example sexual, social needs. Young people with a disability need stimulus to improve their quality of life, by interacting with their cahoots, training for employment, for example on internet, enjoying music and other dramatic and artistic endeavours.
- Residents with a special need, as young people with a disability from CALD communities, also require such stimuli but in addition need to interact and communicate with people from their ethnic communities, speak their home language, have cultural, religious practices thereby helping to improve their quality of life and continuing connection to their family and community.
- Young people with early onset of dementia - no comment
- Mental illness – as in the general Australian community people from ethnic communities with a mental illness should be relocated to appropriate supported accommodation as proposed by the NSW Government where they have their linguistic and cultural, religious and other needs met to improve their quality of life, assistance in undertaking training programs to re-enter the workforce and to interact with their cahoots, and ethnic communities.

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly;

- The HACC program has provided a valuable service to the elderly and assisted in keeping them at home as long as possible relieving the already over burdened hospital and health systems, however, because of lack of adequate funding it is limited in its scope to meet the needs of elderly people.
- Also most of the resources of HACC services go towards the elderly and young people with disabilities seem to missing out. It is important that funding of the HACC program should be targeted for younger people with disabilities.

- Of the 20.7% of people of 70 years of age from CALD communities in NSW only 13% of HACC recipients are born in a non-English speaking country, highlighting the need to improve services to people from CALD communities.
- It is also noted that the number of people of CALD communities will significantly increase compared to the Australian born, eg. from 16% over 80 in 1996 and over to 26% in 2011, while that for the Australian-born for the over 80s the increase is from 23% to 28%.
- ECCF&CSC supports the submission to the NSW Government by the Council of Social Service of New South Wales “fairer taxes & better services: social economic priorities for a fair and sustainable community: 2004-2005 State Budget” which highlights the need for improved and increased Home Care services for people with high care needs where the present waiting list is 300 for high needs pool” (p16). This is supported by the number of people from the Russian and Korean communities in Inner West area of NSW who have been unable to obtain Home Care service when referred for the service.
- The HACC service provision was to encourage the elderly people to remain in their own home for a longer period for time and yet HACC services referral can only be accepted if they have multi disabilities. If you are frail aged with aged related problems as decreasing strength to carry out everyday activities, as hanging the washing, meal preparation, house cleaning and doing gardening, you cannot obtain a HACC services.
- Our organisation is endeavouring to assist HACC services to become culturally and linguistically appropriate to meet the needs of CALD aged people. However, when we are successful in having CALD people to approach services the services cannot meet their needs because of the long waiting lists. Therefore, CALD people stop trying to obtain services.
- Another belief with HACC services which is prevalent is that CALD people are looked after by their families and do not need their services. This myth is wrong and as a result many CALD people do access services.
- HACC services also are reluctant to employ bilingual staff to facilitate more access to their services by CALD aged people.
- There is lack of respite services for the frail aged and younger people with disabilities especially those from CALD communities.
- The cost of HACC services precludes many people from CALD from accessing them.
- The lack of funding for the Home Care service precludes people from obtaining the service and in many instances people’s name is not placed in the waiting list because there are long waiting lists and people need to wait for the service for months.
- There is need for more funding for the HACC program to meet the projected demands for all aged especially those from CALD backgrounds, because the huge influx of immigrants in the 60’s, 70’s 80’s are now ageing and the ethnic communities have not made plans to cope with the demand for these people who are ageing and through the ageing process loose any English they have learned and revert back to their mother language, therefore, we need ethnic specific hostels and nursing homes to cope with the demand.

- Consideration needs to be given to providing assistance to ethnic communities which are most affected by the increase of aged people with capital funding to build their Aged Care hostels and nursing homes as some of them cannot fund raise to raise millions of dollars which are needed to build these facilities. One time the State and Federal governments had agreements and provided capital, and recurrent funding to make this possible
 - One of the major costs for building of aged hostels is land especially in Sydney with the rise of properties. The various Departments have land available and it would assist if they could provide the land to the various ethnic community voluntary non-profit organisations to build the hostel and nursing care accommodation.
- (d) The effectiveness of current arrangements for the transition of the elderly from acute hospital setting to aged care settings or back to the community.
- the new Compact agreement with teaching hospitals has significantly improved the situation to move the elderly from teaching hospitals with acute hospital settings to the community but unfortunately in NSW this program is not provided to other smaller hospitals. Additional funding needs to be made available to all hospitals.
 - There is the need to explore for Partnerships to be formed by the various hospitals and the ethnic communities in these transitions in order for these elderly people to be accommodated within their own communities and adequate information to be provided to the elderly and their carers on the options and best arrangements.