



ETHNIC COMMUNITIES' COUNCIL OF VICTORIA INC

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SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO AGED CARE

SUBMISSION

Established in 1974, the Ethnic Communities' Council of Victoria is a peak body representing a wide range of ethnic community, welfare and cultural organizations, and the diversity of communities that make up Victoria's population. The ECCV consults and liaises with its membership of 195 organisations on the various issues affecting Victoria's culturally and linguistically diverse population and aims to bring these issues and concerns to the attention of government. An essential part of the ECCV's work is that of our Aged Care Program and the discussions held in this Program highlight the issues pertinent to the equitable delivery of services in the aged care system.

It is generally accepted that Australia's population is ageing. It is also accepted that a considerable number of our aged people are of Non English Speaking Background (NESB).

According to the Australian Institute of Health and Welfare (AIHW) by the year 2011 some 22.5% of all elderly Australians will be from NESB. In fact the older population from NESB is not only increasing more quickly than those who are Australian born in terms of size but it is also increasing more rapidly to the extent that in 20 years from now one in four people over the age of 80 will be of NESB.

The statistics for Victoria are even more startling with projections indicating that 30.8% of all elderly Victorians by 2011 will be of NESB.

In some Victorian local government areas this percentage is already much higher. For example, the proportion of residents aged 65+ who are of NESB in the city of Brimbank is 67%, in Whittlesea 63% and in Greater Dandenong 52%. These representations are already well above the projections for 2011.

It is imperative that these statistics are given due consideration and the needs of elderly from culturally and linguistically diverse backgrounds be addressed, as presently there are no government policies or guidelines on the provision of culturally appropriate aged care.

The Ethnic Communities' Council of Victoria would like to briefly address the following aspects of the terms of reference relating to this inquiry.

In relation to:

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

The ECCV welcomes the creation of additional places under the Workplace English Language and Literacy program to assist aged care workers from NESB to improve their qualifications with a view to providing higher quality care, but given the population projections outlined above, we feel that these measures will not be adequate to meet an increasing need unless even more places for this purpose are created.

The creation of additional higher education places to increase the supply of registered nurses is also a positive initiative. However, there should be an emphasis on recruiting more students from particular language backgrounds to assist those NESB communities with larger ageing populations.

In relation to:

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

(i) in assessing and monitoring care, health and safety

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

It is the view of the ECCV that the Aged Care Standards and Accreditation Agency does not deal with cultural diversity very effectively for the following reasons:

- Cultural diversity is addressed only superficially in Resident Lifestyle Standard 3 (3.8)
- Cultural diversity needs to be effectively addressed across all the Standards, as all are relevant in meeting the full range of individual care, health and safety needs. (See for example Partners in Culturally Appropriate Care Victoria's publication *Cultural Diversity Workbook*, which integrates the implementation of culturally appropriate care with the Aged Care Standards).
- From perusal of the reports of accredited facilities it is evident that basic requirements such as utilisation of interpreting services, culturally appropriate assessments, informed consent and comprehensive culturally appropriate care plans are not evident.

Furthermore, there is little evidence that Aged Care Standards Agency assessors utilise interpreting services during their assessment visits to facilitate effective communication with residents who do not speak English, hence their assessments are not useful in informing about standards of care and the experiences of NESB residents.

In relation to:

(c) the adequacy of Home and Community Care Programs in meeting the current and projected needs of the elderly.

There is considerable data available (e.g. HACC Minimum Data Set, DHS Victoria) which indicates that people from NESB backgrounds are relatively under represented in using core HACC services such as home care, delivered meals, personal care, in home respite and property maintenance, compared with people whose first language is English.

It is important that people from NESB communities have fair and equitable access to HACC services available. Given the current proportions of ageing people within NESB communities and the projections outlined above, it is important that the issue of underutilization be addressed as a matter of priority.

The HACC service system is already under enormous pressure, in part, due to the fact there is a severe shortage of residential care places.

The ECCV believes that funding allocations for HACC are presently inadequate in meeting the needs of our ageing population in general, let alone the particular needs of a rapidly increasing NESB ageing population. It is our view that future HACC funding should recognize the significant increases in the number of older persons from NESB.

Furthermore, it is our recommendation that there be:

- (i) increased flexibility in the design of HACC services, as not all current HACC services are suitable for NESB elderly people,
- (ii) increased consideration and funding to support ethno-specific delivery of HACC services, especially social support programs, the preventative value of which is evidence based, and
- (iii) increased support and funding for the HACC in-home respite program, the value of which is underrated for NESB communities, despite the high utilization of the program by NESB communities (as indicated in research).

It is also our belief that NESB ageing communities require specialized intervention strategies such as the availability of bi-lingual assessment and care workers and extensive information initiatives within NESB communities to inform them of the availability of HACC services.

These increased HACC resources are required to meet community need as well as to prevent early or unnecessary entry into residential facilities. The cultural appropriateness of aged care services and resources, in terms of both quality and quantity, and the measures which allow for such services ought to be a significant component of the overall aged care service system.

