Submission to the Review of National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds

May 2017

Section 1. The aged care sector and care for people from CALD backgrounds

1.1 How prepared do you think the aged care sector is to meet the needs of older people from CALD backgrounds and their communities?

As a provider of the National Aged Care Advocacy Program (NACAP), ADAA regularly supports older people to access appropriate aged care services and raise concerns regarding their aged care services. ADAA employs advocates dedicated to providing culturally appropriate advocacy support to older people from CALD backgrounds. The CALD advocates have identified a range of recurring issues that suggest that the aged care sector is not adequately prepared to meet the diverse needs of older people from CALD backgrounds. Common issues experienced by older people from a CALD background include:

- Potential consumers are not aware of what types of aged care services are available or how to access them.
- Language diversity, low levels of literacy and computer literacy make it difficult to access information about the aged care system online.
- Service providers are not utilising professional interpreters to engage with consumers.
- Important information as consumer care plans, service agreements and budgets are not available in any language other than English and are therefore not understood.
- An inability to communicate with care staff about their daily needs due to a lack of bilingual / bicultural staff.
- Difficulty communicating on the phone also makes it difficult to access information from MAC.
- MAC will make two calls to a client after receiving a referral. The calls are placed no less than four hours apart but if the client does not respond to the messages left by MAC, the referral is closed. ADAA notes that non-English speaking consumers have difficulties responding to phone messages that are made in English.
- Information being provided when making referrals via MAC is not being accessed or read by assessors and appropriate communication is not being utilised – e.g. interpreters or language liaison workers for languages that currently do not have accredited interpreters available.
1.2 As an individual or carer, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

Not applicable

1.3 As an organisation, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

In recent years, there have been a range of training programs and resources developed with the aim of increasing cultural competency within the aged care sector. Despite this, ADAA has seen minimal improvements to care and services delivered to older CALD consumers. There appears to have been little in the way of support to assist aged care services to put the theories promoted through training and resources into work practice. ADAA offers suggestions on how the aged care sector could be better supported in Question 5.3.

1.4 Before receiving notification of this submission open round, were you or your organisation aware of the existence of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy)?

Yes, ADAA was already aware of the existence of the national Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy).

Section 2. Principles of the CALD Strategy

The Strategy is based on the following five principles:

- **Inclusion** - The needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis.

- **Empowerment** - Older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to maximise their use of the aged care system.

- **Access and Equity** - All areas of aged care understand the importance of and deliver culturally and linguistically responsive care.

- **Quality** - Care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers, and are assessed accordingly.

- **Capacity Building** – Individuals from CALD backgrounds and CALD communities have the capacity to both articulate their ageing and aged care needs and be involved in the development of services and the workforce to meet these needs.
1.5 What concrete steps, if any, have you seen towards the implementation of the ‘Inclusion’ principle over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

1.6 What concrete steps, if any, have you seen towards the implementation of the ‘Empowerment’ principle over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

1.7 What concrete steps, if any, have you seen towards the implementation of the ‘Access and Equity’ principle over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

1.8 What concrete steps, if any, have you seen towards the implementation of the ‘Quality’ principle over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

1.9 What concrete steps, if any, have you seen towards the implementation of the ‘Capacity Building’ principle over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

1.10 Are these Principles still relevant?

Yes, ADAA considers these overarching principles as still relevant.

2. Goals of the CALD Strategy

The Strategy’s high-level Principles were complemented by six specific goals:

- **Goal 1** - CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.
- **Goal 2** - Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care.
- **Goal 3** - Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services.
- **Goal 4** - Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers.
- **Goal 5** - Enhance the CALD sector’s capacity to provide ageing and aged care services.
- **Goal 6** - Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.
2.1 – 2.7 What concrete steps, if any, have you seen towards the implementation of the ‘Goals 1-6’ over the past 5 years?

ADAA has listed the concrete steps achieved by the Strategy in Question 5.1.

2.8 Are these Goals still relevant?

Yes, ADAA considers these goals as still relevant.

3. Experience of the CALD Strategy

3.1 In terms of the CALD Strategy, what do you think the government and the aged care sector has done to improve access to and provision of inclusive and appropriate aged care services for people from CALD backgrounds?

ADAA considers the following actions implemented under the Strategy, as positive steps towards improving access to and provision of inclusive and appropriate aged care services for people from CALD backgrounds:

- The expansion of access to (subsidised) government funded translating and interpreting services to CHSP providers/consumers.
- The translation of the Charter of Rights and Responsibilities into 18 languages. These new resources have assisted advocacy services such as ADAA to inform CALD consumers about their rights and when receiving a Home Care Package or Residential Care.
- The translation of MAC and Aged Care Complaint Commissioner (ACCC) factsheets.
- Engagement with the CALD ageing sector throughout the aged care reform process. ADAA acknowledges that these groups have expertise in CALD ageing and is supportive of consultative processes that seek the involvement of these groups.
- The provision of education to both consumers and service providers through the PICAC program.
- The provision of Community Visitor Scheme (CVS) funding to ethno specific organisations. The Status Report indicates that 40% of CVS services are ethno specific.
- Localised supports and programs for CALD communities through the provision of grant funding. It would be beneficial to explore which of the programs have been successful and have the potential to be replicated more broadly.

3.2 In terms of the CALD Strategy, do you think it aligns with broader aged care reform such as ‘Increasing Choice’? If so, please provide more detail.

The Increasing Choices in Home Care reforms have provided consumers from CALD backgrounds with greater opportunities to access the culturally appropriate care that has been envisioned in the Strategy. The case study below provides a demonstration of this:

ADAA’s CALD Advocate provided advocacy support to a visually impaired, Arabic speaking woman who had approval for a level 4 Home Care Package. The client accepted a package with a mainstream service as this was the only organisation that had a Level 4 package available in her area. Prior to the introduction of the Increasing Choices reforms the service provider refused to broker to an organisation with Arabic speaking staff. The mainstream service tried to employ their own Arabic speaking staff and were unsuccessful. As an alternative, it was suggested that the client use funding from her Home Care Package to purchase a $2000 communication device that would allow her to communicate with their English-speaking staff. This suggestion would have drained the client’s budget unnecessarily and wouldn’t have been effective due to the client’s visual impairment that would restrict her use of the...
device. The Increasing Choices reforms have allowed this client to transfer the provision of her package to the ethno specific service that have Arabic speaking staff.

These reforms have also provided many ethno specific organisations to expand the service and supports that they were previously providing (with the opportunity to enter the Home Care Package market for the first time), increasing the culturally appropriate options on offer to CALD consumers. The reforms that have increased the functionality of MAC as the single-entry point of the aged care system have not aligned well with the Strategy. The Strategy is focused on empowering CALD consumers to understand and access the aged care system but the complexity of the MAC system is not conducive to this. ADAA explores concerns with MAC in greater detail in Question 5.3.

3.3 In terms of the CALD Strategy, where do you think the government and the aged care sector need to improve?

Information for CALD consumers
The aged care system has become increasingly complex. Consumers are required to complete a multitude of steps before they can access care. These processes are confusing for many older people, particularly those who do not speak or read English. Further to this, there is a lack of awareness about the range of services, supports and resources that have been developed to assist CALD consumers to enter and receive culturally appropriate care. ADAA considers it essential that further work be done to improve access to information and supports for CALD consumers seeking and receiving aged care services. Suggested strategies include:

- Ensuring the translated material that are currently available online are easier to locate on websites such as MAC and the ACCC website. The Department of Human Services website does this well, with an identifiable button at the top of each page that can be clicked on to allow consumers to both listen or read translated materials - https://www.humanservices.gov.au/customer/information-in-your-language.
- Equipping relevant government websites with the technology to translate information available on webpages. The Status Report suggests that the MAC website is equipped with this technology but ADAA has not been able to locate this functionality.
- Translating Department of Human Services forms and correspondence that are essential to the provision of aged care services. For example, aged care financial assessments.
- Ensuring important correspondence from the Department of Health such as Letter of offer /allocation of a Home Care package letters are translated where appropriate. This may require the Department to collect and utilise client data more effectively to ensure mail out systems recognise where translation or interpreting services are needed. There is often an assumption that an English speaking relative or friend is relatively available to read and translate correspondence, but the reality for many is that letters regarding care services may sit on the consumer’s kitchen for a couple of weeks before a family member is able to visit, read and action a letter. There are also many people who do not have family to assist.
- Develop a targeted communication plan for increasing awareness of aged care services amongst CALD communities. Older CALD consumer are often faced with language, literacy and computer literacy issues and therefor digital/online materials should not be the primary communication method for delivering information to CALD consumers. Strategies should focus on increasing face to face engagement and education with CALD communities, the use of ethno specific radio stations and the targeting of information to younger CALD generations who can play a role in informing their Elders about available aged care options.
- Increased promotion of advocacy services available to assist CALD consumers to access and resolve issues with aged care services. Enhanced partnerships between, NACAP, PICAC and ethno specific CVS programs may enhance efficiencies.
Targeted Training
Cultural competency training is primarily attended by frontline workers. Whilst it is imperative that frontline workers have an understanding and respect for cultural diversity, the key strategies promoted through these training programs cannot effectively be put into practice without the ongoing support of management.

ADAA suggests that the targeting of cultural competency training at the management level may assist in growing cultural competency within aged care organisations. After all, it is the management and coordinators of services that are in the position to influence practices such as the recruitment of bilingual staff, the assessment of cultural needs throughout the care planning process, the implementation of culturally inclusive policies and procedures and registration with Translating and Interpreting Services (TIS).

Incentives for Service Provider
The training and resources to support services to implement culturally appropriate care are available but they are not being put into practice. ADAA acknowledges that the development of culturally appropriate practices requires an investment of time and resources, and suggests that perhaps there is a lack of incentives encouraging aged care services providers to make this investment.

ADAA Australia notes that the MAC website allows service providers to publicly list the cultures and religions that they cater for. Many mainstream services indicate that they provide care to multiple cultural and religious groups. The fault in this system is that the services provider self-assess and self-publishes this information and there is no mechanism to validate they are in fact delivering cultural appropriate care. ADAA has concerns that this information may be misleading for CALD consumers.

ADAA suggests that a CALD accreditation/auditing system (like the Rainbow Tick Standards) be established to support service providers to understand and implement CALD inclusive service delivery practices. Service providers should not be listed as culturally responsive on MAC unless they have been successfully accredited against the Standards. CALD Accreditation then becomes a point of difference an incentive and a marketing tool that service providers can use to promote and grow their services in the competitive aged care market. This accreditation system could be mutually recognised under the relevant sections of the Aged Care Quality Standards.

Quality
ADAA considers it is essential that aged care service providers be made accountable for the delivery of culturally responsive care. ADAA is concerned that the Draft Aged Care Quality Standards do not clearly document expectations around the provision culturally responsive care and service delivery.

ADAA suggests that any guidelines/manuals developed to support service providers to meet the new Aged Care Quality Standards should provide guidance and examples of best practice in this area. ADAA also suggests that the Aged Care Quality Assessors be appropriately trained, so that they understand and recognise what is culturally inclusive and responsive care and offer service providers support and guidance where necessary.

Interpreting services
The Status Report indicates that under the Strategy, aged care services have received communication regarding free access to TIS. In ADAA’s experience, there is still a general lack of knowledge and experience amongst aged care service providers when it comes to accessing and using free translating and interpreting services. As a result, many aged care service providers communicate with the consumer’s family members rather than engaging a professional interpreting service. This means the consumer is often not involved in the discussions and decisions made regarding their care.
ADAA has concerns with regards to the translation of important documents such as client agreements, care plans and budgets. In ADAA’s experience these documents, essential to the care of the consumer are rarely translated for non-English speaking CALD consumers. ADAA maintains that Client agreements are legal documents and CALD clients should be given the opportunity to process them appropriately before signing them. ADAA suggests that further consideration be given to how to effectively upskill the aged care workforce on accessing and utilising interpreting and translating services.

**Bilingual staff**
CALD consumers need to be able to communicate their daily care needs, provide instructions and engage in meaningful conversation with their care workers. With subsidised access to TIS limited to care planning and review and the engagement of advocacy support, it is essential that aged care providers employ bilingual care workers to ensure that linguistically diverse consumers can communicate their daily care needs and engage in social conversation. A lack of bilingual staff can be particularly difficult and isolating for non-English speaking consumers in residential aged care who may only receive occasional visits from family members and friends.

Whilst there are resources that can assist in overcoming language barriers such as communication cards and translating applications and devices, these resources are not always accurate in their translations and can limit opportunity for detailed discussion. In the community, it is sometimes suggested that these types of resources should be purchased through the consumer’s home care package, reducing the amount of funding available for a consumer’s direct care costs.

In ADAA’s experience, it is rare for aged care service providers to actively recruit bilingual staff. Some of the organisations that do employ bilingual staff are not efficient in the matching of care workers and consumers. Often this due to a lack of communication between care coordinators and rostering teams. ADAA notes that the 2017 Budget provides $1.9 million over two years to establish and support an industry-led aged care workforce taskforce. ADAA recommends that the aged care workforce taskforce give serious consideration to how the recruitment of bilingual staff can be increased.

**My Aged Care**
It is essential that MAC, the single-entry point for the aged care system, is accessible and responsive to the needs of CALD Consumers. Although there has been some progress towards improving the accessibility of the MAC system for CALD Consumers, there are still several areas that require attention. ADAA recommends that consideration be given to:

- Improving the accessibility of information available on the MAC website by making translated materials easier to locate and equipping the MAC website with a translating function.
- Adapting MAC processes and polices to allow greater flexibility when responding to CALD consumers. For example, MAC will only work with accredited interpreters. This presents challenges for older people from small language groups that are not represented by TIS.
- Recognising that face to face support is the best approach for CALD Consumers and widely promoting and supporting options that provide face to face supports. For example, NACAP services can provide CALD clients with face to face support to liaise with MAC and begin the process of accessing aged care services but MAC will not recognise NACAP advocates as professional client representatives.
- Delivering further training to MAC staff on working with TIS and providing culturally responsive care.
- Improving quality processes within the MAC call centre. In ADAA’s experience MAC will often fail to accurately record important client information. For example, failing to inform Regional Assessment Teams that they will need to book an interpreter for a client assessment or misspelling client names which then makes it difficult to match Medicare records.
Consultation
ADAA is certain that many of the issues that have been raised through this consultation process have been raised by CALD consumer representatives in the past. ADAA would like to see measures put in place to ensure that future consultation is meaningful with evidence that the suggested improvements put forward by CALD consumer representatives have been actioned. This will require greater transparency and accountability from government.

4. Aged Care Diversity Framework

The Strategy is going to be replaced by a broader Aged Care Diversity Framework (the Framework), aimed to build on existing efforts to provide guidance for providers to embed better practice in their service delivery to better meet the diverse needs of older people.

Under the Framework, an action plan for people from CALD backgrounds will be developed.

Your feedback will help to identify broader issues to be incorporated in the development of a CALD action plan in the Framework.

4.1 What themes or issues do you believe the Framework should include/address?

ADAA notes that the current principles and goals are still relevant and should be included in the Aged Care Diversity Framework.

With the Aged Care Diversity Framework designed to cater for all the special needs groups under the Aged Care Act, 1997, ADAA considers it essential that the Framework acknowledges that the various special needs groups are not mutually exclusive. For example, an older person may identify as CALD and as Lesbian, Gay, Bisexual, Transgender or Intersex.

4.2 What issues or specific actions do you believe should be included in the CALD action plan that will be developed under the Framework?

Please refer to issues and suggested actions documented in response to Question 5.3.