



**ethnic
communities'
council of
victoria**

A proposal for an Ageing and Cultural Diversity Strategy

For political parties in the lead up to the 2007 Federal Election

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Foreword



Australia is currently experiencing a huge shift in its demographic profile. Decreasing birth-rates, increasing longevity and cultural and linguistic diversity (CALD) have culminated to a time where we are about to witness a significant increase in the number of CALD older Australians. In the interests of decent service and welfare planning, it makes good sense for our Commonwealth Government to develop an *Ageing and Cultural Diversity Strategy*.

With this ever increasing diversity in our older population, it is time that all governments treat our ageing multicultural population as an important public policy issue that needs to be addressed in its own right to ensure that aged care services will be culturally responsive now and into the future.

We must acknowledge that the lack of accessible information in relevant languages is a major contributing factor to the isolation of older individuals from smaller communities, particularly when community members are dispersed across Australia.

The lower than average use of aged care services by CALD older Australians due to language and cultural barriers highlights the difficulties that such people face during their more vulnerable years.

A carefully developed *Ageing and Cultural Diversity Strategy* will enable older Australians from non-English speaking and culturally diverse backgrounds to have equal opportunity in accessing the variety of aged care services at a time when they need those services most.

On behalf of Ethnic Communities' Council of Victoria, I urge the Government and Opposition parties to adopt a bipartisan approach in the development of an *Ageing and Cultural Diversity Strategy*. This will ensure that our older multicultural population will receive decent, equitable and culturally competent aged care and support services.

Marion Lau, OAM, JP
Immediate Past Chairperson, ECCV
Chair, Aged Care Policy Committee, ECCV



Executive Summary

Many of Australia's post-war migrants are moving into a period of their lives where they are likely to require aged care and support services. It is predicted that by 2011, the culturally and linguistically diverse (CALD) population aged 65 plus will increase to make up approximately 23% of the older Australian population (AIHW 2001). Many older migrants require culturally competent care around areas like language and culture. It is acknowledged that people with dementia often revert to their first language and require language specific care.

It is now evident that culturally competent service planning and delivery is critical to effectively meeting the needs of this growing cohort of our older population. The next Commonwealth Government should commit to a comprehensive *Ageing and Cultural Diversity Strategy* involving all aspects of Commonwealth funded aged care and Positive Ageing programs.

Key Recommendations

The Commonwealth Government should implement an *Ageing and Cultural Diversity Strategy* to improve the quality of care and support for CALD older people and their carers.

The strategy would:

1. Mandate that cultural competency be integrated as a key service standard for all aged care and Positive Ageing programs.
2. Strengthen the capacity of all service providers including ethno-specific and multicultural service providers who provide cost-effective and culturally appropriate care, to both better support their CALD communities as they age and provide for greater consumer choice in aged care and support services.
3. Develop and implement a flexible funding model to support all providers to deliver flexible service responses across both community aged care and positive ageing program areas. This could be achieved via direct service funding or brokerage agreements with partner agencies, with the aim of achieving culturally responsive and person-centred continuity of care.
4. Develop and implement a language services policy for all federally funded aged care programs to support both clients and staff with low-level English language proficiency.
5. Conduct research into CALD communities' experiences and perceptions of elder abuse so as to inform the development of a responsive national elder abuse prevention strategy that builds on the recent reforms related to reporting of abuse in the residential aged care setting and ensures CALD older people are appropriately targeted with regards to elder abuse prevention measures.
6. Undertake extensive research into CALD older people to detail their needs and expectations of Positive Ageing in order to inform the development of a national strategy for Positive Ageing, including the identification of best practice in particular states.



7. Ensure that aged care workforce development strategies are responsive to the growing need for culturally competent service provision.

Ethnic Communities' Council of Victoria (ECCV), as the peak advocacy body for multicultural communities in Victoria, commends this *Ageing and Cultural Diversity Strategy* and calls on the Commonwealth Government and opposition parties to collectively commit to such a strategy in their pre-election policy statements.



Introduction

It is well known that Australia's population is ageing as a result of increased life expectancy coupled with decreased birth-rates. As the current population ages, we can also expect to see an growing CALD ageing population that will require a culturally responsive, flexible, and consumer orientated aged care and support service system.

People from CALD backgrounds are ageing more rapidly than their Australian born counterparts (AIHW 2001)¹. In 1996, 17.8% of the older (65 plus) population came from CALD backgrounds. By 2011, this figure is expected to grow by 66% and account for approximately 23% of all older Australians, compared with a growth rate of just 23% for the Australian born population. Moreover by 2011, one in every five people aged 80 or over will be from a CALD background, increasing to one in every four people by 2026 (AIHW 2001).

Australia's population is experiencing various shifts in its demographic profile. Statistics gathered at the 2006 census demonstrate the increasing diversity within Australia's general CALD population. The largest non-English speaking countries of origin are currently China, Italy and Vietnam, and the languages after English most commonly spoken at home are Italian, Greek, Cantonese, Arabic and Mandarin.

Figure 1 shows the languages other than English most commonly spoken by our older population. Currently, European languages such as Italian, Greek, Croatian and German are most commonly spoken, with predictions of a growing proportion of older people who will speak Cantonese and Arabic languages over the next decade.

Figure 2 supports this notion of demographic change in our older population, indicating a growing Chinese and Vietnamese born population emerging over the next decade. Our older Italian and Greek born communities are expected to peak within the next five years. Interestingly, after these populations peak, the Greek older population will remain high in numbers over the next decade, in comparison to the rapidly decreasing older Italian population.

¹ Older persons from culturally and linguistically diverse backgrounds are defined for the purpose of this report as persons aged 65 or over, born overseas in countries where English is not the main language spoken



Figure 1

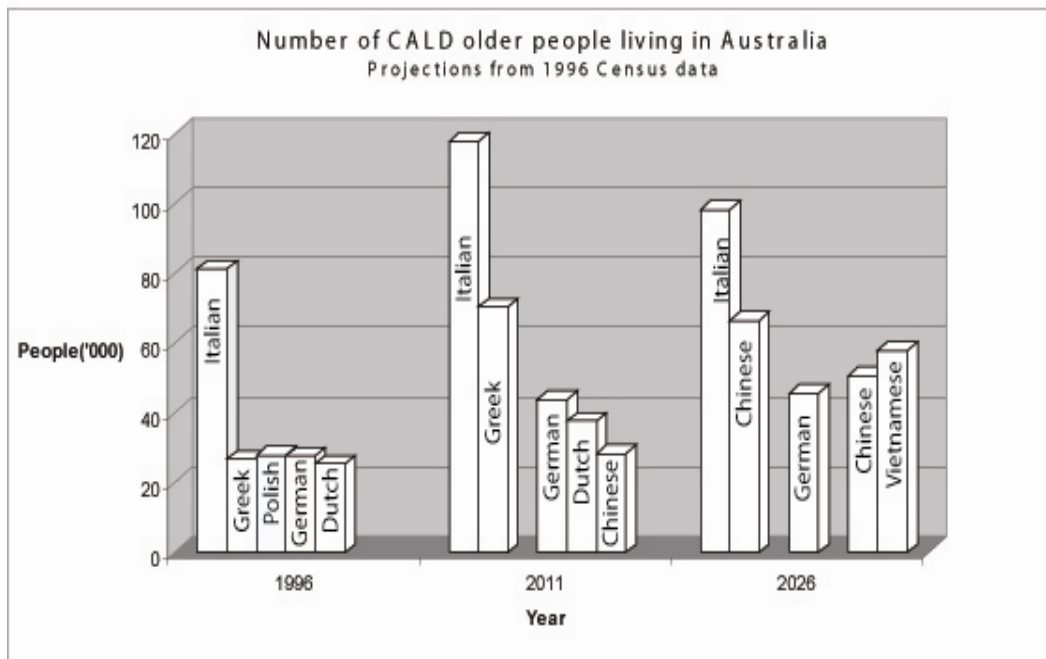
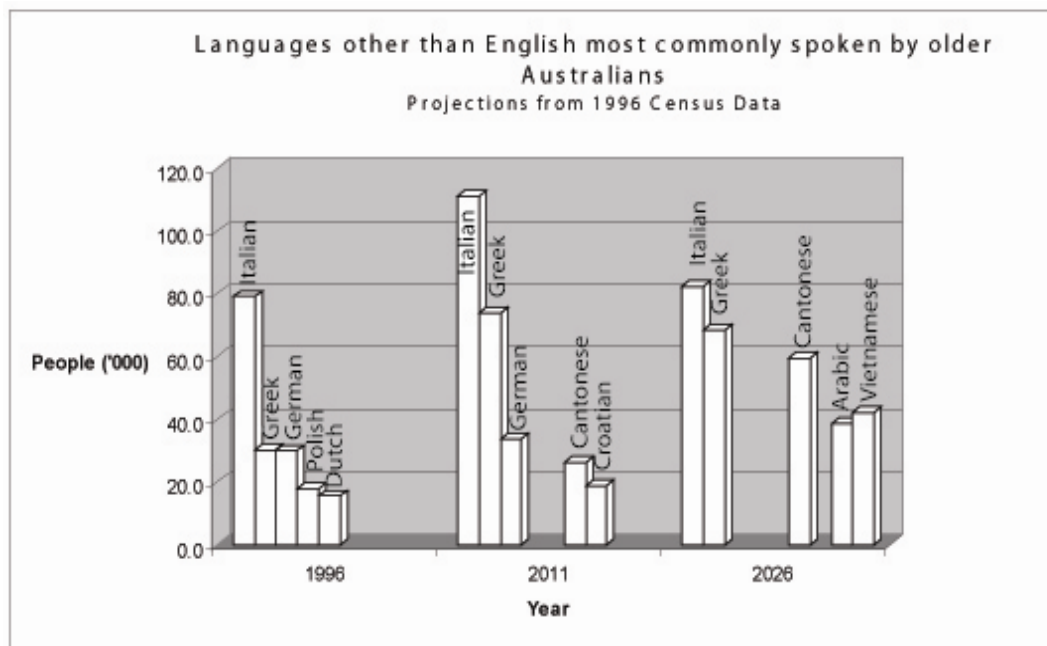


Figure 2



Source (Figure 1 & 2): AIHW, 2001, Projections of Immigrants, People from culturally and linguistically diverse backgrounds, 1996-2026, Australia.



The changing demographics of our CALD older population present some very real challenges for our aged care service system. Good service planning for both immediate and future needs of older CALD population groups will need to be given prominence if we are to create a fair and accessible system. There will need to be an increased focus on preventative health or Positive Ageing programs complimented by an aged care service system that provides quality care and support to our increasingly diverse older population.

Currently, there is not an explicit diversity policy attached to Commonwealth funded aged care programs. However, the Principles of the Aged Care Act (1997) make reference to accreditation and care standards within residential aged care facilities, which highlight the need for “individual interests, customs, beliefs and cultural and ethnic backgrounds... [to be] valued and fostered.”

Commonwealth funded services are also accountable to the *Charter of Public Service in a Culturally Diverse Society* (1998). The Charter is “aimed at ensuring government services meet the particular needs of users... (acknowledging that) in a culturally diverse society like Australia it means making services culturally appropriate, accessible, consumer-orientated and effective.”

Furthermore, Commonwealth funding of the Partners in Culturally Appropriate Care (PICAC) programs and the Community Partners Program (CPP) projects in each state and territory aim to support Commonwealth funded aged care services to better engage with CALD communities and make their services more accessible and appropriate to them.

Whilst these programs assist in responding to the increasing CALD older population requiring access to aged care and support services, there remains a need for a holistic, multicultural ageing and aged care strategy covering all Commonwealth funded aged care services and Positive Ageing initiatives.

Furthermore, data from the 2006 ABS census indicates that approximately 6% of Australians aged 65 plus indicate that they do not speak English well, or not at all. This means that there is currently double the number of older people with low-level English language proficiency than the overall population. Low-level English language proficiency remains to be a fundamental barrier to access for many CALD older people. The implications of this for our aged care and general health and welfare systems must not be ignored.

Ethnic Communities' Council of Victoria (ECCV) as the peak advocacy body for multicultural communities in Victoria supports the development and implementation of an *Ageing and Cultural Diversity Strategy* which meets the needs of older Australians from CALD backgrounds. This would be a carefully researched and developed, high-level strategy that would map the service responses required to achieve a culturally responsive aged care service and support system.

The paper will briefly analyse current aged care policies and provide brief recommendations in some of these areas. ECCV believes an *Ageing and Cultural Diversity Strategy* will ensure that Australia's ageing multicultural population will receive appropriate care and support at a time when their needs are most pertinent.



1. Residential Aged Care

Residential aged care is an important component of the aged care service system. Residential aged care services aim to support older people who are experiencing increased frailty and complex care needs, or who may have an illness or disability and are no longer able to live in their homes. Residential aged care facilities provide accommodation complimented by, but not limited to appropriate nursing, personal care, meals and cleaning services.

Residential aged care facilities look after people with a greater degree of frailty and who often need continuous care. As previously stated, by 2011, one in every five people aged 80 or over will be from a CALD background increasing to one in every four people by 2026 (AIHW 2001). Evidently, CALD older people represent a growing and significant cohort of consumers of residential aged care services.

Residential aged care facilities are regulated by the Commonwealth through the *Aged Care Act 1997* and accompanying Principles. The Act and its related Quality of Care Principles stipulate the responsibility of approved providers of Commonwealth funded aged care services (including both residential and community care) to provide care that meets the specific cultural and language needs of CALD clients.

Part three of the Quality of Care Principles relating to Accreditation Standards and Residential Care Standards specify that:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within residential care service and in the community.

A key indicator of this is specified to be “cultural and spiritual life [where] individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.”

The Act and its related principles demonstrate the Commonwealth’s intent to ensure equitable access to culturally appropriate residential aged care services by older people.

Furthermore, ECCV acknowledges the good work undertaken by PICAC programs in sensitising Commonwealth funded residential aged care facilities to the needs of CALD residents. ECCV also acknowledges the important work done by ethnic and multicultural organisations receiving CPP project funding to foster greater communication between CALD communities and residential aged care service providers and improve CALD communities’ awareness and knowledge of aged care services.

Despite these effective community education programs, anecdotal evidence suggests that many residential aged care providers still lack awareness of their rights and responsibilities in providing culturally and linguistically appropriate care. Of great concern is anecdotal evidence presented to ECCV suggesting that many providers often fail to engage interpreters or utilise translated materials when communicating with CALD older clients. Reasons for this may include some providers’ lack of knowledge and/or experience in effectively utilising language services, or the perceived high financial cost of utilising language services.



Aged Care Assessment Teams (ACATs) assesses potential clients and approves eligibility for entry into residential aged care facilities. Once a client moves into a facility, they undergo a more in-depth assessment in order to determine the level of care they will require. Clients assessed as requiring assistance with communication should be provided with access to appropriate language/communication services. This cost is built into the Residents Classification Scale (RCS), the basis upon which a subsidy is paid to the facility.

ECCV believes that significant attention needs to be given to further embedding culturally responsive care into residential aged care accreditation and quality frameworks. These “cultural competency” standards should, at the very least mandate:

- that all providers utilise language services to support clients with low-level English language proficiency whenever they are required to make significant decisions concerning their lives, or where essential information needs to be communicated to inform decision making
- that all management and staff working directly with CALD residents complete uniform cross-cultural training courses that meet their practical needs
- that providers develop organisational policies and guidelines for working with clients from CALD backgrounds and demonstrate how these are implemented
- that the development of the Aged Care Funding Instrument (ACFI) more effectively takes into account the cost of engaging language services to support providers in meeting quality care standards, than the current RCS

The current tendency towards encouraging clusters as a favourable residential aged care model for CALD older people does not take into account the diversity within CALD groups and fails to realise the concept of person-centred care. This model not only assumes that shared ethnicity between older people is the most important criteria for deciding which residential aged care facility they enter, but it also removes their right of choice of facilities. People should have the right of choice of residential aged care facilities. This choice should be based on a myriad of factors including, but not limited to, the quality of the facility, its proximity to familiar communities, family members and friends as well as its ability to cater for their cultural, religious and language needs.

ECCV strongly advocates for a residential aged care service system that is consumer focused. A good model for this is to be found in the Victorian setting, which is underpinned by the coexistence of generic, multicultural and ethno-specific residential aged care service providers.

At present, capital funding is not generally made available to ethno-specific communities wishing to secure land and establish ethno-specific residential aged care facilities. This restricts many current and emerging ageing CALD communities from opening residential care facilities tailored specifically to their communities' cultural and linguistic needs.

Historically, once off capital funding was made available by the Commonwealth to support such communities in their efforts to open residential aged care facilities. ECCV calls upon the Commonwealth to once again direct once-off capital funds to CALD communities who can demonstrate sufficient demand



and capacity to open and run ethno-specific and multicultural residential aged care facilities. This would allow and encourage older people from CALD backgrounds to remain engaged in their communities and have a more positive experience of ageing as they move into residential aged care.



2. Community Care

In recent years, there has been tremendous growth in the community aged care sector. Governments are increasingly seeing both the health and cost benefits of supporting older people to continue to live in their homes. Equally, older people are demanding increased access to community aged care and support services to remain living independently in the community and delay or avoid their possible entry to residential aged care.

ECCV welcomes the Commonwealth's reforms in aged care through the *Securing the Future of Aged Care for Australians* package. The package's statement of commitment to funding additional community aged care places and rebalancing the target ratio for high and low care places within residential aged care facilities goes some way to addressing the increased demand for community aged care places, as well as meeting the needs of an increasing number of older people presenting with complex, high care needs when they decide to move to a residential aged care facility.

At present, a greater proportion of packaged community aged care places than Home and Community Care (HACC) services are being accessed by CALD older people. This poses a level of uncertainty as to the degree of effectiveness and success of service providers in engaging and appropriately servicing the needs of CALD older people (Gibson 2007).

In Victoria, ethno-specific and multicultural service providers have been increasingly successful in attracting funding to deliver quality packaged community aged care services to their clients. Despite this demonstrated capacity to manage and deliver these services, Victoria's ethno-specific and multicultural organisations have not generally been engaged to deliver HACC Basic services or conduct HACC assessments. This could be due to the largely untested view that local governments can most effectively deliver HACC Basic services and HACC assessments.

The Commonwealth generally provides around 60% of all funds to the HACC program, with each state and territory government providing the bulk of remaining funds required. Each state and territory is responsible for the administration of the HACC program across their jurisdiction. While ECCV agrees that states and territories are well placed to administer the HACC program, it is important to institute greater national uniformity in competitive tendering of services and greater uniformity in assessment and data collection, as well as quality/standards reporting.

ECCV acknowledges the strong policy objectives of *The Way Forward* initiative, which aims to create a more streamlined and better coordinated community aged care system. Part of this reform includes the development of common arrangements and agreements between the States and the Commonwealth in regards to the HACC program.

ECCV hopes that the outcome of these reforms will create a simplified and improved community aged care system that is also more responsive to and accountable for the provision of culturally appropriate, quality services to older people from CALD backgrounds. As for the residential aged care system, it is essential for quality assurance systems to include cultural competency as a key standard of community



aged care service planning and delivery. ECCV recommends that the Minimum Performance Criteria (MPC) currently being developed includes cultural competency as a common standard of Quality Reporting within community aged care services.

Many ethno-specific service providers have reported having to manage extensive waiting lists for packaged community aged care services. On the other hand, anecdotal evidence provided to ECCV highlights that some generic service providers are struggling to find enough clients to meet their CALD targets. This signals an issue of access to services for many CALD clients and their carers. It also suggests that there may be a need for enquiry into the effectiveness of the aged care approval rounds (ACAR) in regards to CALD targeting.

ECCV recommends that the funding allocations for packaged community aged care services targeting CALD communities should primarily be needs based. Need and demand for CALD targeted packaged community aged care services could be measured by organisations' collective waiting lists within each aged care planning region. Where there is evidence of demand for services by specific CALD communities, relevant ethno-specific/multicultural providers applying for packages should be, when they can demonstrate sufficient capacity, granted funding to provide these packaged community aged care services.

Often ethno-specific/multicultural service providers are based within one aged care planning region, yet operate as a metropolitan or state-wide service. Furthermore, HACC service catchments differ from the aged care planning regions. In the Victorian context, this has historically meant that some regions with high waiting lists for HACC services can result in increased burden on the availability of packaged community aged care services, as many clients assessed as eligible for HACC services take up packaged care (providing they have been assessed by an ACAT as eligible recipients). ECCV calls for this issue to be considered as part of *The Way Forward* reforms, in the broader interest of better servicing the needs of our ageing population.

It could be suggested that the proportionally higher uptake of packaged community aged care services than HACC services by CALD clients could be attributed to the fact that more ethno-specific and multicultural organisations, known and trusted by their respective communities, are funded to provide packaged community aged care services.

Initiatives such as the Culturally Equitable Gateways Strategy and the Cultural Planning Strategy within the Victorian HACC program have made considerable ground in increasing awareness and uptake of HACC services by Victorians from CALD backgrounds (DHS 2007). Despite the implementation of such strategies, older people from CALD backgrounds continue to be underrepresented users of HACC Basic services.

It would be desirable that state governments be encouraged to provide direct service funding to ethno-specific and multicultural agencies to deliver HACC Basic services, at minimum, in those regions where their communities predominantly live and the requirement of demonstrated organisational capacity to manage and deliver these services can be met. This could be achieved by the Commonwealth requesting that all states and territories adopt a similar tendering process to that of the ACAR.



ECCV also promotes the value of partnerships in enhancing CALD access to quality, culturally competent community aged care services. ECCV calls upon the Commonwealth to promote the benefits of partnerships and brokerage arrangements between ethno-specific/multicultural and generic service providers. This could be achieved by providing financial incentives to organisations that partake in such arrangements and successfully meet cultural competency standards. Partnership and brokerage initiatives would also be of great benefit to increasing access to ethno-specific services by geographically dispersed or small and emerging CALD communities.

ECCV acknowledges that some organisations engaged in partnerships report negative experiences and outcomes. As such, it is important to protect and support these organisations in their endeavour to work together to better service the needs of the community. ECCV calls upon the Commonwealth to develop guidelines and policies in this area. With such mechanisms and support in place, a partnership approach between generic service providers and ethno-specific/multicultural service providers could achieve a much higher rate of access to culturally appropriate community aged care services.

Furthermore, many community aged care service providers are unaware of the full suite of community aged care and related support services available outside of their own program areas or outside of their organisation. Also, many service providers are unaware of the many existing ethno-specific and multicultural community groups and programs which could compliment the community aged care services they provide to CALD clients.

ECCV recommends that a resource be developed, targeted to all aged care and community health service providers which would consolidate current information about all CALD targeted aged care services (community care, residential care, and respite) available, regardless of their funding source. This resource should also include listings of ethno-specific and multicultural organisations and clubs that offer further support to CALD older people. This resource could be developed by each state's PICAC organisation in conjunction with each state or territory's ethnic communities' council.



3. Positive Ageing

Positive Ageing programs have become increasingly important and popular as a means of promoting active and healthy living and helping to minimise and truncate physical, social and mental decline in older people. Positive Ageing is underpinned by preventative health principles which aim to support older people to stay healthier longer and addresses early signs of frailty and social disengagement.

In the Victorian context, many projects addressing Positive Ageing have been undertaken by the State Government's Office of Senior Victorians (OSV) and also by the community organisation, Council on the Ageing (COTA). These projects aim to build the capacity of organisations such as local governments to respond actively to the growing ageing population in Victoria. Despite these efforts, more work is needed to ensure that Positive Ageing is promoted to all older people, with specially targeted programs catering to the specific cultural and linguistic needs of our ageing CALD communities.

Older people from CALD backgrounds may be more isolated and less tuned into the Positive Ageing message than other older people in our community. The common lack of extensive family and social networks combined with the effects of the migration and settlement, can lead to greater loneliness and an increased likelihood of depression for some ageing migrants. Further barriers to social and community engagement and participation in physical activities by older people of CALD backgrounds can include language difficulties, cultural differences, economic barriers, transport issues and a lack of familiarity with mainstream community networks and organised activities.

The popularity of Social Support activities by CALD older people in the Victorian HACC program indicates that older people of CALD backgrounds highly value and actively participate in group and physical activities when they can be done with people from culturally and linguistically familiar backgrounds. HACC, however, only caters for the frail aged.

There is a clearly demonstrated need to build on the overwhelming popularity of HACC Social Support programs for older people from CALD backgrounds. Such a scheme would also introduce the concept of active living and Positive Ageing to CALD people in earlier periods of ageing and who are not yet eligible for community aged care or residential aged care services. ECCV is currently piloting work in this area with the Office of Senior Victorians.

Healthy living is an issue for us all and Positive Ageing is a concept that needs to be embraced by all age groups in our community. Both older people and younger people alike need to consider how we remain physically and socially active as we age.

As a multicultural nation, we must strive to ensure that ageing is a shared ideal and a positive experience for us all. ECCV urges the Commonwealth to take leadership in promoting Positive Ageing to our nation's ageing CALD population and to develop a National Multicultural Positive Ageing Strategy.

This Strategy would follow extensive research into CALD older people to detail their needs and expectations of Positive Ageing. It would include the identification of best practice initiatives and the



development of a funding model for generic and ethno-specific senior citizens' clubs. This would help to address the concerns expressed by many senior citizens clubs relating to the increased difficulty in remaining in active operation due to the rapid ageing and increasing frailty of their volunteers. It would support these groups to continue to meet and provide vital social networks and recreational opportunities for many older people of CALD backgrounds.



4. Elder Abuse

There is growing recognition regarding the problem of elder abuse in our community. The World Health Organisation describes elder abuse as a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair.

Elder abuse is estimated to affect between one and five percent of older people. Incidents of abuse in residential aged care facilities reported in the Australian media have brought home the tragic consequences of elder abuse and its affront to human dignity.

Older people can be more vulnerable to abuse because of physical and/or mental impairment. This vulnerability can be increased when language and cultural barriers are added to the equation. Some older people from CALD backgrounds may not know the most basic practical and preventative measures such as understanding how to make contact with the police and legal systems. Furthermore, complaints mechanisms such as the Office of Aged Care Quality and Compliance, recently established to improve the quality of care and services to care recipients in Commonwealth subsidised aged care services, may not be culturally appropriate or easily understood by some CALD communities.

ECCV recognises the Commonwealth's response to elder abuse within residential aged care facilities, detailed in the recent *Aged Care Amendment (Security and Protection) Bill (2007)*. However, there has been little attention paid to responding to the risk of abuse of those frail older people accessing community aged care services. The lack of policy or guidelines in preventing and responding to suspected cases of elder abuse within the community aged care sector does not respond to the trend for frail older people choosing to remain living in the community, as opposed to entering residential aged care facilities.

Older people from CALD backgrounds are a growing cohort of our ageing population and have the right to live their lives free from abuse. Little research has been conducted into the awareness, attitudes, experiences and prevalence of elder abuse in CALD communities. Without this research, an adequate policy response to the issue cannot be developed. This may result in an increased risk of abuse for older people from CALD backgrounds.

In Victoria, the State Government has recently committed to tackling elder abuse in the community setting through its elder abuse prevention policy *Supporting the Safety and Dignity of Senior Victorians*. This policy aims to invest in practical resources to improve community awareness and to better support and respond to incidents of elder abuse and neglect.

Moreover, the Victorian Department of Human Services, responsible for the administration of the HACC program in Victoria, is also updating its *Preventing Abuse of Older People* guide for staff working in health services and community aged care organisations. This guide is a useful resource for HACC and other community aged care service providers in Victoria. Similar guides and initiatives exist in other states.



ECCV believes that there needs to be a nationally consistent strategy to responding to elder abuse in the community aged care sector and within the general community. This strategy could build on recent reforms related to reporting of abuse in the residential care setting and needs to be inclusive of the varying needs of our CALD population. It should include a large community education component as a key prevention strategy, informed by research into CALD communities' experiences and perceptions of elder abuse. This should specifically target CALD communities to better inform and educate these communities about elder abuse in a culturally acceptable way.

In committing to such a strategy, the Commonwealth would be making significant progress towards ensuring a safer and more secure community within which older people would be more likely to experience Positive Ageing.



5. Respite and Support for Carers

According to the Australian Bureau of Statistics, there are at least 2.6 million Australians who provide unpaid care and support to relatives or friends who have a disability, mental illness, chronic condition or who are frail (Carers Australia 2007). The ageing of our population and its increasing cultural and linguistic diversity means that many CALD carers are also ageing. In order to understand and adequately respond to this issue, we need to ask who is caring for the carers and how can we better support them in their important roles, given their increasing cultural and linguistic diversity and their important contribution to our economy.

A Carers Australia study undertaken by the National Centre for Economic and Social Modelling indicates that over the next 30 years, there will be proportionally fewer people available to take on the unpaid caring of ageing parents or partners as a consequence of the expected decrease in the ratio of primary carers available to those needing care (2004). This changing demographic has serious implications for policy makers and service providers. Creative policies which provide incentives for unpaid caring and allow the carers of frail older people to retain a place in the workforce are urgently required.

Australia's population is ageing and at the same time, increasing in its cultural and linguistic diversity. People in our older, 65 plus age group often receive the Aged Pension and may be unaware of the range of supports available to them if they are in a carer role. This might be particularly common for CALD carers, who may not be familiar with the concept of being a carer, but rather consider their caring duties and responsibilities as a natural part or extension of their commitment to their partner, spouse or child.

Moreover, within many CALD communities, it is culturally appropriate to expect ones' family to care for them as they age. However, many older people from CALD backgrounds do not have extended families living nearby upon to rely on for care and support, or to share the care giving role. Furthermore, the acculturation process also means that many older CALD carers are reluctant to seek help from family members and are particularly vulnerable to health stressors related to caring.

Furthermore, the common financial pressures experienced by many families, especially those who may be recently arrived migrants, mean that many cannot afford for one family member to leave the workforce in order to care for a relative. This brings an added layer of complexity to the caring situation for many CALD families, whereby older family members are increasingly required to take on care-giving roles. The pressure of these responsibilities experienced by an older person can lead to an increased risk of social isolation and neglect of their own health and wellbeing.

For recently arrived migrants, refugees and other humanitarian entrants, little information is provided to them regarding support for carers and their eligibility for Centrelink carer payments. These carers are particularly disadvantaged as carer responsibilities can significantly add to the pressure of the migrant settlement process.



When considering the complexity of issues faced by older carers, CALD older carers are significantly more disadvantaged than other carers.

Carers Australia has identified five central issues requiring urgent address by the Commonwealth in their 2007 federal election policy statement *If You Don't Care*. These issues are listed as:

- Integrated Support for Carers;
- Carer Financial Security;
- Carer Workforce Participation;
- Carer Health and Wellbeing and
- Carer Education and training.

ECCV supports the recommendations made relating to these key issues and calls for a National Carer Strategy or Act to underpin various state and territory carer support policies. This would ensure a more coordinated approach to supporting carers. Moreover, ECCV strongly supports the call made by Carers Australia for the Commonwealth to increase funding to the National Respite for Carers Program (NRCP) and incorporate the inclusion of health maintenance/Positive Ageing activities for carers within the Program.

ECCV believes that in order for CALD older people and their families to be familiar with and access carer support and respite services, a targeted CALD community education campaign needs to be developed and implemented. This would raise awareness of carer needs and available support options available to them, thus empowering them to make a more informed choice about caring and the appropriateness of support options available to them.



6. Workforce and Sector Development

Currently, there is a great need for health and community service workers, especially within the aged care sector which is growing at a rate higher than average industry rate (Department of Employment and Workplace Relations 2006). There is also a shortage of bilingual and bicultural workers and qualified interpreters and translators within the aged care sector, which may inhibit CALD older people's access to the aged care service system.

These demands and workforce shortages are placing considerable stress on the aged care workforce. Yet, despite the demanding nature of this work and its importance in our community, aged care workers receive little or no public acknowledgement of their work. Nor do they receive adequate remuneration for their efforts.

ECCV notes that there is a need to change common perceptions about working in the aged care sector and acknowledges that this may in part be attributable to the need for more competitive remuneration packages, as often professional respect is attributed to salary.

ECCV believes that there is a need to promote the rewarding nature and importance of working with our older people. ECCV supports recommendations made by the aged care industry relating to increasing rates of pay in accordance with years of experience, and ensuring that all related costs incurred by workers (such as travel) are reimbursed.

ECCV supports the need for investigation into viable initiatives that would encourage students and those fluent in languages other than English to seek interpreting qualifications and/or move into the aged care sector. Pathways to gaining these qualifications inexpensively are integral to the uptake of such initiatives and must also be explored.

ECCV calls upon the Commonwealth to develop incentives for registered aged care training providers to combine English literacy courses with aged care courses. It is expected that this would increase the uptake of aged care qualifications by people with English as a second language and contribute to tackling workforce shortages in bilingual and/or bicultural aged care workers. ECCV, in partnership with the Centre for Culture Ethnicity and Health (CEH) are currently progressing work in this area. Furthermore, ECCV calls upon the Commonwealth to investigate the utilisation of skilled aged care workers from overseas, to help overcome workforce shortages.

ECCV invites the Commonwealth to take leadership in regulating aged care qualifications and mandate that units related to culturally appropriate work practices and service provision be incorporated into all certificate and diploma level aged care courses.

Responding to the needs of clients from CALD backgrounds can increase the difficulty of providing appropriate client care. Yet, many aged care service providers lack the resources to adequately support



the professional development of their staff and implement change management processes that would lend to more culturally responsive organisational policies and practices. This is a key reason for the lack of recruitment and retention of staff in the sector.

ECCV recommends that aged care service providers are supported in retaining their staff and developing their organisational capacity to deliver quality, culturally responsive services. It is recommended that the Commonwealth investigate funding models for this, in consultation with industry bodies such as Aged and Community Care Victoria and their national body, Aged Care Association Australia, as well as individual service providers.

An ageing population also brings with it an increase in the incidence of chronic health conditions such as dementia and diabetes. Anecdotal evidence suggests that many aged care service providers feel that they are not adequately prepared to handle these situations; lacking sufficient staff training and education. Furthermore, responding to the complex care needs of clients with chronic health conditions can be increasingly demanding if the client is from a CALD background.

In response to this, ECCV recommends that the Commonwealth appropriately fund community health centres and hospitals to work with local ethno-specific/multicultural organisations and develop community education sessions for aged care workers. These education sessions would aim to increase staff awareness of these health issues and provide staff with the relevant cross cultural awareness required to work with CALD clients. It would also support health workers to encourage CALD older clients to uptake preventative health measures in order to offset chronic illness and the exacerbation of their care needs. This would in the long term reduce the costs associated with health and aged care services provided to CALD older people with complex care needs.

Moreover, in response to the rapid ageing of our CALD population, there is a great need for the sector to become more culturally competent. Commonwealth funded aged care service providers must demonstrate their cultural competence by responding to competency criteria as part of quality assurance and accreditation frameworks.

ECCV calls upon the Commonwealth to develop standards of cultural competency and build them into current quality assurance and accreditation standards for all Commonwealth funded aged care and support services. Without these accountability mechanisms in place, the Commonwealth will ultimately fail in its leadership and assurance of a quality, culturally responsive aged care service and support system.

These cultural competency standards should incorporate the following key performance indicators:

- that all aged care service providers meet the minimum standards set out in the proposed Commonwealth aged care language services policy
- that all management and staff working directly with consumers of aged care and support services complete uniform cross-cultural training courses
- that all aged care service providers develop and demonstrate implementation of organisational policies and guidelines for working with clients from CALD backgrounds



Underpinning this move towards a more culturally competent aged care sector would require the development and implementation of a language services policy for all Commonwealth funded aged care and Positive Ageing programs. This would accommodate the language support needs of both staff and clients with low-level English language proficiency. It would include clients having access to professional interpreting and translating services when they are required to make significant decisions concerning their lives, or where essential information needs to be communicated to inform decision making.



Conclusion

The ageing CALD population in Australia presents a significant policy challenge. It is imperative that the Government and Opposition parties commit to an *Ageing and Cultural Diversity Strategy*.

This strategy paper has put forward some key policy recommendations in different areas of aged care including residential and community care, positive ageing, elder abuse, respite services and support for carers, and workforce and sector development. This list is by no means exhaustive but rather serves as a pointer for the incoming Commonwealth Government to develop an *Ageing and Cultural Diversity Strategy*. A commitment to such a strategy would be of significant benefit to CALD people as they enter their golden years.

ECCV calls upon all political parties to commit to developing an *Ageing and Cultural Diversity Strategy*. An *Ageing and Cultural Diversity Strategy* will ensure that ageing CALD communities receive the quality of care and support to which they both deserve and are entitled. Our CALD older Australians have made considerable contributions to building the economic, social and cultural prosperity that we all enjoy today. Their significant involvement in building this great nation demands acknowledgement and respect. Providing support to our older CALD population to ensure their experience of ageing is positive, is a way of showing our respect and gratitude for their contribution.

