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31 July 2009

**ECCV SUBMISSION ON THE AUSTRALIAN GOVERNMENT AGED CARE
APPROVALS ROUND 2009 TO THE DEPARTMENT OF HEALTH AND
AGEING**

1. Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to present a submission on the Australian Government Aged Care Approvals Round 2009 to the Department of Health and Ageing.
2. ECCV is the state-wide peak advocacy body representing ethno-specific agencies and multicultural organisations. For over 30 years ECCV has remained the principal liaison point between ethnic communities, government and the wider community in Victoria. ECCV has been a key player in building Victoria as a successful, harmonious and multicultural society.
3. ECCV membership consists of approximately 190 organisations that represent groups with an ethnic or multicultural focus, organisations with an interest in these areas, or individuals who support ECCV. The majority of those members are not-for-profit community service organisations. They provide services in areas such as aged care, migration, discrimination, community harmony, employment, education and training, health and community services, law and justice, as well as the arts and culture.
4. ECCV welcomes the national planning process for the distribution of new aged care services for the 2009 Approvals Round and appreciates the opportunity to provide input on behalf of culturally and linguistically diverse (CALD) welfare and community-based service organisations.

Special needs groups

5. ECCV emphasises that culturally and linguistically diverse (CALD) seniors in Victoria over the age of 65, and more-so over 70, have specialised care needs. In the Melbourne metropolitan region 38% of people over 65 years of age have a culturally and linguistically diverse background and 2% in rural and regional Victoria (Howe 2006). Feedback from ethno-specific welfare agencies, multicultural organisations, the ECCV Aged Care Policy Committee and ECCV community consultations in 2009 indicate that CALD seniors in Victoria have special aged care needs because many:

- Have fragmented families unable to provide support
- Choose to live at home longer
- Revert back to their first language other than English
- Tend to lose their last acquired language (usually English)
- Lack English language skills
- Have a higher incidence of depression than the average population
- Have a higher incidence of advanced dementia because they avoid seeking support

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- Have a preference for culturally and linguistically appropriate aged care support services and therefore often receive none because of special needs service gaps
- Exhibit a high incidence of behaviours of concern in advanced age
- Exhibit severe BPSD (Behaviour and Psychological Symptoms of Dementia) due to past experiences of war and trauma and other culturally sensitive issues
- Are socially isolated
- Lack support networks and are more likely to find themselves in crisis situations with minimal support

6. ECCV has case study feedback and reports from ethno-specific agencies that indicate many CALD seniors over 65 years of age are financially and socially disadvantaged because they:

- Experienced long-term unemployment
- Depend on a Government Pension
- Live in public housing
- Are socially disconnected due to migration and fragmented families

7. CALD seniors who are financially and socially disadvantaged and live in rural and regional Victoria experience multiple disadvantages. Many CALD seniors who live outside metropolitan areas of Victoria have limited social and family support in their advanced age. In addition they have less or no access to residential aged care facilities due to geographical distance. They choose to remain living at home in familiar settings and have limited or no access to special needs CALD aged care packages.

8. There is a rise in people living alone in Victoria (Access Economic April 2009). ECCV has community feedback that a high percentage of CALD women over the age of 70 are widows and live alone without social or aged care support. The number of CALD widows is even higher for people over 80 when they are frailer and less able to cope on their own. As a result they experience more social isolation and also tend not to access institutionalised aged care support.

9. According to the *Review of Literature Concerning the Delivery of Community Aged Care Services to Ethnic Groups: Mainstream versus Ethno-specific Services - it's not an either-or* prepared by Monash University for ECCV:

- More older CALD people choose to remain living at home than the average population;
- CALD seniors express a preference for ethno-specific services;
- An extensive network of ethno-specific aged care, welfare and community services agencies exists throughout metropolitan Melbourne and has the capacity to deliver aged care packages but currently lack sufficient CACPs allocations.

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Dementia-specific issues

10. Dementia-related community service providers have indicated to ECCV that CALD people over the age of 70 have higher levels of advanced dementia due to cultural and linguistic barriers which prevent them from accessing services and obtaining early intervention. In addition CALD seniors have higher rates of depression and BPSD (Behaviour and Psychological Symptoms of Dementia).

11. Reports to ECCV by multicultural aged care providers indicate that, in ethnic communities, behaviours of concern amongst ethnic seniors are minimised when they receive culturally appropriate aged care packages or ethno-specific social support in culturally appropriate residential aged care facilities.

Service Gaps

12. A considerable service gap exists in relation to specifically allocated special needs aged care packages for CALD seniors living in the community and the increasing demand. ECCV consultations conducted in June 2009 indicate that special needs ethno-specific CACPs are particularly suitable for the needs of ageing CALD people, significantly improving their quality of life and wellbeing.

13. Long waiting lists are experienced by CALD seniors in all regions of the Melbourne metropolitan area in Victoria for EACH and EACH-D.

14. There is a tendency for CALD seniors to avoid accessing services until they reach high care needs because there are insufficient CACPs available in the category of special needs for CALD people.

15. CALD seniors with aged care needs are likely to access services later when they reach a crisis point. In addition they have cultural sensitivities regarding institutionalisation and choose not to use residential aged care facilities according to the Access Economics report *Making Choices* (April 2009).

16. There is an over-representation of CALD groups using CACPs in the northern and western suburbs. Ethno-specific aged care community-based providers in those regions reported that such an influx of CALD CACPs users is an indicator of high demand, rapidly increasing older ethnic populations and an under-current of unmet needs, pointing to an urgent need for an increase in the allocation of ethno-specific aged care packages.

17. Conflicting eligibility requirements between Health and Aged Care Services (HACC) and CACPs sometimes provided aged care services for CALD seniors making them ineligible for vital social support programs through HACC services.

Demand and Supply Issues

18. ECCV community consultations with stakeholders in the multicultural sector indicated consistent concern that the actual CALD community requirements for special needs CACPs, EACH and EACH-D are under-represented by the current Australian Government ACAR planning process. Concern was expressed that

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EACH and EACH-D services were promoted by the Australian Government but the supply was not maintained.

19. ECCV received feedback that the wait lists for EACH and EACH-D in the Geelong and Barwon South-West Region are excessively long, often over 12 months. Many frail and elderly CALD background people deteriorated to such a degree that they never received the care packages they so urgently needed, leaving families distraught and multicultural aged care providers frustrated and overwhelmed.

20. ECCV received reports from ethno-specific agencies that CALD seniors face long waiting lists for EACH and EACH-D in the northern and western metropolitan regions of Melbourne. As a consequence there is pressure on providers to take on large numbers of seniors at the high care end of CACPs based on the principle that 'some service is better than one.' The disproportionate number of high care CACPs clients sometimes generates additional financial viability and management challenges for providers. Also additional costs are incurred through culturally appropriate care provision.

21. ECCV recommends greater flexibility in the eligibility requirements for aged care packages. Positive feedback, from consultations with ethno-specific service providers, indicated that more recently EACH eligible seniors were able to receive CACPs. Such conditions have to some extent alleviated frustrations in the eastern Melbourne metropolitan region where approximately 150 people were assessed for EACH and placed on an 18 month waiting list.

22. Ethno-specific agencies, in working partnership relationships with mainstream aged care providers, reported that there are no checks on the uptake of allocated CALD special needs places in mainstream residential care facilities. On the other hand, aged care package allocations made to ethno-specific agencies and multicultural organisations, are assured to directly benefit non-English speaking older people.

Residential respite care

23. ECCV consultations with Carers Victoria indicated a significant lack of support for family-carers in ethnic communities highlighting a crucial need for culture-specific respite support.

24. ECCV forum planning consultations in 2009 on aged care issues highlighted the need for additional culturally and linguistically appropriate respite support to give family-carers 'time out'. Consequently ECCV recommends an increase in the provision of temporary respite beds in residential care for CALD frail and elderly people.

25. CALD seniors are less likely to access residential care where their language is not used. Ideally additional ethno-specific residential facilities are required.

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26. Surveys conducted by Access Economics (April 2009) found that only 10% of residential care facilities in Victoria aim to cater for specific ethnic or culture groups. ECCV commends those facilities as effectively serving CALD seniors' needs especially since ethnic seniors are reluctant to commit to mainstream residential care on a long-term basis.

Options to meet identified needs

27. Aged care services that provide enhanced consumer choice were consistently advocated according to Access Economics (April 2009); Health and Community Care (HACC) Active Service Model consultations with ECCV; and ECCV forums with ethnic stakeholders.

28. ECCV recommends a mix of CACPs or EACH and temporary residential respite to better serve the aged care needs of CALD seniors and their families allowing them to choose a balance of community and residential services to meet their changing circumstances regarding, for example, part-time workforce commitments, travel for family reunion reasons and family emergencies.

CALD special needs in geographic areas of interest

Priority ethnic groups

29. As a priority ECCV recommends additional CACPs allocations for special needs CALD seniors throughout the Melbourne metropolitan area.

30. The CALD population in Melbourne and Victoria consists of a mosaic of ethnic groups that are ageing at varying rates. CALD seniors with European backgrounds and some Asian language groups require additional CACPs, EACH and temporary respite allocations in the next five to ten years; and then Asian and Middle Eastern background seniors will be the dominant groups with aged care needs up to 2050 (Howe 2006; Access Economic 2009).

31. More specifically, ECCV recommends current additional CACPs allocations for Filipino, Polish, Russian, Maltese, Croatian, Dutch, Vietnamese and Macedonian seniors as well as German-speakers in the Melbourne metropolitan area. They represent rapidly ageing ethnic groups. ECCV consultations in 2008 and 2009 indicated that those groups prefer to seek services from ethnic welfare; ethnic community-service and multicultural organisations most of which have not received appropriate increases in community aged care package allocations for several years.

Priority geographic areas

32. Ethno-specific and multicultural organisations feedback to ECCV highlights the need for additional services for CALD seniors in certain ethnic groups and in specific geographic areas. ECCV supports the need for more special needs aged care packages in the following areas:

- CACPs required for Maltese seniors in Gippsland;
- CACPs, EACH and EACH-D for CALD seniors in the Geelong area and the Barwon South-West Region;

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- Ethno-specific residential care facilities – both high and low care - for Croatian background people in the Geelong area;
- CACPs and EACH for Croatian background seniors in the Geelong area;
- High care dementia specific residential care for CALD groups in the Geelong area;
- CACPs for Croatian and Filipino seniors in the northern metropolitan area of Melbourne;
- Sri Lankan specific residential care – both high care and low care - in the southern metropolitan Melbourne especially the LGA of Kingston, Greater Dandenong, Monash and Casey;
- Special needs CACPs for German-speakers and Dutch people in the south-eastern Melbourne metropolitan area especially including the LGA of Knox.
- Special needs CACPS for Russian and Jewish background seniors in the southern metropolitan Melbourne LGAs of Glen Eira, Stonnington and Port Phillip.
- Additional special needs CACPs for CALD seniors in the western and northern metropolitan area of Melbourne.

Recommendations

33. ECCV recommends an increase in the overall allocation of CALD special needs community aged care packages, temporary residential respite; dementia-related support and ethno-specific residential aged care places throughout the Melbourne metropolitan area to better serve the needs of the rapidly ageing multicultural community in Victoria.

34. ECCV recommends aged care services that provide increased consumer choice in the CALD ageing community in Victoria and more flexible combinations of services.

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