

Submission to the Productivity Commission

Caring for Older Australians

DutchCare and Fronditha Care

April 2011

What are the systemic issues which create obstacles in the provision of CALD responsive services – how could these be tweaked to improve service responses?

Fronditha Care and DutchCare presented at the Productivity Commission consultations on Tuesday 22 March 2011 in Melbourne. The Commissioners asked the above question, and the two organisations have worked to provide a response.

Systemic impediments to the provision of CALD care include:

- an inadequate definition of culture and its impact on the life of the individual;
- ignorance of the large numbers of CALD elderly in the ageing population;
- an absence of CALD considerations in national policies and practice relating to assessment, information, aged care services, standards of care and funding;
- higher costs and effort required in caring for CALD elders;
- an absence of benchmarks in the provision of CALD care.
- disregard for service models which provide effective cultural /linguistic responses

The 'tweaking' required to improve service responses would involve:

- a national understanding of what culture is and how it affects every aspect of life;
- a national recognition that CALD elders constitute a significant proportion of the ageing population and should be regarded as core business in aged care and support services;
- the inclusion of CALD considerations in all aspects of the current and proposed aged care framework;
- the introduction of subsidy supplements in respect of care recipients to compensate for the higher costs of CALD care;
- grants for small ethnic groups to establish aged care services in their own right or form partnerships with other agencies who can service their aged;
- The establishment of benchmarks relating to CALD care which can assist in the development of policy, practice, standards and costs for this cohort of consumers.

These are discussed below.

1. Definition of CALD

A definition of CALD was absent in the draft Productivity Commission Report and we wish to reiterate the definition summarised by Gerard Mansour, CEO ACCV, in a keynote address to the 2007 National Conference on Cultural Diversity on Ageing. Mansour declared that *“Culture is not a mere add-on but rather informs the whole experience of CALD clients (it) is not just about language, it is about life and who we are”*.

It is the cornerstone of our sense of personal identity, social belonging and it is the glue which connects us to each other. It explains how we think and feel about the world around us, our spirituality, our values, and our relationships.

Language is part of culture. In the service system, common language is critical. Without a common language it is impossible for an elderly person to:

- exercise their fundamental right to be informed and choose
- have their needs assessed
- jointly develop intervention strategies
- have their day to day needs appropriately met by staff.
- obtain and give feedback about this
- socialise within a service, **particularly residential care which constitutes the total environment to the elderly person 24 hours a day, 7 days a week.** The absence of a common language and a common cultural identity with fellow residents leads to extreme isolation and alienation.

2. CALD demographics

It is not intended to repeat statistics on the large percentage of the CALD elderly in the ageing population. These were adequately articulated in the submissions to the Productivity Commission's Inquiry into the Care of Older Australians.

Because these statistics have been ignored by policy makers and planners, the CALD elderly have been persistently regarded as marginal consumers of aged care.

To overcome this situation, government departments and service providers need to factor in the CALD impact on their policies and practices, and be accountable for these. The Public Service should develop more comprehensive goals re access and equity for CALD consumers, and service providers need to demonstrate their actions on addressing diversity in meeting quality of care standards.

3. Aged Care Accreditation Standards

The current Accreditation Standards fail to comprehensively assess the cultural responsiveness of service providers. It is also doubtful whether accreditation assessors are suitably qualified or equipped to undertake assessments of the care of the CALD elderly and further training should be provided and mandatory.

There is only one outcome out of 44 which directly addresses cultural and spiritual life. Even then, the outcome is contained within the Lifestyle standard which tends to restrict CALD considerations to this factor alone. But as previously stated, **culture is relevant to every facet of life. For this reason, CALD considerations need to be reflected in all the standards, i.e. Management Systems, Staffing and Organisational Development, Health and Personal Care, Resident Lifestyle and Physical Environment and Safe Systems.**

For example, under Management Systems, Staffing and Organisational Development, providers should demonstrate an understanding of the demographics in their catchment area, recruit staff who speak the language of their residents, engage interpreters when required, develop communication aids for English speaking staff, distribute translated material on their service, attract people from the same culture to take up residence (for socialisation purposes) and make use of local ethnic agencies to develop food choices and entertainment for CALD residents.

Under the Health and Personal Care standard, providers should demonstrate communication strategies which identify the care needs of CALD consumers (and where appropriate, critical family members), which include cultural attitudes and practices in respect of, say, hygiene, pain management, palliative care, nutrition, and continence management.

Under Resident Lifestyle, assessments might examine efforts to satisfy CALD residents' social and religious needs, including cultural specific entertainment such as games, music, television, CDs, radio and literature. Practices need to be demonstrated which ascertain, and act on, different cultural attitudes towards privacy, dignity, rights, decision making, complaints and advocacy.

Assessments of the Physical Environment and Safe Systems standards might include CALD considerations in respect of décor, room orientation, cleaning and laundry services.

To address the current deficiencies, the Accreditation Agency itself needs to acknowledge cultural diversity in its charter and management.

Assessor registration should include cultural sensitivity awareness as an additional scope of practice and assessed competency. Scheduling of assessments need to be made well in advance to ensure a competent assessor undertakes the assessment and that the relevant translated material, together with an interpreter, are available.

Assessors must demonstrate cultural awareness and knowledge of the relevant culture. Ideally there will be a competence assessment of the individual assessor to ensure appropriate cultural awareness.

As cultures vary greatly it would be expected that assessors are matched to specific cultures - one size does not fit all.

- Where there are differences observed in the facility assessors need to enquire why and consider the explanation. Not base it solely on their expectation or custom. 3. Community Aged Care Packages, Quality Reporting

The new Community Care Common standards make better provision for special needs groups than their residential care counterparts. Even so, CALD considerations need to be spelled out to guide assessors appropriately through all the standards and their outcomes.

For example, under Standard 1: Effective Management, providers need to:

- demonstrate their knowledge of the demographics and general/CALD service provision in their catchment area;
- recruit bi-lingual case managers and direct care staff who speak the languages of their clients;
- keep statistics on the numbers of CALD consumers using their packages and report on compliance with funding agreements;
- show how they promote their services to CALD groups;
- report on specific examples of partnerships or relationships with CALD groups, communities, and agencies.

Under Standard 2: Appropriate Access and Service Delivery providers need to:

- demonstrate the use of interpreters rather than family members at each point of service delivery;
- provide evidence of documentation and/or methods used to ensure that the care recipient is informed of services, options and costs (rather than relying on family to play this role);
- demonstrate training for staff in respect of CALD awareness and responsiveness;
- demonstrate knowledge of CALD providers by way of a CALD provider list, and their actual use in case notes;
- demonstrate careful assessments of the CALD person with dementia and his/her carer. Dementia poses a double disadvantage for the CALD care recipient so there is a need to assess the response from providers for both the person and his/her carer. This is particularly important in relation to managing and responding to behaviours in respect of EACH and EACHD packaged care.

Under Standard 3: Service User Rights and Responsibilities, providers should be able to:

- show how they convey information to CALD consumers in a format which is readily accessible;
- demonstrate how they have conveyed the notion of consumers' rights, responsibilities and advocacy to CALD care recipients in a way which they will understand (some of these concepts are alien to certain communities);
- develop feedback mechanisms which their CALD consumers are prepared to use;

For their part, Quality Reporters

- Quality Reporters should insist on a minimum amount of files for CALD clients to ensure comparison in approaches;
- be trained to identify good practice in respect of CALD clients. At least one QR should have these skills at each visit;
- ask agencies at the time of the visit to respond to how their agency/processes would respond to a hypothetical CALD consumer scenario through their service system e.g. first contact from community, initial visit, assessment, etc... (This would test the agencies' preparedness in responding, rather than relying on prepared files).
- conduct a case comparison in terms of what opportunities have been given to CALD person e.g. for socialisation, access to the community, bi-lingual worker. QR Teams could develop a checklist of these and request feedback. The checklist should be developed with CALD agencies and then used at their visits.

4. Assessments

Current assessments for care are geared towards the dominant Anglo-Australian culture. For this reason, there tends to be a "one-size-fits-all" approach.

The following considerations need to be factored when assessments of CALD individuals are undertaken :

- a) the elderly person's proficiency in English and level of integration to the host community;
- b) the elderly persons preferred language and the language they use at home;
- c) the year of arrival in Australia and the relative disadvantage which coincides with recent arrivals;
- d) the elderly person's history of social and economic participation or non participation in the host community as evidenced by work history, social networks, levels of integration and capacity to negotiate the service system;
- e) the elderly person's degree of identification with his or her original culture and levels of adherence to its traditions, beliefs and customs;.
- f) cognitive impairment;
- g) the expected level of family involvement in care according to cultural tradition.

Assessments for CALD consumers would be considerably enhanced if trained staff were also **bi-cultural and bi-lingual**.

In the proposed Gateway assessment situation, the following points might be considered during the assessment period:

- a) degree of cultural identity experienced by the elderly person
- b) information in community languages on health and welfare options
- c) culturally unbiased assessment tools especially for dementia
- d) availability of CALD responsive services
- e) cost of CALD responsive services
- f) accreditation standards in aged residential care
- g) community care common standards
- h) benchmarks in assessments

5. Costs of CALD care and Funding

Both mainstream and ethno-specific providers face higher costs in respect of CALD care. For ethno-specific providers, these include:

- a) food; particularly imported ingredients
- b) special recruitment efforts to attract bilingual staff, especially from overseas
- c) time and effort involved in developing a strong relationship with a particular CALD Community
- d) cost of minor capital works (e.g. satellite discs, church, appropriate décor)
- e) costs of translating key documents, e.g. service agreements
- f) developing communication aids for English speaking staff
- g) training in English as a second language for bilingual staff

For mainstream providers there are additional costs to those above. These are associated with:

- a) actively seeking volunteers from CALD communities to provide companionship to CALD elders
- b) inviting CALD communities to the facility to celebrate significant cultural events
- c) using volunteers to assist the facility cook in preparing appropriate meals
- d) staff training in culturally sensitive service delivery
- e) use of interpreters
- f) developing cue cards and other resources to assist in day to day communication.

In the current and proposed aged care framework, CALD consumers need to be a more attractive business proposition. To achieve this, providers might attract higher rates of subsidy per care recipient per day in much the same way that residential care providers attract higher rates of subsidy according to the percentage of concessional residents they accommodate. Under 40% they attract \$12.64 per concessional resident per day, and over 40% they attract \$19.32.

Developing this notion further, the amount of additional subsidy could be loosely based on an averaging of a 'parcel' of CALD costs. By rewarding providers for caring for greater numbers of CALD consumers, a side benefit (with good planning) would be larger congregations of 'like' care recipients in services which would enhance day to day social interaction. The additional subsidy might go some way to helping mainstream agencies accommodate multiple CALD individuals who are not from the same background.

Turning to the establishment of services, there should be opportunities for small providers who cater for CALD populations to appropriately partner with, or provide independently, CALD responsive services. These providers must be able to become broader aged care providers in order to compete with, and become sustainable, in the long term.

The complexities in providing care packages in a deregulated market aside, the deregulation of care packages and residential aged care bed licenses will strongly enhance the ability of CALD elders to choose services which provide an appropriate response to their cultural and linguistic needs. Where this may be **severely impacted** is where a CALD community is too small to participate in a competitive market. This community would not attract a larger partner (due to the small client pool) and the community itself would be unable to either raise the funds or have the resources and perhaps the expertise to provide aged care. **Additional incentives would need to be provided to some specific CALD groups within the broader aged care system.**

6. Benchmarks of care

To define once and for all what CALD care involves, Fronditha Care has developed benchmarks which are listed below. Ideally, these should be reflected in policies and practices relating to aged care services and their associated standards.

BENCHMARKS FOR CALD CARE DEVELOPED BY FRONDITHA CARE

Culturally Competent Direct Care Staffing

The Agency incorporates staff selection criteria specifying respect for cultural diversity and an aptitude for working with people from other cultures in all direct care position statements.

The Agency ensures that all staff members receive training in cross-cultural competence

The Agency ensures that all staff members have access to a set of cultural educational materials describing the typical customs, mores and beliefs of the communities to which their consumers belong.

The Agency pursues full or partial service brokerage (outsourcing) for particular consumers

To the extent to which it is feasible, the agency plans for a bilingual direct care staff profile, which approximates the language profile of consumers

To the extent to which it is feasible, the agency matches consumers and direct care staff according to shared language and culture.

Culturally Competent Case Assessment, Planning and Review

The Agency utilizes an ethno-specific aged care professional, above and beyond interpreting services, in case assessment, planning and review processes, for consumers with little or no proficiency in English and/or for those consumers highly enmeshed within non-Anglo cultures.

The Agency ensures that all consumers with CALD backgrounds are given the opportunity to bring advocates, with cultural and (b) linguistic competence, to case assessment, planning and review processes.

The Agency collects (with consent) the following cultural and language data about the consumer at assessment to optimize case planning and ongoing case management:-

- i. Preferred language;
- ii. Proficiency in English;
- iii. Country of Birth;
- iv. Year of arrival in Australia; *and*
- v. Degree of consumer's social and economic identification with the mainstream culture (e.g. cultural self-identification, friendship networks, understanding of the service system).

The Agency maintains service partnerships/linkages with approved and accredited ethno-specific and multicultural aged care agencies to facilitate consultancy, referral, and where required, staff in-sourcing or service brokerage.

Supported Access to a Core of Culturally Preferred Life Services

The Agency assesses consumers from CALD backgrounds on their cultural preferences in respect of the above life service options. Agreed strategies are noted in the individual's service plan.

The Agency reviews the agreed strategies in the service plan for their effectiveness according to the normal case management process.

The Agency trains staff to seek regular, informal feedback from CALD consumers on their cultural preferences with respect to life service options.

The agency actively seeks strong positive relationships with CALD community organizations which are willing to be involved in contributing to the service lifestyle program.

The Agency maintains service partnerships/linkages with approved and accredited ethno-specific and multicultural aged care agencies and other professional ethnic services, particularly bilingual medical and pharmaceutical and allied health services. These partnerships are to facilitate consultancy, referral, and where required, staff in-sourcing or service brokerage.

Culturally Competent Communication Practice

The agency has ready and prompt access to Interpreters and Translators. The agency trains staff members in the use of interpreters and translators

The agency has staff trained in the principles and practices of cross-cultural communication.

The agency makes creative use of carers and volunteers.

Where necessary, the agency uses pictorial cards, universal signage and other communication aids, such as learning basic words in the consumer language (e.g. "toilet", "pain", "drink").

The agency produces service brochures and consumer and carer handbooks, (explaining basic service processes such as consumer rights and responsibilities, complaint processes, food menus etc.) in the consumer's preferred language.

To the extent which it is feasible, the agency plans for a bilingual direct care staff profile, which approximates the language profile of consumers

To the extent which it is feasible, the agency matches consumers and direct care staff according to shared language and culture

Communication and Social Contact/Connection

The Agency encourages and promotes visits to the consumer by family and community friends.

The Agency links more socially isolated consumers from a CALD background with volunteers from the same background.

The Agency informs and supports the consumer to access social support service opportunities within his/her wider ethnic community.

The agency supports the consumer's access to books, videos; music and ethnic media in his/her preferred language.

The Agency installs cable television in facilities to provide access to language entertainment.

The Agency uses formal or more informal consumer clustering in residential care and mutual support group opportunities in community care for consumers of the same ethnic background.

Consumer (and/or Carer) Experience Feedback and Participation

The Agency provides periodic, formal, language-friendly survey opportunities for consumers (and/or carers) from CALD backgrounds to express and record their level of satisfaction with the cultural and linguistic competence of core services

The Agency analyses the data from its regular consumer feedback surveys for any variations in responses between cultural groups.

The Agency encourages CALD consumer representation on all agency committees, working groups and forums where general consumer representation is established

Governance Body, Internal Committees and Advisory Structures

The Agency introduces a Board of Management portfolio to undertake broad monitoring and advocacy roles in relation to the special needs of ageing CALD communities and to the promotion of culturally and linguistically competent service.

The Agency ensures relevant internal working committees, including quality coordination structures provides focus on implications for CALD consumers.

The Agency maintains active links to a centre of excellence for CALD aged care service; this centre of excellence will be able to offer expert advice and link the agency to other sources of expertise in culturally and linguistically competent care

The Agency's leadership group is seen within and outside the agency as promoting social inclusion and cultural competence in service delivery

The Agency undertakes active community advocacy in relation to the special needs of and appropriate services for CALD consumer groups

Culturally Competent Policy and Procedures

The Agency articulates its commitment to the special needs of persons from CALD backgrounds within the body of its strategic policy documentation.

The agency articulates how the service needs of consumers from CALD backgrounds will be met in its operational procedure documentation.

The Agency ensures its direct care staff members receive training in the contents of this strategic policy and procedural documentation.

Integration of CALD best practice

The Agency implements the CALD service benchmarks elaborated within this framework through the same quality coordination channels used to meet prescribed Government service standards.

The Agency earmarks budgetary allocations for social inclusion and cultural competence service improvements and initiatives identified within its business plans.

Service Planning and CALD Consumer Choice of Residential Care Service Model

Within the financial and planning constraints of current Commonwealth residential care policy, the agency organizes for ethno-specific consumer clustering, alongside and within its broader universal access or mainstream service model

Service Planning and Equitable Access for persons from a CALD background

The Agency uses the latest Census data to identify the language and cultural profiles of prospective aged care consumers within each of its service catchment populations

The Agency periodically reviews the language and cultural profiles of its current consumers to compare them, on a proportional basis, with the profiles identified immediately above to assess whether there are indications of the exclusion of particular ethnic communities.

The Agency consults with the relevant representatives of the ethnic communities as part of its service planning for the prospective consumers in each of its service catchment areas

The Agency formulates a detailed community information plan to communicate on service matters with ethnic communities and their representatives in each of its service catchment populations. These community information plans adopt language-appropriate (bi-lingual) strategies and include the use of ethnic media.

7. Conclusion

Lastly, the indicative response that ensures that CALD responsiveness is 'core business' would be demonstrated by CALD becoming embedded into all aspects of the aged care framework. It is imperative that consideration be given to the principle of 'inclusion' within the aged care service system beginning with the planning process and ending with the evaluation of service provision.