Submission template

Aged Care Legislated Review

Submissions close 5pm, 4 December 2016

Instructions:

- Save a copy of this template to your computer.
- Populate Section 1 with your details.
- If you would like to respond to a specific criteria please use Section 2 of the template.
- If you would like to provide general comments please use Section 3 of the template.
- Upload your completed submission on the Consultation Hub. Alternatively, if you are experiencing difficulties uploading, you can email your submission to agedcarelegislatedreview@health.gov.au

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Thank you for your interest.

1. Tell us about you

1.1 What is your full name?

First name **Robin**

Last name **Chen**

1.2 What stakeholder category do you **most i**dentify with?

Service provider

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Organisation

1.4 Do you identify with any special needs groups?

People from culturally and linguistically diverse (CALD) backgrounds

1.5 What is your organisation's name?

Chinese Australian Services Society Ltd.

1.6 Which category does your organisation **most** identify with?

Aged Care Provider

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?

☒Yes, publish all parts of my response except my name and email address

☐No, do not publish any part of my response

2. Response to Criteria in the Legislation

2.1 Whether unmet demand for residential and home care places has been reduced

Refer to Section 4(2)(a) in the Act

In this context, unmet demand means:

- a person who needs aged care services is unable to access the service they are eligible for e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS) approval for residential care is unable to find an available place; or
- a person who needs home care services is able to access care, but not the level of care they need e.g. the person is eligible for a level 4 package but can only access a level 2 package.

So Far we have not observed any reduction of unmet demand in both Home Care Packages (HCP) and residential facility.

1. In HCP:

We have observed manageable demand in level 2 packages due to adequate availability of Level 2 packages in the area, which are meeting the demand from the community. **However, there is a huge demand in level 4 packages.** Due to inadequate availability of level 4 packages, many clients are waiting in long line for service, and many others have to compromise on level 2 packages, while their actual needs are level 4 package. The inadequate supply of level 4 packages may impact on the demand in residential care, as people who can't get Level 3 or 4 packages may choose to go into residential care. We believe that this is likely due to the unequal distribution of the current levels of home care packages. We are happy to see that the Department has made efforts to address the unmet demand in high care packages by allocating 55% more HCP in 2015 ACAR, compared to 2014. But regrettably the increase has not met actual demands in the community. The occupancy rates for Level 1 packages nationally sit at 56 per cent while occupancy for Level 4 packages is at 96 per cent. There has been consistent feedback around unmet demand and excessive waiting lists for the high level packages.

2. In Residential Facility:

Similar to HCP, demand for residential services far outstripped what is available. People have to wait years between the approval and admission.

2.2 Whether the number and mix of places for residential care and home care should continue to be controlled

Refer to Section 4(2)(b) in the Act

In this context:

- the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government ; and
- controlled means the process by which the government sets the number of residential care places or home care packages available.

1. In HCP:

We do not think the number should continue to be controlled for reasons as follows:

a) When there are needs in the market they should be met. Older people have the right to receive the service they believe most suitable, however they have been experiencing difficulty and restriction in accessing services in their areas, because the number of packages and places is inadequate, and the mix of packages is inaccurate and imbalanced.

b) The current system does not help place people in need of care in a timely manner. Many people have to wait a long time after they are assessed and approved, which means in practice their access to services are delayed. It is highly likely that during the waiting period, they begin to deteriorate and their condition begins to worsen, causing bigger issues and heavier burden to the health system and aged care system. The potential consequences of such delay in service delivery need to be examined, and it is not an exaggeration that if seniors are unable to receive the care they need in time, they might end up in acute care at hundreds of dollars per day. Therefore, it should be the consumers who decide

c) More flexibility for service providers will enable more timely and appropriate services to be delivered for clients at the level of care they need. By freeing the numbers and packages of home care from government control, both the clients and service providers will be able to enjoy more flexibility and accessibility.

2. In Residential Facility:

Different from HCP, there is enormous capital investment involved in residential care. Without proper planning, monitor and control, there could be risks that important community resources are misallocated. Therefore, we support that the number and places of residential care should continue to be controlled by the government.

The issue is the inaccurate allocation of residential care. In the current process, the demands of residential places in each area are estimated based on demographic data, mainly on the current and projection of the population of people over 65. We believe it has not taken into account some

significant factors determining what appropriate service for these people are. For instance, many seniors from CALD backgrounds have language barrier and prefer a service provider whose staff can speak their language, or they would prefer a service that is culturally appropriate for them, for example meals and life style activities that they prefer and enjoy. Therefore we urge that such factors be taken into account when determining the allocation of residential places in the area, making it more accurate and being able to respond to the actual needs of the community.

2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model

Refer to Section 4(2)(c) in the Act

In this context:

- a supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
- a consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.

We believe that no further steps are needed to change aged care services from a supply driven model to a consumer demand driven model. Once the funding is provided to consumers, it is anticipated that they will start making decision on their own in choosing the services and providers they prefer. However, it is observed that the CALD community is again disadvantaged. Many consumers in the CALD community are not aware of the options they are offered, causing them unable to seek assistance and access services in time. We urge that more promotion is to be undertaken in community languages for the CALD community to help them make informed decision.

2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services

Refer to Section 4(2)(d) in the Act

In this context:

- means testing arrangements means the assessment process where:
    - the capacity of a person to contribute to their care or accommodation is assessed (their assessable income and assets are determined); and
    - the contribution that they should make to their care or accommodation is decided (their means or income tested care fee, and any accommodation payment or contribution is determined).

We believe the current arrangements are highly ineffective and time consuming. The reasons are as follows:

a) When income testing was first introduced for Home Care services, more than 50% of our clients had to wait for a minimum of 3 months to receive notification of their outcome from Centrelink. Despite the proportion of clients that experience the same issue currently has reduced considerably, 3 months is a substantial length of waiting time and presents a major barrier for people in need of support to access appropriate services.

b) Many seniors have difficulties understanding and completing the forms for means testing arrangements. Without proper support and assistance, many are unable to complete the process.

c) According to the websites of My Aged Care and the Department of Human Services, seniors who are receiving the Aged Pension are not required to complete an income assessment. Yet our clients are advised otherwise by My Aged Care and would not be eligible to receive government subsidised Home Care until they complete such assessment. In our opinion this is repetitive and highly insufficient, which has also caused extra burden to seniors. It is believed to be one of the main reasons why CALD community is underutilising a range of community and home-based services.

2.5 The effectiveness of arrangements for regulating prices for aged care accommodation

Refer to Section 4(2)(e) in the Act

In this context:

- regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

It is required that providers must advertise their accommodation prices in both RAD and DAP figures prior to charging their clients. We find it reasonable as people are entitled to the information which helps them evaluate their financial status and find the most suitable service.

2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refer to Section 4(2)(f) in the Act

In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.

In this context different population groups could include:

- people from Aboriginal and/or Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);
- parents separated from their children by forced adoption or removal; and / or
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

We strongly urge that arrangements for protecting equity of access to aged care services for the CALD population to be improved. We have witnessed and have been provided with plenty of feedback and stories from clients on their difficulties and unpleasant experience dealing with My Aged Care. A few typical examples are as follows:

a) CALD community was given insufficient information and instruction on how to access services through My Aged Care. Due to limited exposure and promotion to the community before the launch of My Aged Care, the community, either main stream or CALD community, knew little about My Aged Care and how the process works when it was launched in 2015. Many of our staff members, who have extensive experience in the aged care industry and high proficiency in English, also expressed similar concerns. Many of them were confused when they received the phone calls from clients at the beginning of the implementation of My Aged Care, and were uncertain about how we should respond to follow up as a service provider. The situation has of course improved quickly as we have more capability and access to information as a service provider, however many consumers in the CALD community are still going through the same difficulty.

b) Language and cultural barrier undermining the CALD population from accessing and receiving services. The Department must understand that it takes more than translating and interpreting skills to service the CALD community, as it also requires understanding of the cultural and CALD seniors' needs in aged care. For instance, some seniors are still actively engaged in various community activities, therefore they are not always available to answer phone calls from ACAT for assessment, not to mention that many of them can't speak and understand English proficiently to discuss their aged care needs. Although they can request telephone interpreting assistance, it is still far from efficient and effective communication. Social workers and staff members who can speak community language is the key component to address the issue.

In conclusion, we believe the top priority to enable equal access for the CALD population is to raise public awareness and confidence in My Aged Care through extensive promotion and to address language barrier through bilingual workers.

2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refer to Section 4(2)(g) in the Act

In this context aged care workers could include:

- paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
- paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

Shortage of suitable care workers is observed.

We have always experienced the shortage of CALD workers to meet the demand from CALD community. On the other hand, we noticed in recent years that many care workers from CALD backgrounds entering the industry are not suitable for the role due to various reasons, such as age, physical condition not allowing them to carry out heavy duties, availability or language barrier, to name a few. This is the main reason for high turn-over rate of workforce in the industry. We believe it has a negative impact on both the individuals who have invested money and time for the training and the community.

We strongly believe that the role of aged care worker is to provide not only physical and personal assistance or domestic assistance, but also communication with consumers that encourages and empowers them and interaction with others to improve their well-being. We urge the Department to adopt the same view when allocating resources for the training of aged care workers. We suggest that the resources should be allocated to people who are physically or mentally suitable for the job, or to people who are truly interested in the industry.

2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refer to Section 4(2)(h) in the Act

In this context:

- arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme .

We find the current arrangements effective, reasonable and manageable.

2.9 The effectiveness of arrangements for facilitating access to aged care services

Refer to Section 4(2)(i) in the Act

In this context access to aged care services means:

- how aged care information is accessed; and
- how consumers access aged care services through the aged care assessment process .

The CALD community is again disadvantaged. There is very limited age care information and material written in community language with adequate details to help CALD consumers understand the process and services. There is also insufficient staff members, who are equipped with not only community language skills but also knowledge in aged care system and services, to support CALD consumers through their journey in the system from assessment, approval to admission. We believe it is necessary that the government makes more efforts in raising public awareness and confidence in My Aged Care, and to help consumers overcome language barrier through bilingual workers.

3. Other comments

The Chinese Australian Services Society Limited (commonly known as “CASS”) welcomes the opportunity to provide a submission on the Aged Care Legislated Review.

As a long standing community organisation, CASS has been dedicated to assisting disadvantaged people from local communities and advocating on their behalf. We would like to share our views and experience with the Department on the Aged Care Legislated Review.

Our submission is a reflection on the viewpoints and concerns that we received from our staff members, volunteers, service users and people in our community, as well as observation and conclusions we made while delivering services to our clients, who are significantly affected by the current system. This submission does not represent in any way the position of CASS as the organisation.

About Our Organisation:

CASS was founded in 1981. Its main service objective is to provide a wide range of welfare services to the community, and assist migrants to settle and integrate into the Australian society. The comprehensive range of community services and activities provided by CASS includes residential aged care, home ageing services, disability services, vocational training, settlement and health, volunteering, and family and children services. Most of the services we provide cover the whole of Metropolitan Sydney, with some covering the areas down to Wollongong. We serve the Chinese, Korean, Indonesian, Vietnamese, people from other CALD communities, as well as mainstream Australians. More than 2,400 families access our services and activities weekly.

In conclusion of the response to each question in section 2, the views we would like to share with the Department on the current Aged Care Legislated Review are as follows:

1. We urge that more resources are to be planned and allocated to the Culturally and Linguistically Diverse (referred to as “CALD” hereunder) population. CALD seniors already represented approximately 23% of the over-65 population as of 2014, and are projected to rise to 30% by 2021. It is not an overstatement that we must position CALD related issues as a key component of any planned approach, or at least as one of the priority segments. Existing service models are currently based on a ‘typical’ senior who is English-speaking, familiar with existing services and comfortable with the aged care service set on offer. CALD clients have different service needs which include language and culture; they

practise different religions and life style and they prefer different food. For aged care services to deal with these differences, more resources are needed to complement the service models on offer.
2. We encourage the Department to tailor aged care services to ensure that they are culturally and linguistically appropriate to CALD seniors, particularly allocation of places to service providers that can provide appropriate service, as well as aged care workers and social workers who can speak community language to assist CALD seniors to access and enjoy services they are entitled to.

3. We urge the Department to invest in the promotion of My Aged Care, especially promotion in community languages to the CALD population so as to facilitate informed decision.

4. We suggest the following for the Department to take into consideration to address CALD related issues:
a) Develop and use accurate and realistic projection to decide the allocation of HCP and residential services.
b) More allocation of both HCP and residential places to service providers that are capable of providing culturally and linguistically appropriated services in main residential areas of CALD population.
c) More promotion on My Aged Care for both mainstream and CALD consumers. For CALD community in particular, information and promotion in community languages to target language barrier is highly important and necessary.
d) Train and involve bilingual workers, including both care workers and social workers, to ensure equal access and smooth delivery of appropriate service to the CALD community.

The launch of The National CALD Ageing and Aged Care Strategy in December 2012 indicated the Government understood the need to direct the sector through its policies, programs and funding approaches to compel change, and to enhance capacity in ethnic communities and CALD seniors themselves, so that they can demand the services and service types that they need from the aged care system. We embrace the initiative and we believe it is now time to work on a more concrete plan.