



Strength through Diversity

A Cultural Pool for Aged and Community Care July 2007

Introduction

In September 2006 ACSA released a national policy position “*Strength through Diversity – Culturally & Linguistically Diverse Aged and Community Care.*” The policy suggested that a *cultural pool* should be established to enhance and promote good quality care for older people from CALD backgrounds.

This paper explores further the rationale for a pool and how it could operate. In preparing this paper it became clear that there is little data on how much is required to provide adequate support or culturally appropriate care, and the nature of the areas that require additional funding. Therefore a research and evaluation project must be an integral part of the design of the pool.

Background

The best quality aged care is designed around the unique and complete needs of the individual. People from any particular ethnic or cultural group are different from one another: values, opinions and family practices may differ, English proficiency varies, settlement experiences and their lives in Australia have affected them differently. ‘Culture’ is not a separate need, it is integral to all aspects of care and support provided.

While the whole Australian population is ageing, demographic projections indicate that the proportion of older people from CALD backgrounds is increasing at a proportionately faster rate reflecting the ageing of the immediate post-war migration wave. By 2011 the proportion of aged Australians from CALD backgrounds is projected to number 653,800 or 22.5% of all aged Australians, having increased from 17.8% in 1996. People from CALD backgrounds over 80 will increase from about one in eight in 1996 to one in five by 2011.¹

Under the *Aged Care Act 1997*, older people from non-English speaking backgrounds are identified as a special needs group for residential and community care programs funded under the *Act*.

¹ AIHW (May 2001) *Projections of Older Immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia.* (Executive Summary: xvii).

The *HACC National Program Guidelines 2002* also identify culturally and linguistically diverse clients as a special needs group who find it more difficult than most to access services. This means that separate and special consideration should be given to CALD groups within funding rounds to enable aged and community care services to provide specific products and services that meet the needs of people from CALD backgrounds. In his 2004 review of pricing arrangements for aged care in Australia, Warren Hogan found 'evidence that the current arrangements do not adequately ensure equity of access' for people from CALD backgrounds (Hogan 2004: 277).

Additional Costs of Culturally Appropriate Care

Services that are funded on a formula basis, such as residential and packaged care, do not necessarily have the capacity to cover the additional costs that can result from caring for clients from a great diversity of cultural backgrounds and can place a prohibitive burden on services.

The following list of components needed to provide culturally appropriate residential care has been identified but it is not exhaustive:

Communication

- Translation and printing of required and in-house literature and information eg newsletter. This leads to duplication of information and extra printing & paper costs.
- Translation time taken with admission, resident/client advocacy and any complaints issues.
- Interpreting for clients and families at key events eg admission, case conference.
- Staff training re the use of interpreters

Lifestyle

- Greater number of community contacts need to be established and maintained in order to provide:
 - Appropriate support from the range of religious representatives
 - Culturally appropriate entertainment (this can prove costly and difficult due to lack of supply).
 - Satellite television (to access television for different cultures and in different languages).
 - Subscription to cultural appropriate newspapers and periodicals.
- Appropriate meals

Organisational

- Reviewing and redrafting organisational policies and procedures in order to develop and maintain a culturally competent organisation
- Advertising for staff in cultural newspapers in addition to English language and/or Australian newspapers.
- Linking in and submissions to Workplace English Language & Literacy (WELL) training programs.
- Cultural awareness training for staff at all levels and from all backgrounds.
- Provision of language education and training to staff.

Additional Staff Time

- At the time of assessment, commencement and review of service to incorporate interpreters
- Additional training and the backfilling of staff while training is undertaken
- Time required to source the culturally relevant lifestyle items

Some ACSA members have estimated the cost of providing the listed components at between three and five per cent of total budget, with community care estimated to bear the largest expense.

Currently, no funding is available for providers to cover the costs of these components. Until recently, residential care providers were able to claim additional points on the Resident Classification Scale under a question regarding communication but only communication was recognised as requiring additional support. However the Aged Care Funding Instrument (ACFI) will not include additional points for communication, lifestyle, organisational needs and additional staff time that is required.

The cost of cultural services is substantial. For example, as at May 2007, the Telephone Interpreter Service (TIS costings via personal communication) provides on-site translator/interpreter services during business hours at a rate of \$141 for the first 90 minute block plus an additional \$46 for each subsequent 30 minute block. These rates increase to \$225 and \$74 respectively outside of business hours. These are substantial costs considering the (highest) day rate per person in residential aged care is funded at around \$175/day (Government contribution plus client contribution) and make the provision of such services 'cost-prohibitive' (VAHEC 2005: 22).

Hogan also noted figures from NSW that indicate that people from CALD backgrounds 'under-utilise aged care services' (Hogan 2004: 199). While this may reflect a choice to support aged family members at home, it may equally reflect the lack of culturally appropriate care available in residential services to support the principle of equitable access.

The Federation of Ethnic Communities' Councils of Australia (FECCA) supports ACSA's call for the creation of a cultural pool to enable residential aged care facilities to purchase specific products and services to cater for the day to day needs of the growing numbers of ageing people of CALD backgrounds.

The Australian Government does produce very limited aged and community care services information and material in other languages, saving organisations some expense. However, aged care service providers have indicated that while these translated documents are welcome, it is often the day to day needs of service recipients that increase the cost of providing culturally appropriate care.

While a range of CALD support services, including staff education and translation services, are provided by the Partners in Culturally Appropriate Care (PICAC) and Community Partners Program (CPP) services funded in each State and Territory under the Ethnic Aged Care Framework since 2005, these agencies are primarily linkage services. Direct services provided by PICAC and CPP, such as training, may be free but there are costs associated with staff and back filling². A cultural pool for use by aged care providers for the direct purchase of the products and services will complement the programs being developed by PICACs and Community Partners Programs.

Advantages of pool funding

Provision of services for aged people from culturally and linguistically diverse backgrounds through a 'pool' funding model has a number of advantages and has ample precedent, particularly in HACC where pool funding is now used in all States and Territories to fund high needs, exceptional needs and complex needs services.

² CPP and PICAC services include user-pays community education and cultural awareness/proficiency training for residential staff; document, service manuals and community education session translation; and information services to aged care programs including residential programs.

Pool funding:

- allows flexibility of funding where the required suite of services spreads across funding systems,
- eliminates the need for service providers at the direct client interface to access funding from diverse sources to address an individual CALD client's needs. With the 'pool' funding model, providers are able to access funding for a variety of services through one source.

Pool funding also enables additional, emerging and unmet needs of individual clients within a region to be addressed while quarantining basic funding streams. This enables services to provide accurate forward estimates of the number of basic funding stream clients they can service while also allowing them to purchase a raft of extra services for clients with special needs, including cultural needs. With pool funding, the cost of higher needs clients does not cut into services' ability to take on basic needs clients; nor do services need to restrict entry of high needs clients into their service systems to protect services to basic needs clients. According to the NSW HACC Annual Plan for 2005-6, the pool funding approach 'helps avoid a single area's funding being significantly depleted by a relatively small number of clients with high cost needs' (NSW HACC Annual Plan for 2005-06: 56). Similarly, the Victorian HACC Departmental Advisory Committee (HACCDAC) has argued that pool funding ensures that 'no individual agency carries the risk of paying for a number of very high cost clients at the expense of substantial numbers of people with more moderate needs' (HACCDAC 2003:6).

As *Carers Victoria* argued in its 2005-06 pre-budget submission, pool funding 'assist[s] in rationalising' service systems (Carers Victoria: Pre-Budget Submission 2005-2006 [October 2004]:3).

In Victoria, separate funding pools support equity of access for clients in under-funded regions and areas with growing populations of HACC-eligible clients (DHS Aged Care Branch, February 2006: 14, 22-24). NSW has deployed the pool funding model to create a 'statewide pool for identified clients with complex needs' and a 'statewide pool for Aboriginal clients'. The HACC Community Links program also uses a funding pool to support grants 'to enable services to meet the social, recreational and leisure needs' of isolated community care clients (Baptist community Services, SA). Pool funding is also used by HACC NSW and WA where it attaches to the individual client, enabling individualised services to be brokered.

In each case, the pool model was chosen because it 'provides flexibility to adapt to new models of service delivery in a whole-of-government environment' where funding is routinely accessed across funding boundaries (NSW HACC Annual Plan for 2005-06: 56). Aged people from CALD backgrounds also have service needs that span multiple service systems.

Hogan recommended that 'planning arrangements should be more flexible so that they can [amongst other needs] ... take account of the needs of older people with special needs including those of culturally and linguistically diverse backgrounds' (Hogan 2004: Recommendation 1). He further recommended that the care needs of people from diverse backgrounds should be met through the provision of supplementary funding by extending an existing Resident Classification Scale (RCS) that currently covers the provision of oxygen and enteral feeding. Recommendation 6, which called for the rate of payment of any new supplement to 'reflect the incremental increase in the cost of providing the appropriate treatment and/or level of care' to meet 'the care need of people from diverse' backgrounds (Hogan 2004: xviii) is a clear acknowledgement that the costs of providing culturally appropriate care are not met through current RCS increments.

ACSA considers that the addition of a CALD category to the ACFI is *not* the best way to provide for the needs of CALD residents. Supplements are allocated to all clients who can be ticked off against a category of care need and may see funds go to CALD background residents who have no expressed need for CALD-specific care while others with more express needs may be unable to access sufficient services to support actual care needs.

A cultural pool would enable the intention of Hogan's recommendations to be enacted in a way that allows facilities to address specific residents needs as they arise up to their real cost.

Research

ACSA, FECCA and many other agencies have often noted the lack of research available concerning what constitutes culturally appropriate care and what it costs. ACSA is recommending that a research and evaluation component be linked to the cultural pool as essential components.

Cost of the Cultural Pool

In financial year 2007-8, ACSA considers that at least \$5m should be allocated nationally for the establishment of the cultural pool plus administrative and research funds. With almost one quarter of Australia's aged population coming from CALD backgrounds, the exact costs of services to this client group remains to be established. This relatively small allocation will, in effect, act as a pilot and reveal unmet need enabling a more realistic figure to be identified for subsequent funding periods.

Operation of a Cultural Pool

ACSA does not have a clear preference concerning where the cultural pool should sit. Different states may have different organisational solutions including PICACs or large ethnic service providers to distribute the pool of funds in line with agreed guidelines. In the first instance ACSA suggests that the pool be established initially for 5 years. A 3 year research and evaluation project should be attached and finalised in time to inform how the service should be funded into the future.

In the design of the pool, essential elements to consider are:

- that the guidelines are flexible to allow providers to meet the needs of their clients. If the guidelines are too prescriptive then they will undermine the research;
- that all Commonwealth funded aged and community care services are eligible to use the pool;
- that the funds are easily accessed without excessive paperwork;
- that the organisations chosen to manage the funds already have knowledge and a role in ethnic aged care;
- that the organisations are known and well respected with the ethnic communities;
- that the research considers client and provider outcomes and satisfaction as well as costs; and
- the research will identify the nature and level of additional costs faced by providers and may point to a more effective method of financing this need.

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