Multicultural Communities Council of SA Submission to the Royal Commission into Aged Care Quality and Safety

The Multicultural Communities Council of SA

The Multicultural Communities Council of SA has a forty five year history of service to migrant communities following its establishment in 1995 with the merger of the Ethnic Communities Council (est. 1974) and the United Ethnic Communities of South Australia (est. 1979). This was underpinned by a tradition of service going back to the 1949 establishment of the Good Neighbour Council. MCCSA represents 115 ethnic organisations. MCCSA is a member of the Federation of Ethnic Communities' Councils of Australia.

With its vision of 'an equitable, cohesive and thriving South Australia', the Multicultural Communities Council of SA mission is 'to support and advocate for all people from culturally and linguistically diverse (CALD) backgrounds to realise their potential as active contributors to the economic, social and cultural life of South Australia'.

Over the years MCCSA has observed the changing nature of a multicultural South Australia and the nation. It understands that the needs of recent migrants differ in many respects to those of previous generations. In its role in reflecting and transmitting to governments the changing needs of immigrant communities, and where necessary meeting these needs, the MCCSA has provided a critical role in the immigrants' and society's well-being.

MCCSA has aimed to balance the practical service needs of the South Australian ethnic communities with advocacy so that the government of the day was aware of the changing needs of migrant communities, both of recent arrivals and the long standing, but in many respects ageing, communities.

MCCSA is currently undertaking fifteen different programs for a wide range of communities, filling niche needs but also acting where the Government considers a non-government organisation can achieve an objective more readily.

During 2017-2018 MCCSA worked with 151 stakeholders including ethno-specific organisations, multicultural organisations, State and Federal Government Departments, local councils, universities, schools and other not for profit organisations.

Aged Care System Forums

To inform this submission MCCSA held two Forums on Wednesday 28 August 2019, to provide MCCSA members with an opportunity to comment about their experiences across the aged care system. This submission reflects the views expressed at the two forums.

Thirty one people participated in the workshops or provided comment. This included representatives from nineteen organisations:

- ANFE Community Care
- Association of Ukrainians in South Australia

- Australian Refugees Association
- Chinese Association of SA
- Chinese Welfare Services of SA
- Gabriela Mistral Spanish Speaking School
- Hispanic Women's Association of SA
- Korean Community of South Australia
- LANSIA – Indonesian Seniors Association
- Maronite Community of SA
- Multicultural Communities Council of SA
- MCCSA Individual Member
- Murray Mallee Aged Care Group
- Muslim Women's Association of South Australia
- Pacific Islands Council of South Australia
- Persian Cultural Association of South Australia
- Polish Women's Association in Adelaide
- The Latvian Association of South Australia
- Vietnamese Women's Association SA

Section 1 General issues

Terminology
Residential Aged Care

- Insufficient food
- Accreditation issues
- Incident reporting is inadequate
- Inadequate care of people with severe mental health issues
- Inadequate care planning
- Fraudulent claims
- Bullying
- Excessive management charges
- Inadequate training
- Inadequate staffing levels
- Poor remuneration
- Enterprise bargaining agreements
- Staff turnover
- Negative media coverage

Navigating service provision
Aged care packages and CHSP

Section 2 CALD specific issues

Culturally appropriate and responsive services
Family
Navigating Service Provision

- My Aged Care
    - Recognition and remuneration needed for unpaid navigator support provided by ethnospecific community organisations
    - Call Centre Issues
    - RAS assessors

Residential Care
Detrimental changes for multicultural people and ethnospecific providers
Grant Funding
Aged Care Packages and CHSP
Social Support
Shared Meals
Transport

Attachment 1

Middleton, G., Patterson, K., Velardo, S., Coveney, J., The social and wellbeing values of shared meals provided at Cultural And Linguistically Diverse organisations, Flinders University, July 2019

Section 1

Aged Care is Everyone's Issue

MCCSA wants to acknowledge that some of the problems in the aged care system are definitely not CALD specific but effect older people from all walks of life. A number of people attending our forums work in residential care and brought a particular perspective from the view of an aged care worker not at management level. Due to the seriousness of some of the issues they raised we are choosing to address issues which may affect all older Australians accessing aged care first, and then address the CALD specific issues.

Section 1 General issues included:

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Navigating service provision
Aged care packages and CHSP

Terminology

- The groups consulted were not happy with aged care terminology which they saw as being driven by the Federal Government including the use of resident, consumer and client. They made the point that the older people receiving care are all someone's daughter or son, often a husband or wife, a father or mother, grandparent or loved friend. Reducing these older people to market-based terms is inappropriate. These older people need more respect as human beings and should always be referred to as people.

Residential Aged Care

Insufficient food

- There is often not enough food for residents and when staff ask for more they are told " to make it last: that's it"

Accreditation issues

- Aged care accreditation is often given to sites who have the appropriate documentation in place, but there is no real way to ensure these processes are actually filtering down to the residents, as staff are reluctant to speak up and are often not trained to realise what is truly involved in the accreditation process.
- Staff claimed that extra staff will work when accreditation people are present and that flowers are placed around etc.. This creates a false impression. Staff said that they are told what to say to the accreditation team and abused by management if they say the wrong thing.

Incident reporting is inadequate

- "A resident I care for at this time has assaulted five residents within my facility, and his management consists of an overload of sedation which eventually will no longer work, once again placing others at serious risk. These assaults are not reportable as the parties involved all suffer from a cognitive deficit: so does this mean it doesn't matter?"
- "Medications are being given by untrained staff. No checking occurs. All that is required is to ensure that the right number of pills are in each packet. The eight (8) rights of medication management are not considered at all. Staff are told not to worry about any of these issues, just dispense the medication quickly and return to carer duties as quickly as possible. They are not aware of errors due to lack of time and training. Therefore no incidents are reported. Properly trained staff with integrity will always report when they make an error, monitor residents carefully and contact an MO to review. With untrained staff administering medications, the only time a serious error will become obvious is if a resident dies. This still may go unnoticed as few older persons deaths are ever investigated due to their other comorbidities or reasons they are receiving care."
- Residents' falls are not being reported.

Inadequate Care of people with severe mental health issues

- They require a greater staff ratio to ensure care is provided rather than using chemical restraint which robs them of a reasonable quality of life..
- Inappropriate accommodation
- Allowing these residents to reside in the general areas of residential aged care facilities often puts other residents at risk

- Insufficient staff training

Inadequate Care Planning

- Residential aged care staff compiling care plans and ACFI claims, often don't meet with the resident to discuss care needs or the staff that actually provide direct care. Instead they compile care plans and ACFI claims based around diagnosis rather than person-centred care needs.

Fraudulent Claims

- Claims are made by staff from other sites, or management who have no direct knowledge of the residents involved, to boost funding claims for areas such as behaviours which require substantial diversional therapy interventions. Falsification occurs with attendance sheets and the said residents are not even being given the opportunity to attend as required, and stated in the Aged Care Standards.

Bullying

- There are a large number of complaints in aged care regarding workplace bullying from management and co-workers.
- "Staff are constantly being bullied to document and sign off for activities and care that are just not occurring, to the point where if they are not conforming they are in fear that management will then start a personalized witch hunt finding fault with their . Staff are called to attend what they presume to be a friendly discussion only to be ambushed by two senior management staff. The informal meeting then becomes a formal disciplinary meeting where staff have no forewarning and are unable to seek appropriate assistance from their the union or another staff member to assist in their defence."
- Senior staff do not value ancillary or care staff and staff are spoken to constantly in a threatening manner, belittled and abused.
- Workers are pressured to work for free after hours to please the manager. If they refuse then they are classified as poor or bad workers.
- Staff are not encouraged to be as engaged in the enterprise bargaining agreements and are bullied if they suggest it.

Excessive management charges

- Funding is often used for other purposes such as an overload of managerial positions rather than filtering down to the residents for appropriate care and adequate staffing levels.

Inadequate training

- Senior staff such as RNs and ENs in aged care are required to diagnose health issues within aged care facilities as in many instances the resident is no longer able to communicate effectively. These staff have no substantive experience or knowledge of older persons or their health issues and behavioural issues which affect them
- Care staff are asked to provide quality aged care with only a little knowledge derived from 4 to 6 week courses.
- Untrained staff without any formal training, or understanding of the goals needing to be met are signing off for lifestyle activities which are imperative for quality of life, and behavioural interventions for adverse behaviours.

Inadequate staffing levels

- Workload is a huge problem in aged care.
- There are Insufficient nursing staff in some facilities and this results in high workloads, reduced resident satisfaction and wellbeing.
- Workers are under a lot of pressure to complete paperwork and decreasing the time available for resident care.
- Staff are asked to return to finish paperwork or return the next day in their own time to complete paperwork. For instance care staff may work 45 minutes over their shift to complete duties or start one hour earlier to get all work completed. Nursing staff often work a minimum of one hour over their shift's finish time each day to complete paperwork.

Poor remuneration

- Aged care staff receive low wages for the work expected and are very undervalued.
- The RN salary rates do not match the daily working load. RNs working overtime for two to three hours without pay.
- When staff update their skills they get told by management that it no longer recognises these skills for extra wages, but staff are expected to utilise said skills daily.

Excessive timelags with enterprise bargaining agreements

- These are often not commenced until the previous agreement has expired. It is often six months plus after expiry and then the process then takes another six to twelve months. If staff apply for any reasonable pay increase it then goes back and forward for another six months often only being implemented a few months prior to the next agreement being due. Staff battle for a long time to get a small outcome, often with conditions removed.
- The perception is that Enterprise Bargaining agreements benefit management more often than staff.

Staff turnover

- Turnover is now much higher in aged care. Staff do not stay in the industry long and undertake study to find another career.
- Many disappointed workers leave looking for fairer working conditions.
- Workcover injuries are very high in aged care. When on Workcover their life is often made hell and most will choose not to go on and rather leave.

Negative media coverage

- Media stories about residential aged care facilities being sanctioned for not meeting standards and understanding create fear amongst current and potential residents and impact on staff stress, morale, and motivation.

Navigating Service Provision

Navigating one's way through the various support mechanisms, their eligibility and service provision is regarded as difficult for the average older person without significant assistance.

- The quality of information provided varies. "There is different information at different times"
- "Seniors are missing out because they do not know what services they can access: they are signing documents they do not understand."
- "Registration with the call centre can take up to an hour and a half; but if there are any problems with the representative person and records not matching, then sometimes we have to re-register and start the whole process again."
- "Support for a person to make the right decisions is still limited. Much of the information goes over people's heads. There needs to be clear cut questions and answers. If it is difficult to navigate or if it takes too long people give up and switch off."
- "A lot of disclaimers are read which the old people do not really understand or care about."
- "My Aged Care centres basically provide information and referral"
- "With the central emphasis on either digital access through various devices or through telephone calls people with limited literacy and very low levels of use of technology are at a distinct disadvantage. This is exacerbated by the limitations of on line or telephone translating services."

Aged Care Packages and CHSP

- There are large inconsistencies on what people receive on both aged care packages and CHSP
- For CHSP many services are full especially ongoing cleaning and gardening, For people entering the aged care system this level of care may be all that they need to stay at home. There needs to be an expansion of CHSP to cope with increased demand.

- Contracts are often in bureaucratic language a normal person can't understand.
- Providers should be mindful of the need for ongoing communication with clients regarding their utilisation of packages in a language and medium that is appropriate, including inter agency referrals.
- Clients and workers are both confused about eligibility criteria and services when moving between the different levels. Nursing care can eat up the package very quickly. For example some providers may charge up to $100/day for insulin
- Larger organisations are charging inappropriate administrative fees for limited results
- Wellness and reablement is not always possible, particularly if the package available restricts the number of client/worker engagements. It works for some but not for others. For example a timeframe of eight weeks for 'reablement' may be inadequate.
- Provider policies on charging for consumables vary and people may not question this for fear of losing services.
- Even with a Dementia Level 4 Supplement the family needs to provide a top up to meet (hidden) fees plus interpreting fees.
- Clients on a low level package assessed for a higher level may not receive the additional top up CHSP unless they stay with the same provider
- Scheduling of RAS appointments needs to be improved and clients should be contacted soon after they are deemed eligible for assessment and an appointment booked in
- Clients receiving CHSP under the grandfathering clause may be receiving a higher level of service for lower fees than on a level 2 package with higher fees. Once assessed for a Level 3 they feel they are being pushed to accept a Level 2 package at high fees with no increase in services.

Section 2

Effectively Practicing Diversity and Inclusivity in Aged Care

While MCCSA notes the consumer focus of the new Aged Care Quality Standards, in general Aged Care Reform has disadvantaged Culturally and Linguistically Diverse (CALD) communities.

Further CALD specific improvements are needed in Aged Care if the Australian multicultural society is to genuinely practice the diversity and inclusivity it praises itself for.

CALD specific issues included:

Culturally appropriate and responsive services
Family
Navigating Service Provision

- My Aged Care
    - Recognition and remuneration needed for unpaid navigator support provided by ethnospecific community organisations
    - Call Centre Issues
    - RAS assessors

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Culturally appropriate and responsive services

Members of the ethnic communities, and the workers who support them, require an aged care system that:

- "…really listens to us" and gives people from a CALD background a voice
- Understands and mitigates against the fear within CALD communities, particularly the elderly and those from new and emerging communities, of authorities in general and of government authorities in particular
- Assists people from a CALD background with poor or no English (sometimes because they lose their existing English skills due to either diminishing mental faculties or inadequate opportunities to practice English) to communicate effectively. Sometimes they also need assistance with written communication due to low literacy skills in their first language as well as English
- Enables people from a CALD background living in their own home or in a residential care facility to have unbroken ongoing links with their communities.
- Ensures an understanding of, and access to, the services available to people from a CALD background.

Family

There needs to be:

- An understanding that aged care, family care and child care are connected
- An understanding of the cultural imperatives, for example the responsibility of adult children to care for elderly parents.
- A priority focus on community and home care support because people don't want to access residential care, but will expect to be able to rely on family.
- A focus on the education, training, assistance and guidance of adult children in ethnic communities to improve their understanding of, and capacity to get involved with, their parents' care.
- Respect for the different levels of engagement with different incentives for adult children to be individually engaged.
- Protocols to enable the involvement of family members in taking responsibility for coordinating packages and in being paid to do so.

Navigating Service Provision

The difficulties with navigating the Aged Care system are exacerbated for people from CALD communities through language, literacy (including in their first language), digital access and cultural issues.

My Aged Care

Recognition and remuneration needed for unpaid navigator support provided by ethnospecific community organisations

- Prior to the development of the My Aged Care, ethno specific aged care organisations were assisting community members to connect with appropriate aged care service provision, particularly through CHSP (or HACC funded) social support programs. These agencies have continued providing support to their community members without payment, in particular supporting members to connect to My Aged Care since its inception.
- It is important for the Commonwealth Government to recognise this in the current review of the Navigator trial[1] and to ensure that ethnic communities undertaking this task are compensated and recognised accordingly for undertaking the 'navigator' work at their own expense.

Call Centre Issues

- In many cases working through My Aged Care call centres or on-line with CALD people who have little or no English is inappropriate and inadequate as they require face to face interaction to help ascertain and meet their needs.

[1] Navigator Project: the Commonwealth Government funded COTA Australia to trial a range of delivery options including for CALD people.

- "The conference call with the interpreter is always frustrating for the old people. It is hard for them to understand or spell their name or address correctly due to literacy difficulties. Interpreters may or may not translate accurately. This is a very sore point. One needs to have confidence when calling in with an interpreter but if any difficulties arise, they then hesitate …. to use the service. "
- "Call centre employees follow rules, know nothing about the cultural aspects of diversity and inclusiveness and when needing to go outside of guidelines "things fall apart".

RAS assessors

- Cultural training for RAS assessment managers needs to be improved
- RAS assessors and indeed all aged care assessors should **not** be engaged from organisations which also provide Aged Care services because of the conflicts of interest involved. MCCSA has been informed by several small ethnospecific providers that they are getting substantially less referrals for CHSP under the new system and there is a concern that assessors are referring to allied organisations. A review of referrals from all assessors who are linked to an organisation which also provides services needs to be undertaken to determine if any inappropriate bias/ favouritism is occurring.

Residential Care

- People from a CALD background may revert to their original language when losing their mental faculties. There needs to be an effective way of communicating with them. Staffing needs to include CALD workers who speak their language.
- There are difficulties for people if they are the minority group in a facility. This is compounded if they are the only person speaking a particular language.
- When English is not the first language of workers miscommunications can occur and this can lead to the needs of the older people not being addressed, and their concerns not being acted upon.
- CALD people may be scared to complain due to cultural issues and a history of fleeing authoritarian regimes.
- There is limited engagement with the ethnic communities of residents or any social or religious activities they previously did. This institutionalises people.
- Limited options of ethno-specific facilities linked to particular communities.
- Bringing facilities up to the standards required by the new Aged Care Quality Standards will involve significant investment in time and resources, in particular in meeting the specific needs of people from CALD communities.
- When a facility engages workers from a limited number of nationalities and offers work to their relatives this was seen as increasing workers vulnerability, limiting their ability to demand fair treatment at work and leading to deteriorating level of care.

- The proposed introduction of consumer directed care into the provision of residential aged care, even with the availability of capital grants, will create significant risks for smaller providers (who may be multicultural or ethno-specific) in building new, or expanding existing, facilities.

Detrimental changes for multicultural people and ethnospecific providers

- Some large organisations have partnered with smaller ethnic organisations to provide services for people from CALD communities. These arrangements were regarded as being of much greater benefit for the larger organisation with the smaller ethnic organisation feeling in a dependent relationship.
- The larger 'mainstream' organisations are being encouraged to have bilingual staff, but 'market driven' larger organisations poach both bilingual community based staff and clients from ethno-specific organisations often to the detriment of clients who benefit from the social supports of ethno-specific organisations.

Grant Funding

- The extensive information required in processes and application forms for government funded community and residential based aged care places, capital support, packages and other grant funding have placed a considerable resource and financial burden on smaller ethnic organisations agencies seeking to provide community based smaller programs, such as the shared meals.

- There needs to be avenues for the smaller ethnic community organisations to be able to continue to have access to block funding to enable them to provide social support initiatives such as the shared meals, transport services and social support as outlined below.

Aged Care Packages and CHSP

The day to day involvement of CALD workers in assisting clients with packages, eligibility and assessment has led to a number of concerns relating to both CHSP and packages.

- Pressure on NGOs collecting co-contributions is regarded as unreasonable, as it affects the relationship between the organisations and their clients.
- Mainstream providers charge interpreting costs and this reduces funding available for care. This is not the case with ethno-specific providers.
- The question was raised as to why there isn't a supplement for the telephone Interpreter Service (TIS) similar to the supplement for rural, regional and remote.
- **Social support, shared meals and transport are interwoven issues and these services work together. They affect both CHSP and Aged care package clients. MCCSA strongly supports the continued block funding of these services. We believe that all clients (both those on CHSP and Aged Care packages) should be able to access them at the same subsidised rate as**

they are an essential component in reducing loneliness and depression and actively contribute to social connection, skill retention, information sharing and cultural connections. They contribute to the overall wellbeing of individuals and the importance of these programs should not be underestimated.

Social Support

- There is a need to provide services that support people from a CALD background that are regularly and consistently available in a culturally appropriate manner at locations they can access, at a price they can afford.
- Ethnospecific aged care activities for older people provide a way to share and access information, social connections, links with their culture and a chance to speak freely in their own language
- Social support activities are low cost if they are attending CHSP programs. However, clients in receipt of a Home Care Package can be billed at full cost to attend the same service. The higher cost for these services can be a deterrent and they may choose instead to fund services such as domestic assistance not fully realising the value of social support.
- There is a strong argument based on community and individual benefit that social supports (including shared meals) should be available to all aged care recipients under the block funding subsidised arrangement.

Shared Meals

Shared cultural meals have been a central part of ethnic community programs for many years. Recent research commissioned by MCCSA and undertaken by Flinders University[2], indicated the importance in ethnic communities of shared meals. (refer Attachment 1)

Shared meals events:

- **Build social capital amongst ethnic communities.**
- **Give the elderly something to look forward to: "You should see the faces, to see them happy is something really good. They care more about getting together than the food; they recharge the batteries."**
- **Maintain cultural identification and connections, reducing isolation by bringing people together: "If they don't share a meal they don't get to know each other."**
- **Put people in touch with their peer groups to discuss their issues etc.**
- **Provide a good nourishing meal more than those living alone might provide for themselves.**
- **Enable people to talk with staff of organisations about their needs and how these needs could be met in a culturally appropriate manner: in turn enabling workers to keep a watchful eye on the general health and**

[2] Middleton, G., Patterson, K., Velardo, S., Coveney, J., *The social and wellbeing values of shared meals provided at Cultural And Linguistically Diverse organisations*, Flinders University, July 2019

wellbeing of the individual and assisting them to access information and support to access services, i.e. through My Aged Care.

- **Help keep people healthier by reducing stress and depression, enabling them to live in their home setting, keeping them out of the acute care system needing expensive medication for psychological issues or having to enter residential care at much greater cost both emotionally and financially.**

The shared meals programs are an example of low cost social support initiatives making a big difference in peoples' lives. However the long term future of these shared meals, as social support programs, are threatened due to the changes to block and package funding,

Transport

The continuation of block funding for transport assistance is considered vital. There is a strong argument based on community and individual benefit that transport assistance should remain block funded. Any cessation of block funding would reduce the viability of community transport services and make it very difficult to continue these services and impact negatively on many older people increasing their isolation.

- Access to transport to attend ethno-specific community events such as shared meals or wider community events is considered crucial for participation levels and the continuity of initiatives.
- The public transport options across the Adelaide metropolitan region are inadequate and many older people may be too frail for public transport to be a viable option
- Council buses stay within boundaries communities live in many Councils and can find it hard to access their ethno-specific organisation or programs without transport assistance
- The cost of transport has reduced shared meal events from twice a month to once a month within some communities
- Transport costs for older people on packages is extremely expensive
- Developing a viable transport service when combining people on packages and CHSP is difficult for organisations