



Response to CHSP Programme Manual 2015 From the CALD Ageing Alliance: Multicultural Communities Council of SA

This response was developed with the assistance of workers from the following CALD service providers:

- Bene
- Greek Orthodox Community of SA (GOCSA)
- Greek Welfare Centre
- Dutch Aged Care – NAASA
- German speaking Aged Services Association Inc
- Croatian Care for the Aged Association Inc
- Association of Ukrainian of SA Inc Ukrainian Social Services
- Chinese Welfare Services of SA Inc.
- Vietnamese Community in Australia (SA Chapter)
- St Basil
- St Hillarion

These community organisations are the larger CALD communities in SA. They participated in one or more of the following: attending the workshop, providing written input, distributing the survey and/or distributing the petition to elderly community members. Survey questions are in Appendix 1 and the petition is in Appendix 2. 538 survey responses were received and 470 signed the petition. Originals can be supplied on request.



The author Kristin Johansson and the President of the MCCSA Helena Kyriazopoulos have also previously surveyed over 2000 CALD people as part of five Emerging Needs Scoping Studies reports commissioned by the Government and based on the surveys and consultations with over 1000 CALD people believe that the concerns outlined below can also be extrapolated to other CALD communities.

There were just over 38,000 South Australians aged 65 and over who spoke a language other than English at home at the 2011 Census. Many of these communities have a number of their members who speak little or no English and are heavily reliant on community workers and/or family members to access services. In addition there are also clients from these countries who do speak English at home but want a culturally appropriate service. MDS 2012/2013 data indicated that there were 19059 CALD clients. The total number of South Australian clients was 81201. All groups participating in this report were in the top 14 groups of CALD HACC clients in the 2011/12 MDS data:

Country of birth	Number of clients
Italy	5213
Greece	2876
Germany	1756
Netherlands	1018
Poland	897
Croatia	633
Ukraine	436
Vietnam	412
China excludes SARS and Taiwan Province	299

- *Data Source: HACC Minimum Data Set, Extract 1 2012/13 (July 2012-June 2013), SA, 96% participation rate*



From these figures it can be seen that this paper and the survey results contained within represents the view of key CALD service providers and the feedback contained within it is pertinent for the majority (i.e. 71%) of current CALD HACC clients in South Australia.

The South Australian system which is not replicated across Australia has helped many CALD clients who would not have otherwise accessed services to do so and has played a key role in capacity building. SA has a higher aged profile than other States and the CALD community (due primarily to a large scale postwar migration) is ageing faster than the community overall.

South Australians speaking a language other than English at home represent 18.5% of those aged 65 and over in SA at the 2011 Census.

This does not take into account those who do speak English at home but who need and want a culturally appropriate service and who may revert to their native tongue with the onset of dementia. 23% of South Australia's current HACC users are from a CALD background

Our response to this paper needs to be taken in context of the above information and there are 3 points which MCCSA and the CALD Ageing Alliance would like to make.



1 A key component of wellness is social connection and being able to engage with the wider community. For many older people from a CALD background participating in a social support group where they can meet other members of their own community, speak their native language and undertake activities and religious festivals of cultural significance to them contributes substantially to their wellbeing.

We would like this recognised, and affordable social programs made a priority as an essential plank of a wellness approach. Attending a social support group should be available in addition to other services and not counted as part of the hourly quota.

The value of these programs is immense and workers often provide adhoc counselling, referrals, information, grief counselling, translation, crisis support and assistance with ringing organisations such as Centrelink or doctors on a “needs basis” whilst the group is ongoing. **In terms of what they deliver these social support groups are incredibly cost-effective.**

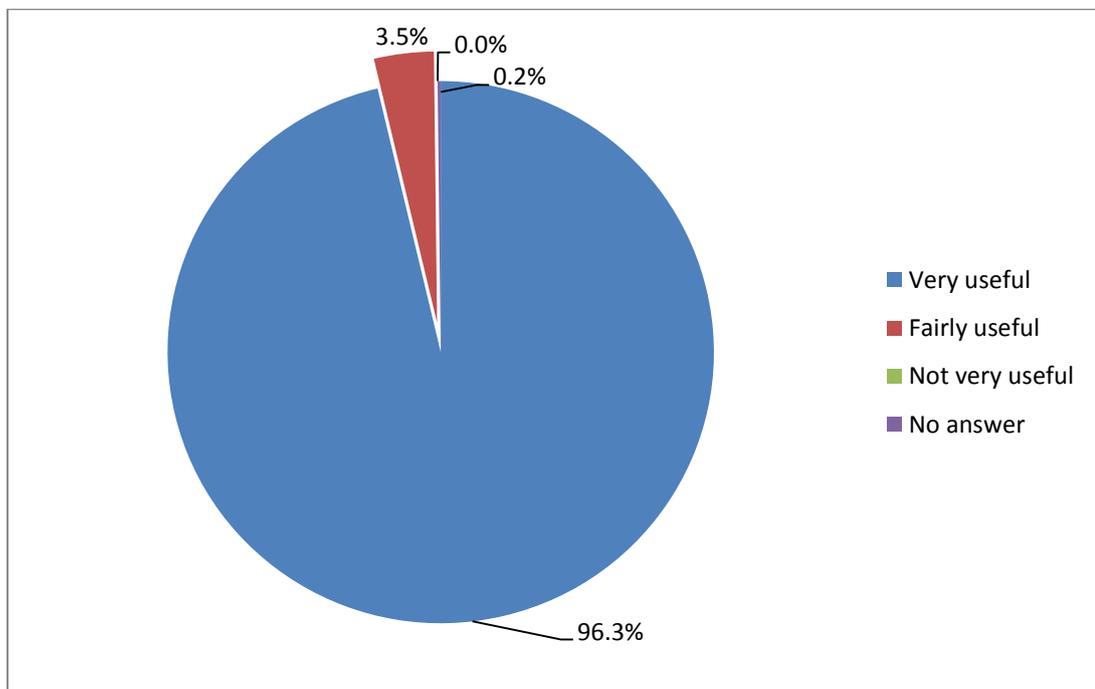
538 people from the following backgrounds responded to MCCSA’s survey:

Italian, Greek, Dutch, German, Croatian, Ukrainian, Chinese and Vietnamese

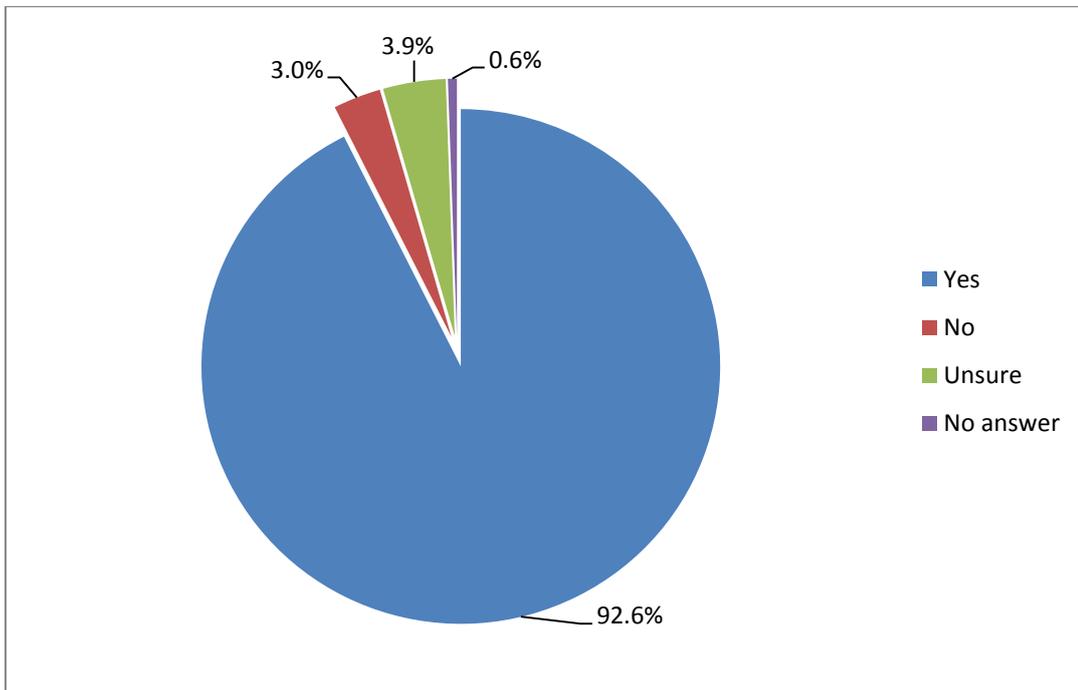


The survey surveyed what are now called daycentre programs and will become social support group after July 1st 2015.

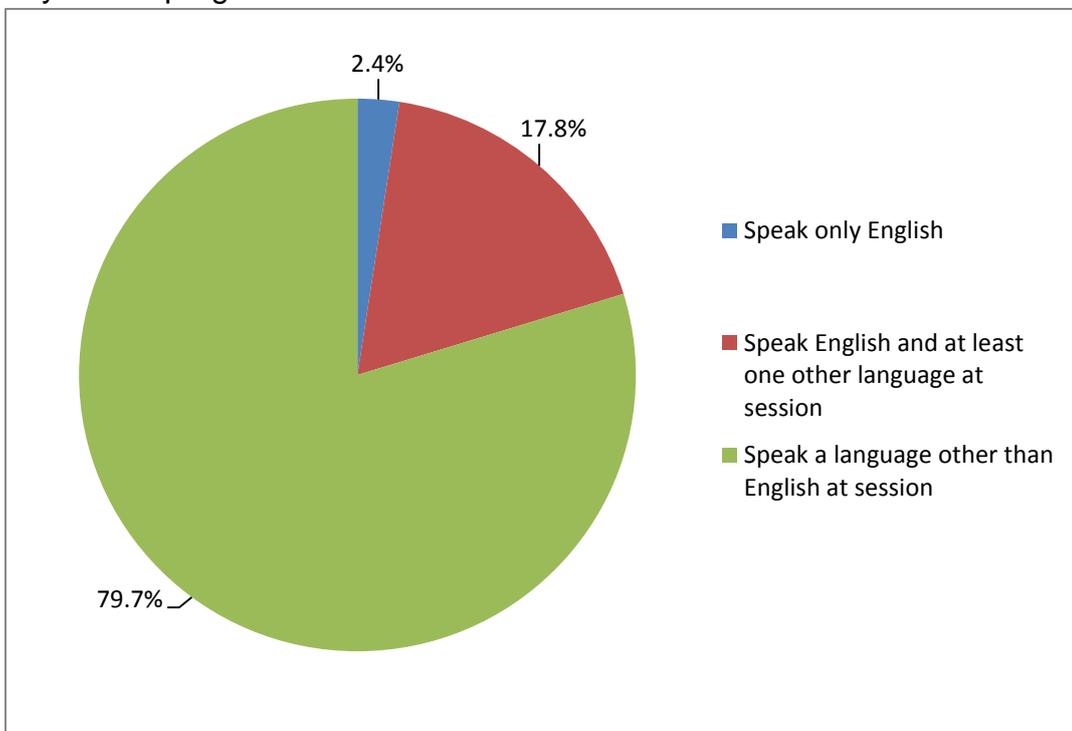
This survey found that 96.3 % of those surveyed said that their day centre program was very useful in helping them keep in touch with members of their community.



92,6% of those surveyed said that they would be lonely if they did not attend the day centre program.



79.7 % of those surveyed spoke only a language other than English at their day centre program.



It is our recommendation that social support group programs be charged at a flat fee which is fair and reasonable which takes into account the multiple benefits of these programs.

2 This is a changed approach in service delivery. MCCSA supports the shift to wellness and reablement as we believe that any initiative which enhances the wellbeing of our community members and enables them to remain at home longer, if they so choose, is worth implementing. However the increased focus on this will require staff training and a re-education of client expectations. Both of these will require time and will incur expense. It is both reasonable and fair for the Commonwealth to reimburse organisations for the additional training costs incurred during the transition and to allocate funds for educating current and future clients about expectations under the new system.

It is our recommendation that the Commonwealth allocate additional funds to organisations to assist with this transition process.

3 We are deeply concerned that the proposed changes rather than improving access will put additional barriers in place to accessing services and will disadvantage our CALD community. There is a high demand for support and information at entry level to services amongst the CALD community. **Community development work is an important part of this and helps facilitate the entry of people who need assistance to programs particularly if they come from cultures where such assistance is unfamiliar or deemed shameful.**



It is essential that this CALD specific support is funded as it is an integral part of CALD service provision.

Cultural values and language issues mean that before consumers or potential consumers will reveal their true issues and needs they need to have a good ongoing relationship with the person they are talking to. Telling their needs to strangers would be seen as “hanging out their dirty laundry for others to see” and would be associated with guilt and shame.

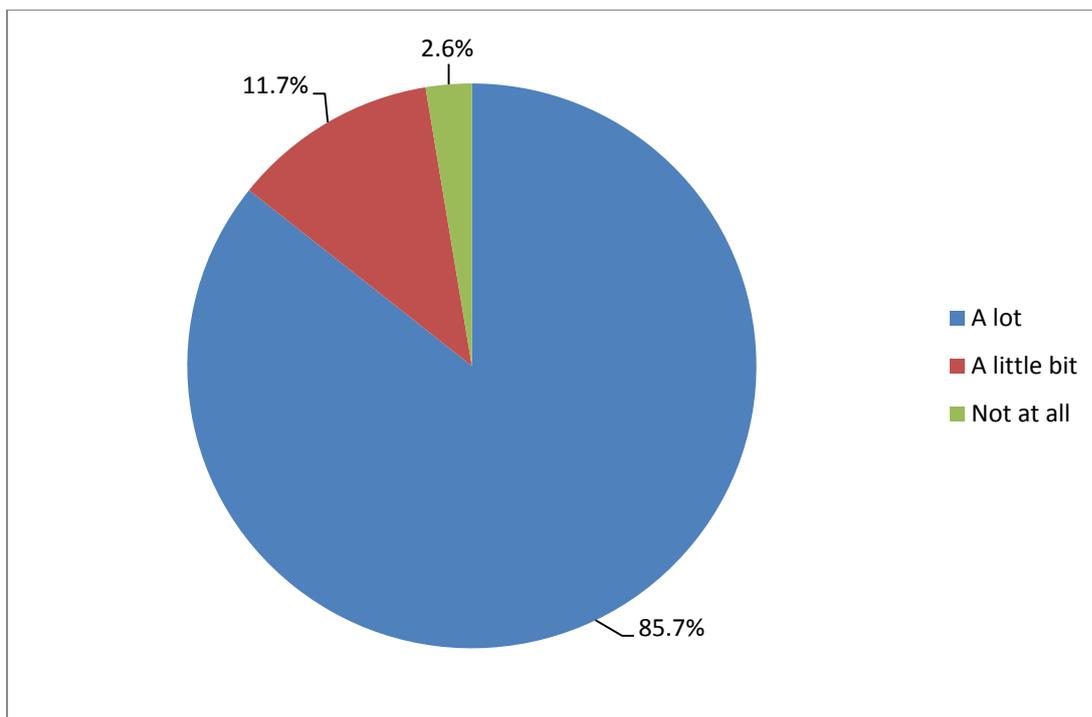
The centralisation of the My Aged Care system will be seen by many Vietnamese as akin to the communist system under which they have had adverse experiences. This will be true for a number of CALD communities who have past trauma and experiences of oppression. The notion of having their personal details obtained and retained by a central body could trigger fear and paranoia as they worry about being spied upon by the Government.

MCCSA and the CALD Ageing Alliance are concerned that the new system may create issues of access and equity and underutilisation by CALD community members. Some of the aspects of service delivery such as case management and counselling are foreign to many people such as the Vietnamese and they need assistance to understand these concepts. In some communities mental illness carries great stigma and there is little understanding. Clients are more likely to present with physical issues rather than emotional or mental issues and it requires



experienced community workers to unravel their needs and help them access the best possible service.

The significant role that CALD community workers play is illustrated by the response to question 4 in our survey with 85.7% of the 538 people who responded from the following communities (Italian, Greek, Dutch, German, Croatian, Ukrainian, Chinese and Vietnamese) stating that they rely a lot on their community workers for help accessing information and helping dealing with the Government and other matters.



It is our recommendation that this critical role of CALD community workers is recognised and they are paid to assist clients and community members access My Aged Care.

Appendix 1 Survey form on Home and Community Care services

Please write community name and date information collected

1 Is the day centre program important to help you keep in touch with members of your community?

Very useful

Fairly useful

Not very useful

2 Would you be lonely if you did not attend this program

Yes

No

Unsure

3 What language do you speak at the day centre program

English

Another language

(Hi can you please insert your language(s) here)

4 How much do you rely on your community workers for help accessing information and helping you deal with the Government and other matters?

A lot

A little bit

Not at all

Appendix 2

Petition to have the proposed fees for the Commonwealth Home Support

Programme reduced and fair and reasonable fees set

The fees proposed in the Commonwealth Home Support Programme – National Fees Policy

Consultation Paper are too expensive and will destroy community programs in South Australia's culturally and linguistically diverse communities because people will be unable to meet these costs. These programs reduce social isolation, help us maintain our own culture and help reduce depression and mental problems in our community.

At present under the fee paper for a 3 hours day centre program (social support group) with a meal if we are on a full pension we would be asked to pay:

- 3 hours of social support at \$9 an hour = \$27
- 2 one way transport trips for under 20 kilometres at \$5 each way = \$10
- One meal at \$9 plus the cost of ingredients

This would be over \$46 for one group session.

Action petitioned

We, the undersigned are concerned Australian citizens from culturally and linguistically diverse backgrounds. We ask you to amend the proposed fees so that they are fair and reasonable and our community programs are not destroyed. We need to access services for our health and wellbeing as we age so that we can stay at home as long as possible. We urge you to take into account the work of our volunteers. We ask you to work with the Multicultural Communities Council of SA and other CALD peak groups in other States to set fees which will enable our culturally and linguistically diverse services to survive.

