



Response to CHSP National Fees Policy Consultation Paper 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 people signed the petition.

Originals can be supplied on request.



MCCSA South Australia's Peak Multicultural Body
All cultures, All religions, All languages All ages

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 10 recommendations which we have made.



- 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.

Under the current proposal social support groups would incur hourly charges, transport charges and meal charges plus the cost of ingredients. There is great concern in CALD communities about the proposed costs with many saying that they will not be able to attend. To date 470 people from the following communities: Italian, Greek, Dutch, German, Croatian, Ukrainian, Chinese and Vietnamese have signed the petition attached below and communities are receiving calls from family members concerned about the impact of these proposed fee changes on their elderly relatives.

There is strong concern about this aspect of the proposed reforms which could see the end of many ethnospecific aged care organisations in South Australia and an increase in social isolation for their community members. Failing to ensure the continuation of social support programs for the CALD community at an affordable cost will have a detrimental effect on thousands of elderly South Australians from a CALD background.

It is our understanding that the Federal Government wishes to improve the wellbeing of elderly Australians. We urge the Federal Government to take heed of the South Australian CALD social support groups which are a cost-effective way of providing multiple benefits to community.

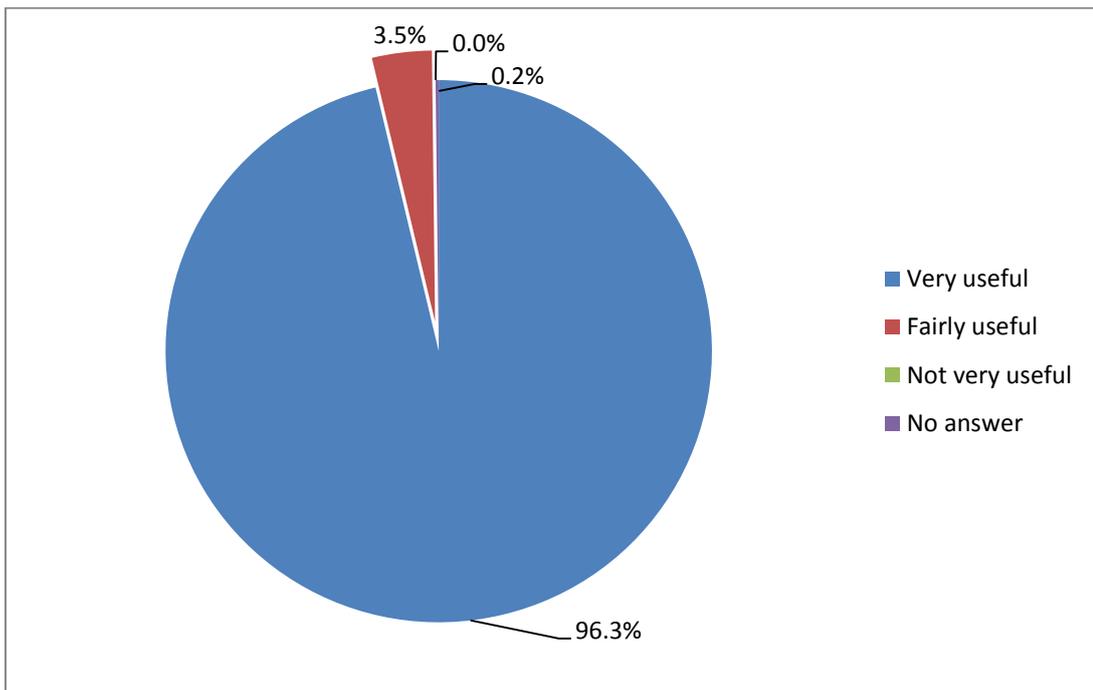
This is supported by the data from our survey and previous commissioned Government reports.



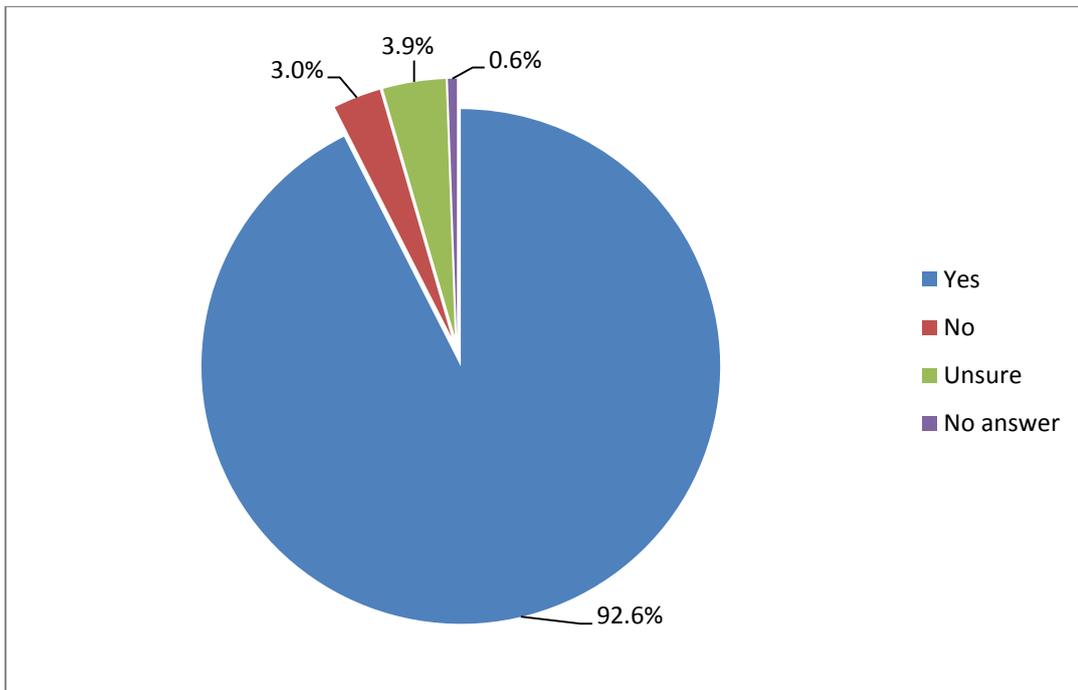
538 people from the following backgrounds responded to MCCSA's survey: Italian, Greek, Dutch, German, Croatian, Ukrainian, Chinese and Vietnamese.

The survey surveyed what are now called daycentre programs and will become social support groups after July 1st 2015. This survey found that:

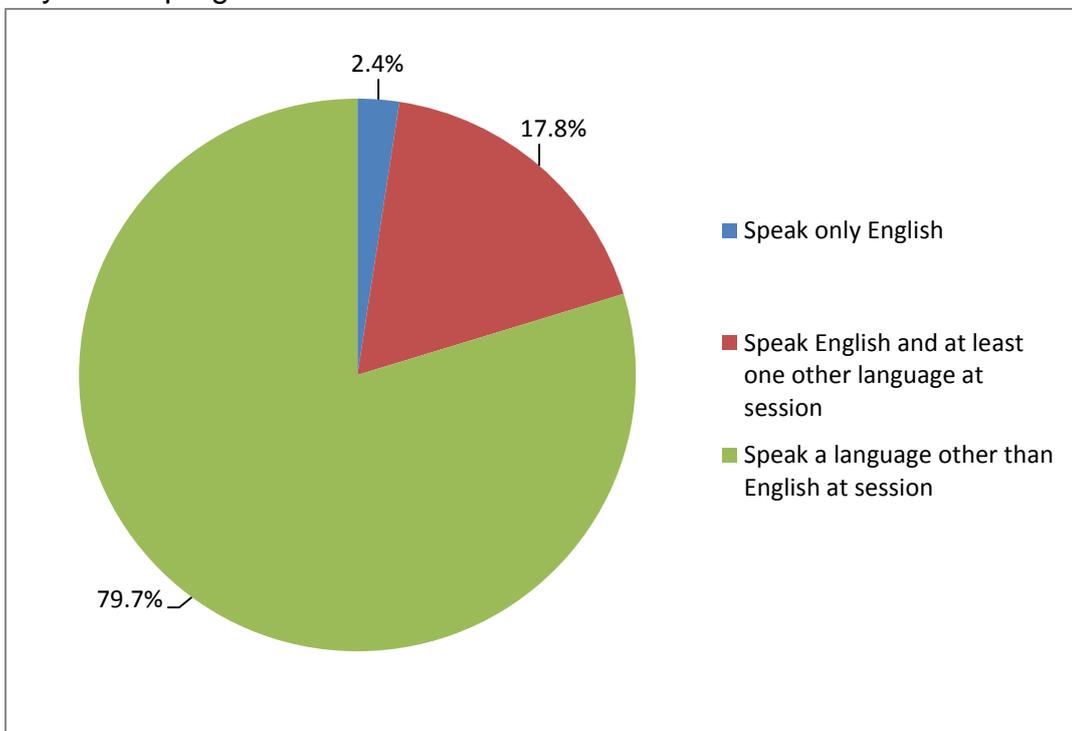
96.3 % of those surveyed said that their day centre program was very useful in helping them keep in touch with members of their community.



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.



We provide a specific example of how this would apply based on a “real life” situation.

Community Example

Currently, clients attend our Plateia Centre Based Day Care (CBDC) program and are charged \$8.00 per session. Sessions are run for 5 hours and the cost includes the following:

- CBDC component (activities, personal care assistance etc.)
- Transport to and from the program either through group transport via our bus or with a cab/access cab. Most clients are unable to drive due to either being medically/psychologically unfit or that they have never learnt to drive.
- Refreshments for morning tea and a meal for lunch.
- Allied health services through a group physiotherapy program or podiatry services.

If the proposed CHSP fee structure goes ahead, it is estimated that our clients will be expected to pay at least \$55.00 (full pensioner rate) per session. The above prices do not include the participation in optional allied health services which would bring the price up by another \$10.00. This is certainly a cost **NO** client will want to pay and anecdotal evidence reinforces this. Following release of the CHSP Fees Policy, clients and/or their representatives were surveyed and 24 out of 24 responses received indicate they would not continue with our service if such a dramatic increase in fees was introduced.

In summary, CBDC has fundamentally been delivered as a “bundled” service in which it typically included other service types such as a meal, transport, allied health which in turn serve a holistic and all-encompassing purpose within overall service provision. These other services within CBDC are traditionally intrinsic and inherent elements of the overall service and should not be charged individually. If this was to occur it would only increase existing barriers to individuals seeking care and assistance to remain at home. One of the principal elements of the CHSP is adopting practices to align with a wellness and reablement approach.

As a service provider, our personal stance on wellness and reablement **BEGINS** with making fees and other costs associated with care affordable for our elderly consumers so that they may continue to remain independent and empowered.



It is our recommendation that Social Support Group fees should be bundled to include transport, the group and a light meal. They should be kept to an affordable cost and not included in the hourly quota for services. Where allied health services are provided to the group (i.e. podiatry) to keep costs down this should not be charged at the proposed hourly rate but rather at a fee which recognises the economies of scale (i.e. \$1 per person).

2 Whilst we support the principle of uniform fees we believe that fees have been set too high. The fee increase proposed will impose an extra burden at a time when community members are struggling under high living costs and large increases in basic services such as electricity and water over previous years. In particular clients who are widows/widowers or live alone have increased cost of living stresses. Clients with PTSD (such as some of the Vietnamese clients) have lost the skill of managing their money and would find any increases difficult to budget for. Community leaders and workers are concerned that faced with these fee increases people in need of support will simply choose to “opt out” and not receive support. These fees also fail to take into account the work of volunteers. For instance the Vietnamese community has 15 volunteers who work with a large social support group to provide meals. This is the case with a number of CALD communities. People volunteer so that their older community members are able to receive help at an affordable cost. The proposed fee structure makes no allowance for services with heavy volunteer contributions.



We are concerned that the new system and fee changes may create issues of access and equity and underutilisation by CALD community members.

It is our recommendation that fees are reviewed (taken into account cost of living), reduced and that the new fee structure takes into account the contribution by volunteers when the new unit cost is established.

3 The proposed transport rates are causing concern particularly for those who live close to community centres but still need assistance to get there. Transport costs will also be a major factor, not only with the “social support” schedule, but also for other requirements such as shopping and attending medical appointments. Many CALD clients rely on subsidised transport especially local council bus services and communities are concerned that cost increases will be prohibitive.

It is recommended that either shorter distances are set for each fee or that charges are on a per kilometre basis and that every effort is made to reduce transport costs and keep them as affordable as possible.

4 The policy states that the full pensioner fees are “minimum fees”. Does this mean that this is the amount which must be charged or that organisations are free to charge above this amount. At our workshop we heard reports of some mainstream organisations implementing increases and charging above the proposed discounted fee for full pensioners.



It is recommended that it is made clear exactly what is meant by the term “minimum” in relation to discounted fees for full pensioners.

5 It will be very difficult for older CALD people to understand the requirement of paying a significant extra amount for social support particularly if they have been receiving these services for some time.

It is recommended that the Commonwealth fund MCCSA to educate the CALD community about the final fee structure.

6 There is concern that there was no consultation with the CALD community about the proposed fee structure. It is unclear how the fees were determined and what formula was used. This needs to be made explicit.

In line with the petition it is recommended that the Commonwealth Government 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



7 The current majority of some CALD providers clients would definitely have difficulty in paying the required fees – the “grand-fathering clause” would need to be enacted for the majority of current clients as they would be experiencing financial hardship without fee reductions. In many instances package care will be unavailable if they are assessed as eligible. South Australia’s CALD communities have received lower than their expected share of Home Care Packages and this situation needs to be remedied urgently. We are concerned that these changes will cause great distress to many existing clients who have no clear alternative available to them especially if their English is poor or they are unable to speak it.

The grandfathering clause with fee adjustments will create a range of problems for current CALD clients. It is recommended that the Commonwealth work with MCCSA and other CALD peak bodies to address these in a timely manner.

8 The age of clients should also be considered. Clients 75 and over should not be part of the need to pay fees (pre compulsory superannuation policies). This is the generation of older people who worked towards receiving the Aged Pension and related health and aged care services.

It is recommended that these fee changes be restricted to clients under 75 years of age.

9 It is unclear what consideration has been given to clients who require to



pay for other services e.g. RDNS, Domiciliary Care in the overall cost of services?

It is recommended that fees and hardship assessments take into account the total health costs of the client.

10. Fees paid under CHSP do not contribute towards the lifetime cap. This may discriminate against some CALD clients who because of language needs may need to spend longer periods of time accessing the Commonwealth Home Support program before a culturally and linguistically appropriate package becomes available.

It is recommended that smart card technology is utilised so that contributions towards CHSP count towards the lifetime cap.

The reports state that people on packages will have to pay full costs to access aspects of the Commonwealth Home Support Programme. We believe that in respect to social support group programs this has not been properly thought through as the costs would be prohibitive. Social support groups are of such high benefit we believe that everyone should be able to access them at the same fee if they are eligible for any Commonwealth funded service whether it is a CHSP, a home care package or they are in residential care. We provide an example of where the proposed policy would be detrimental below.



Community Example

A Limani Dementia program utilising Montessori principles which positively contributes **towards retention and maximization of functionality in people** with dementia is at risk under this proposal.

This 5 hour program which includes morning tea, lunch and pick up is charged at \$9 per session at present.

This program helps people to stay at home and has substantial benefits. Under the proposed fee structure the cost would be prohibitive and very few people would be able to participate. Some clients access this program twice a week because of its beneficial nature. Clients who are on a package will be unable to do so if they are charged at full cost recovery. It is estimated that a twice weekly use of this program would cost over \$170 per week as this is a staff intensive program. The current fee structure fails to take into account special needs such as those with dementia. These costs must be offset against the higher costs of the person entering residential care.

Socialisation has been proven to be very important for people with dementia. It would be a short-sighted step to exclude (through the new fees policy) people on packages from these specialized programs.

It is recommended that social support group programs are excluded from the requirement that people on Home Support Packages pay full cost for access and instead are charged at a flat fee equivalent to that for clients utilizing services under the Commonwealth Home Support Programme.



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.

