Multicultural Aged Care

1. **Welcome and Apologies**

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2. **Introductions:**

   Ann Grenci, ITBIT, Business Development Manager; Vikram Madan; Vice Chair, MAC Board; Fahim Hashimy, FARDA Afghani, Chairperson; Mahbub Bin Siraz, SABCA, Chairperson; Tina Karanatasis, ELS, Strategic Development Advisor; Thuy Phan, SAMEAC; Joumana Norris, Uniting Communities; Nasir Hassan, Pakistani Australian Connection; Founder and President; Ajay Pradhan, FICSA.

3. **Overview of Aged Care**

   A brief overview of Aged Care in Australia:

   - Aged and community care/support/assistance/services for people over 65 years of age have been subsidised with Government funds for over 40 years.
   - Funded service providers have included government departments; churches, not for profit organisations and for profit agency.
   - Funded aged and community care services are heavily regulated and accredited by Government
   - There are three main funded programs; Commonwealth Home Support Program (CHSP); Packaged Care, Levels 1-4; Residential aged care places.
   - Aged Care Reforms (2011 -) policies, procedures and processes are emphasising and implementing: consumer choice; services in home and in community; online access to information and assessment, streamlining services and maintaining quality.
     - o There are challenges with the implementation of the Aged Care Reforms for example, over 121,000 people waiting for packaged care.
     - o The introduction of My Aged Care (online and phone access to aged care services) has seriously compromised the ability for some people to access these aged and community care services.
   - The Aged Care Reforms are being overseen by the Aged Care Sector Committee which is appointed by Government. There is an Aged Care Roadmap which promotes a consumer driven, market based, sustainable aged care system.
   - People born overseas and/or who are from non-English speaking backgrounds make up over 30% of people over the age of 65 years.
   - Culturally and Linguistically Diverse (CALD) older people are considered as one of the special needs groups/cohorts; there is the Aged Care Diversity Framework which is the endorsed approach to managing diversity. A draft Aged Care CALD ACTION Plan is soon to be released.

4.   **Ageing: Issues and priorities for new and emerging community groups**

Existing services available for new and emerging community groups' members
- Examples of CALD targeted aged and community care services delivered by Uniting Communities and Ethnic Link Services were provided. Contacts and brochures were exchanged.
- Information on training opportunities for workers and volunteers in aged care available through International Institute of Business and Information Technology (IIBIT) was presented. Contacts and brochures were exchanged.

Brainstorming issues and priorities. Culturally appropriate:
- Care and assistance provided by family and specific community
- At home care and support (not residential care) preferred
- Involvement of people in group/community events and celebrations
- Food prepared by family and community
- Music, storytelling and films and celebrations
- Comfortable and convenient place to meet
- Knowledge about what is available, eg Community Visitors Scheme (CVS)
- Support to the older person and family

Brainstorming suggestions
- Bringing diverse groups from the same community together for social activities
- Providing information in social and community settings
- Networking opportunities with MAC and other groups: not reinventing the wheel
- Staying informed; addressing ignorance; minimising liabilities
- Sharing contact details
- Connecting with MAC activities
- Supporting grant applications
- Seeking grants for volunteers
- Developing apps and learning technology to minimise isolation
- Purchasing refurbished computers
- Planning for sustainability and succession planning

5. **What's next?**
   a. Share contact details
   b. Link into MAC newsletters and webpages
   c. MAC to set up an email network for the invited new and emerging community groups
   d. MAC to set up quarterly network meeting for invited new and emerging community groups
      i. Perhaps in February; May; August; November 2019
   e. MAC to negotiate with individual community groups regarding information sessions and events both at MAC and in the community.

6. **Networking**
   a. Shared contact details
   b. Took photos
   c. Agreed to network

MAC Information Pack contains

ABS Statistics Fact Sheets:
        Afghanistan
        Bhutan
        Bangladesh
        Iran
        Kenya
        Liberia
        Pakistan
        Somalia
        South Sudan
        Sudan
        Turkey
Department of Health Newsletter   Issue #2018/20
Diversity Framework
MAC Annual Report
MAC Badge
MAC Brochures
My Aged Care information
Pensioners and Seniors Information Kit 20 March 2017
Royal Commission Information
Savvy Seniors: A guide to consumer rights

1. Aged Care Act 1997   Culturally and Linguistically Diverse are considered a Special Needs Group

2. The Partners in Culturally Appropriate Care (PICAC) Program has been funded since 1997 and is a national program with outcomes delivered in each state and territory by ONE organisation. Multicultural Aged Care Inc. (MAC) has been administering and delivering this program in SA since 1997. Furthermore, MAC is the Secretariat for the PICAC Alliance which is the national structure coordinating information, resources and training in the aged and community care sector.

3. What is diversity

In the context of aged care reforms and the Aged Care Roadmap (particularly the Domain 'How are consumers with different needs supported?'), the aged care sector in Australia is moving towards a system where older people have greater choice and control. One of the key goals is ensuring diversity is catered for in the new system. Older people display the same diversity of characteristics and life experiences as the broader population (see Appendix 1). Older people with diverse needs, characteristics and life experiences can share the experience of being part of a group or multiple groups that may have experienced exclusion, discrimination and stigma during their lives. However, they are not a homogenous group. There are some similarities within groups in relation to the barriers and difficulties they may face in accessing the aged care system but additionally, each person may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs.

In addition to common challenges, social differences often overlap as people identify with more than one characteristic, exacerbating already complex issues. There is no limit to the number of different characteristics a person holds and no two people's lived experiences are the same.

- Aboriginal and Torres Strait Islander People
- socio or economic disadvantage
- people from CALD backgrounds
- veterans
- LGBTI people
- people who are homeless or at risk of becoming homeless
- people who live in rural, remote or very remote areas
- care-leavers
- people with mental health problems and mental illness
- parents separated from their children by forced adoption or removal
- people living with cognitive impairment including dementia
- people with a disability

The **Diversity Framework** is envisaged to be a living document that takes a holistic approach to older people with diverse characteristics and life experiences to drive cultural and systemic improvements to aged care. The Diversity Framework provides an overarching structure which includes a number of action plans. The intent of the action plans is to support government, aged care providers, consumers, families and carers by focusing on solutions to address specific barriers and challenges affecting each group's ability to access mainstream and flexible aged care services. Initially the Aged Care Sector Committee Diversity Sub-Group will develop three action plans for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, and Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) peoples. Further action plans may be considered as the need arises over time.

The Diversity Framework builds on the 2013-2017 National Culturally and Linguistically Diverse and the National Lesbian, Gay, Bisexual, Transgender and Intersex aged care strategies. The CALD and LGBTI strategies started a process of inclusion and the CALD and LGBTI action plans will continue to embed good practice into aged care and ensure that CALD and LGBTI peoples are included and respected. In addition, there are goals from the strategies that still need to be implemented, or implemented more fully. An action plan is also being developed in acknowledgement of the range and magnitude of social and cultural barriers faced by Aboriginal and Torres Strait Islander people in accessing and optimising their experience of aged care.

Diversity Framework

Vision
All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.
Overarching Imperatives

The following strategic imperatives are essential in ensuring an inclusive aged care system that embraces the diverse characteristics and life experiences of older people.

Equity of access and outcomes – Older people with diverse characteristics and life experiences have equitable access to information and services that are effective and appropriate to their needs, and that take into account individual circumstances.

> **Empowerment** - Older people with diverse characteristics and life experiences, and their families, carers and representatives are respected and supported, and have the information, knowledge and confidence to optimise their use of the aged care system.
> **Inclusion –** Older people with diverse characteristics and life experiences, and their families, carers and representatives are included in the development, implementation and evaluation of aged care policies and programs on an ongoing basis.
> **Quality –** Older people with diverse characteristics and life experiences are treated with dignity and respect, and can maintain their identity. They can make informed choices about their care and services and how these services support them to live the lives they choose.

Capacity building – Older people and their communities have the capacity to articulate their ageing and aged care needs and have their diverse characteristics and life experiences embraced. They are partners in the development of services and the workforce to meet their needs

Responsive and accountable – The aged care system embeds the diverse characteristics and life experiences of all older people in system planning, delivery, monitoring, and transparent reporting. The aged care system is responsive and flexible in adapting to the current and emerging needs and expectations of older people, their families, carers and representatives, to ensure services are appropriate and inclusive.

Appendix 1: Statistics

Older people display the same diversity as the broader population across one or more attributes including race, religion, language, gender, sexuality, health, economic status and/or geographic location.

Available information from the National Aged Care Alliance shows that:

- There are over 100,000 older people from Aboriginal and Torres Strait Islander communities' in Australia
- Over 36 per cent of older Australians were born outside of Australia and one in three older people were born in a non-English speaking country
- More than one in ten people have diverse sexual orientation, gender identity or intersex characteristics
- Almost 15,000 older Australians experience homelessness or are at risk of homelessness
- One in ten Australians over sixty-five lives with cognitive impairment and dementia
- More than 80% of older Australians report an affiliation to a religion of some kind
- Over half of older Australians experience some sort of disability
- More than one in ten older Australians live in regional, rural and remote communities
- One in twelve older Australians experience significant financial or social disadvantage
- One in twelve older Australians have four or more chronic diseases
- There are over 150,000 older Australian veterans
- There are half a million care leavers in Australia who are now between 40 and 90 years of age, with the numbers of parents separated from their children by forced adoption or removal still unknown
- The population of people living with HIV has aged substantially. In 1985 the proportion of the population aged over 55 years was 2.7%. In 2010, it was 25.7% and by 2020 it is expected to be 44.3%

Additionally, due to their poorer health status and higher levels of socioeconomic disadvantage, Aboriginal and Torres Strait Islander elders have health care and support needs that differ from those of other older Australians.[4] Aboriginal and Torres Strait Islander elders have a life expectancy that is approximately 10 years less than the general population[5] and experience dementia at rates between 3-5 times higher than the general population