

15/04/2015

Ethnic community services Co-operative: Feedback Submission – Commonwealth Home Support Programme 2015 (CHSP)

The Ethnic Community Services Cooperative (ECSC) thanks the Department of Social services for giving the opportunity to provide feedback on the proposed Commonwealth Home Support Program and wishes to make the following points:

Page 9 – *The Commonwealth Home Support Program will... Support access to translation and interpreting services.*

A clear outline must be provided in regards to how the CHSP plans to support access to translation and interpreting services, taking into consideration that translating and interpreting services should be free and readily accessible to clients, service providers and My Aged Care staff. Any barrier to access such as, long waiting times, multiple phone transfers, fees or service provider reluctance to use the service will only enhance inequality in accessing the system.

Page 11 – *Commonwealth Home Support Programme grant recipients must:*

Is there any provision for translating and interpreter service? In order to ensure that CALD clients have equal access to services, interpreter service is crucial in terms of access to services. ‘

The National Aged Care Advocacy Program (July 1st implementation)

The National Aged Care Advocacy Program should have been outlined and established long before the implementation of the CHSP. There has been no support from the department on preparing clients for the transition to the CHSP. We believe the people from Culturally and Linguistically diverse (CALD) backgrounds will face many issues in accessing the services during the transition period due to language barriers and other cultural practices

Page 13 - ‘Other Support Services’: Advocacy (Client) – Counselling, Support, Information and Advocacy (Carer) – Still under review?

Like the National Aged Care Advocacy Program, Counselling, Support, Information and Advocacy will be key support services in the implementation of the CHSP, especially for CALD clients. The CALD specific bilingual support, information and advocacy of many existing organisations and services¹ will be the only point of contact to mainstream services for many CALD individuals and their participation will be crucial to ensure that the most vulnerable CALD clients are able to participate in the CHSP.

¹ Multicultural Access Projects, Australian Korean Welfare Society, Co. As. It., Chinese Australian Services Society, Greek Welfare Centre to name a few.

Uncertainty over the future funding direction of these services has been extremely damaging to NGO's and clients alike. This can be attributed to the scaling back of support group services (notably dementia café's previously run by the Inner West's Dementia Advisor), reluctance to apply to community and club grants, and loss of workers from organisations with uncertain funding. A clear response from the department with reliable timelines is needed in order for organisations to adequately plan for their future and the future of their clients

Page 29 – Service Type: Social Support

There must be provision for social support in order to actively include and promote CALD and language specific social groups. The existence of CALD social support groups are invaluable to alleviating social isolation as well as building networks within the community and opening dialogue with service providers as a platform for providing information on services.

This service type should include carers as recipients of social support, with the care recipient. It should be acknowledged that the carer may wish to be with the client and participate in social support activities.

Page 35 – Care Relationships and Carer Support.

The concept of *Care Relationships* needs to be developed further. As mentioned above, care relationships are promoted through more than just respite. Care relationships can be enhanced through meaningful activities shared by a carer and the care recipient. A service provider can provide enough support in order to alleviate a carer from their role (provide transport, personal care for the duration of the social support).

Page 43 & 44 - Sector Support and Development

Sector Support and Development will be a crucial to the implementation, sustainability and ongoing equity of access. It is surprising to see that this area is still 'under development' and should be established well before 1st July 2015.

Sector Support and Development must focus on the inclusion of CALD, LGBTI, ATSI and other vulnerable groups with dedicated programs to target accessibility of these communities.

Page 49 - Equity of Access

This section must be greatly expanded on. The *standardisation* of access is by no means a guarantee of equity. In order to take meaningful steps towards equity, service quotas on target group accessibility will need to be put in place and enforced as part of funding agreements. For CALD communities this must include free and easy access to interpreting services as well as translated printed materials. Commitment to equity needs to be proactive and accountable to be effective and this is not reflected in the Programme Manual.

Page 49 – Assessment Functions – My Aged Care



Ethnic Community Services Co-operative

A voice for diversity and inclusion

(Formerly known as Ethnic Child Care, Family and Community Services Co-operative)

We welcome an online access point for initial assessment/registration and ongoing monitoring of a client however we acknowledge that the online function of My Aged Care web portal will not be user friendly to the majority of current CHSP eligible clients including CALD clients. The web portal will be an investment for future clients and should continue to be developed to include full translation of the website and registration process in community languages (at present only fact sheets in community languages are available). It also needs to take into account the issue of illiteracy among many eligible clients.

For the majority of clients accessing the CHSP on the 1st July the web portal will not be relevant, effectively leaving them with only one point of access, the My Aged Care 1800 number. We strongly recommend continuing to allow clients to register through service providers. If the service provider access point is cut off or discouraged there is a huge risk in isolating the most vulnerable clients as well as negating the decades of work community service providers have put into building relationships with their clients and in particular CALD communities. Many CALD clients lack the confidence to make an impersonal phone call to a centralised service centre and the stress of calling a stranger in their non-native language can lead to inaccurate assessments and misunderstandings.

Page 63 – Flexibility Provisions (Costing)

Clients using an interpreter or with limited English must be taken into account when costing a service. Verbal exchanges using an interpreter will typically take twice as long as exchanges not requiring an interpreter. The cost of this added time and the cost of the interpreter must not fall on the client and precautions must be taken to ensure that clients requiring an interpreter are not discriminated against due to added time and cost.

Good Practice Guide for Restorative Care Approaches - Feedback

Page 14 - 1.6 Working with Special Needs Groups

This section needs to be expanded on by addressing good practice for CALD, ATSI and LGBTI groups individually with consultation from relevant organisations.

Wellness and Reablement

Concepts of aging differ greatly between cultures and using the terms Wellness and Reablement may be confusing to some, in particular 'Reablement' has proven difficult to translate into other languages. Clients who are used to the traditional approach to service provision (both in Australia and their country of birth) will also find it difficult to engage with 'goal setting' and 'building on strengths' dialogue. In order to support communities to fully engage with person centred care and the wellness direction of the CHSP it will be important to provide information about services available targeted at CALD communities. Trained bilingual workers and using clear and simple English for English language materials will also go a long way to ensure the clients understand what is expected of them and what they are entitled to do.

Good practice for using interpreters

The good Practice guide should include good practice for using interpreters as well as resources for promoting access by CALD communities

Page 11 – My Aged Care Training

Service centre and RAS training should include training on 'working with interpreters'

Page 11 – New standardised assessment process for the Commonwealth Home Support Programme

A standardised assessment process is not an assurance of equity as this section implies. Barriers to access will need to be addressed for clients with little or no English, hearing or speech impairment, or limited access to technology. In order to make real progress towards equity in access we must promote public education of services, advocacy and support programs, easy access to interpreting services/bilingual workers as well as providing multiple pathways to access which does not exclude physically meeting with a worker.