

## **Multicultural Café—Aged Care Consultation Forum**

**11.30am–3.00pm Thursday 21 June 2018**

### **Report of proceedings and outcomes**

#### **Introduction**

The fifth Multicultural Café—Aged Care Consultation was held on Thursday 21 June 2018. The event was a partnership between the Office of Multicultural Interests (OMI) together with Umbrella Multicultural Community Care Services (UMCCS) Inc, MyVista, MGB Multicultural Aged Care Solutions, and ISHAR Multicultural Women's Health Centre, and the City of Stirling.

The event followed four successful multicultural cafes held across the Perth metropolitan area. The first, held on 12 November 2015 at The Rise in Maylands, focused on identification of best practice in multicultural aged care.

The second, hosted by the City of Armadale on 10 November 2016, set the agenda for subsequent events and aimed to raise awareness of issues faced by seniors from culturally and linguistically diverse (CaLD) backgrounds, particularly in the context of aged care reforms, and how to reach this group and include their needs and concerns in existing policies and programs.

It focused on key issues relevant to CaLD seniors: aged care reforms, carers, information and community access, and dementia.

These issues were also addressed and discussed in the third forum, hosted by the City of Bayswater on 8 March 2017, with the findings also contributing to the development of the city's Age Friendly Strategy.

The fourth, hosted by the City of Belmont on 21 June 2017, provided additional focus on Home Care Packages and how Aged Care Assessment Teams (ACAT) work under aged care reform. The forum also identified strategies that could be used to improve access to aged care services including dementia.

The objectives of the fifth Multicultural Café was to:

- identify CaLD community needs and issues to access multicultural aged care services including dementia
- provide information regarding challenges faced by CaLD seniors to access Residential Care and Home Care Packages
- provide an opportunity to learn directly from Aged Care Assessment Teams (ACAT) about the assessment process
- validate the issues that emerged from previous forums, particularly regarding aged care reforms, information and community access, quality and accessibility of dementia information and services, and CaLD carers
- build partnerships between the community, seniors, service providers and local governments
- build capacity for a more inclusive community under the Age-friendly Australia and Dementia-friendly Community Frameworks.

Ninety-seven people attended the forum including the organisers, relevant stakeholders, volunteers (including interpreters), and community members, including seniors and carers from Afghan, Burmese, Chinese, Colombian, Ethiopian, Iranian, Iraqi, Italian, Macedonian, Malaysian, Moroccan, Palestinian, Polish, Salvadorian and Vietnamese backgrounds.

The session was divided mainly into two parts—presentations and a thematic group discussion.

## **Opening**

Ms Kim Ellwood, A/Executive Director, OMI, opened the forum, congratulating Ms Anna Maria Harrison JP, Chief Executive Officer, UMCCS, on receiving the Ageing in Excellence Awards 2018. Ms Ellwood highlighted the demographic importance of the City of Stirling and the role it is playing in aged care, major issues emerging from the previous consultations, and OMI's work in addressing issues facing CaLD seniors.

Ms Beth Jasas, Team Leader Community Services and Development, Community Services Administration at the City of Stirling, highlighted the city's Age-Friendly Strategy 2017–2022 which was developed through broad-based consultations. The city has a dedicated Multicultural Officer and a dedicated Aboriginal Engagement Officer.

To ensure senior residents have the opportunity to stay connected with their community, as well as physically active and healthy, the city offers a range of activities and programs such as adult day clubs that include Italian, Greek, Macedonian and Vietnamese-specific days; Stirling Community Care Mobile Day Clubs; information sessions on changes in aged care for a range of multicultural groups using interpreters; and special services for frail aged clients and those with physical/intellectual disabilities from CaLD backgrounds.

Ms Henrietta Biczi, UMCCS Community Engagement and Community and Volunteer Services Senior Coordinator, welcomed participants and outlined the forum agenda and its discussion themes: aged care reform, information and community access, quality and accessibility of dementia information and services, and CaLD carers' issues.

## **Presentations**

There were three presentations, followed by questions from the audience:

- Dr Rita Afsar, OMI Senior Strategy Planning and Research Officer, highlighted major trends and issues for CaLD seniors in Stirling to contextualise the importance of the demographic transition occurring in the area. The City of Stirling is home to the largest number of seniors in the State, including CaLD seniors. Major issues for CaLD seniors include low English proficiency and low/no education, difficulty accessing services, a higher level of disadvantage such as low income, and high needs for assistance in core activities, particularly for women.

This underlined the importance of taking into account the needs of CaLD seniors, particularly women, in the city's plans, programs and strategies regarding age friendly communities, dementia friendly communities, the National Disability Incentive Scheme and/or other disability programs, and day care and health promotion activities.

- Ms Irene Mooney, Chief Executive Officer, My Vista, focused on the legal requirements for running and accessing residential aged care services under the *Aged Care Act 1997* and Quality of Care Principles (2014), explaining the way in which residential aged care is funded.
- Ms Carmen Wallis, ACAT Coordinator at Osborne Park Hospital, outlined the major components of the ACAT program and discussed the assessment process including the domains of assessment, support plans and existing care packages, including the Home and Community Care program and its transition to the Commonwealth Home Support Program from July 2018.

## **Group discussion and suggestions**

Group discussions were based on four themes: aged care reform, dementia information and services, carers' issues and information, and community access. These discussions reinforced findings of those held in the Cities of Belmont, Bayswater and Armadale (see Appendix for a comparison). Participants reported greater awareness of aged care, illustrated by the following comment:

*'We didn't have any idea about aged care before this session. We now had better idea about aged care.'*

The consultation identified additional dimensions to issues, such as:

- the high cost associated with residential care
- the need for shorter waiting times for ACAT assessments and outcomes
- practical problems arising out of funding cuts and staff changes
- a lack of bilingual workers
- concerns about carers who mistreat clients under their care (highlighted at the forum by the case of a Burmese woman who did not know how much money she receives through her pension, because her daughter oversees her income).

Some specific suggestions to address issues raised in relation to each topic included the following.

### **Dementia**

- An alert bangle containing the wearer's personal information.
- An identification card (that could be kept in a purse or wallet or be hung around the neck) which has information about a person's dementia state.
- Communities to organise more exercise classes and excursions.
- More grants to communities to organise activities that can engage people with dementia both physically and mentally, such as singing, sports including puzzles, computer and social clubs.
- Services that provide meals to people with dementia.
- Medication reminders over the phone.
- More home care facilities for people with dementia.

### **Information and community access**

- More advertising campaigns in community languages to promote information regarding aged care and relevant services for CaLD seniors through public information stands, city/town council offices, libraries, community centres, general practitioners and other service providers.
- Pop-up shops/information posters/sessions at shopping centres and events venues.
- More information through mainstream media such as television news, and from General Practitioners, regarding aged care practices and entitlements.

### **Aged care reform**

- More social support from multicultural communities/exchange of practices.
- ACAT assessors to be aware of the cultural backgrounds and language needs of CaLD seniors.
- Cultural groups (for example, in the Vietnamese community, Buddhist groups, church social club members paying regular visits to their seniors in nursing homes).

Multicultural Aged Care Café Consultations—Comparative table of issues

| Themes                  | City of Stirling: issues   | City of Belmont: issues   | City of Bayswater: issues   | City of Armadale: issues   |
|-------------------------|--|---|---|--|
| <b>Aged care reform</b> | <ul style="list-style-type: none"> <li>• ‘How to understand what we must do’ in the context of low/no education of many CaLD senior women, lack of adequate numbers of interpreters and translated materials in community languages.</li> <li>• Difficulty accessing My Aged Care website and other online information due to lack of technical skills and limited literacy and language proficiency.</li> </ul> | <ul style="list-style-type: none"> <li>• Difficulty accessing information on the My Aged Care website due to limited translated languages, low English proficiency and low education of many CaLD seniors.</li> </ul> | <ul style="list-style-type: none"> <li>• Difficulty choosing service providers in the absence of information about their administrative costs on the My Aged Care website.</li> </ul> | <ul style="list-style-type: none"> <li>• Accessing ‘My Aged Care’ website is problematic for many CaLD seniors who are not computer literate, and many regional seniors due to poor connectivity.</li> </ul> |
|                         |  | <ul style="list-style-type: none"> <li>• Intergenerational differences in expectations arising out of different cultural orientations.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Intergenerational differences in needs, abilities and expectations.</li> </ul>  |
|                         | <ul style="list-style-type: none"> <li>• Need for more culturally appropriate aged care facilities for seniors, such as Vietnamese seniors with Vietnamese speaking staff and availability of Vietnamese food.</li> <li>• Lack of bilingual care workers.</li> </ul>   | <ul style="list-style-type: none"> <li>• Lack of culturally and linguistically appropriate and services.</li> </ul>   |   |  |

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|   | <ul style="list-style-type: none"> <li>Inadequate funding for community visitors scheme.</li> </ul>   |  |  |   |
|   | <ul style="list-style-type: none"> <li>Concern regarding high costs of residential care such as nursing homes.</li> </ul>   |  |  |   |
|   | <ul style="list-style-type: none"> <li>Need for shorter waiting time for ACAT assessments.</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Economic cost of aged care system changes—impact on capacity building for smaller organisations, competition between small and large service providers.</li> </ul> |
| <b>Information and community access</b> | <ul style="list-style-type: none"> <li>Lack of easily accessible information.</li> <li>CaLD seniors are not aware of services and how to access local services.</li> <li>More consultations in community languages.</li> <li>More opportunity for computer training for CaLD seniors and more training opportunities for volunteers.</li> </ul> | <ul style="list-style-type: none"> <li>Need for simple fact sheets on aged care such as those prepared by Umbrella.</li> </ul> | <ul style="list-style-type: none"> <li>CaLD seniors have difficulty getting accurate, up-to-date, quick and easy information.</li> <li>CaLD seniors have difficulty contacting City of Bayswater staff as often there is an answering service that is not easy to navigate.</li> </ul> | <ul style="list-style-type: none"> <li>The My Aged Care website does not contain relevant information about WA options such as HACC.</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>Information needs to be presented in a format suitable for translating.</li> <li>Brochures should be available in a range of different languages.</li> </ul>   | <ul style="list-style-type: none"> <li>Need for translated materials in own languages.</li> </ul>                              | <ul style="list-style-type: none"> <li>Need for translated materials, for example, 40 per cent of Umbrella clients need information about aged care services and medical plans in Polish language.</li> </ul>  | <ul style="list-style-type: none"> <li>There is a shortage of translated resources such as dementia care packages, particularly in languages spoken by CaLD seniors.</li> </ul>                           |
|   |   |  |  | <ul style="list-style-type: none"> <li>Nursing home staff spend less time with people with dementia who do not speak their language.</li> </ul>   |

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| <p><b>Quality and accessibility of dementia information and services</b></p> | <ul style="list-style-type: none"> <li>It is important that CaLD seniors and communities are aware of the existing services and know how/where to access dementia-related services.</li> </ul>  | <ul style="list-style-type: none"> <li>Some participants do not know who to contact or how to contact Alzheimer's WA.</li> </ul>   | <ul style="list-style-type: none"> <li>People and institutions often do not have information about the agencies that provide dementia-related services. For example, Umbrella does not provide specialist services such as those for dementia, but often receives referrals for people with dementia from hospitals and/or GPs.</li> </ul> |  |
|  | <ul style="list-style-type: none"> <li>More dementia and Alzheimer-related information in community languages.</li> </ul>   | <ul style="list-style-type: none"> <li>Many participants are not aware of the signs of memory difficulties.</li> <li>Widespread fear about dementia and confusion regarding age-related memory loss and dementia.</li> </ul> |  |  |
|  | <ul style="list-style-type: none"> <li>With funding cuts and staff changes, information about health does not pass on to the next professional effectively.</li> <li>Need more information sessions/workshops related to dementia.</li> <li>Training for carers.</li> </ul> |  |  | <ul style="list-style-type: none"> <li>Given their language barriers and different cultural norms and practices, continuous care by the same carer is preferred for CaLD seniors with dementia. In reality, this is not possible due to high staff turnover rates.</li> <li>Limited opportunity for staff training related to CaLD dementia issues.</li> </ul> |
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| <b>CaLD carers</b> | <ul style="list-style-type: none"> <li>• Lack of general support for carers.</li> <li>• Respite services are very limited for the carers to have a break.</li> <li>• Carers need breaks e.g. to do shopping.</li> </ul>   | <ul style="list-style-type: none"> <li>• Inter-generational difference in expectations—younger generation less responsive while seniors need more help such as companions, transport and mobility to address social isolation.</li> </ul> | <ul style="list-style-type: none"> <li>• Stigma—for example, dementia is not acknowledged in some cultures or is equated with lunatic behaviour.</li> <li>• Lack of education and/or training for support workers.</li> </ul> | <ul style="list-style-type: none"> <li>• Seniors don't recognise themselves as carers.</li> <li>• Support workers often do not listen to the carers.</li> </ul> |
|                    | <ul style="list-style-type: none"> <li>• Language barriers in communication on a daily basis.</li> <li>• Need more information in community languages, training facilities including counselling, financial and other support/services.</li> </ul>                              | <ul style="list-style-type: none"> <li>• Language barriers.</li> <li>• Carers often don't have access to translator/interpreter services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Language.</li> </ul>   | <ul style="list-style-type: none"> <li>• Language barriers.</li> </ul>  |
|                    | <ul style="list-style-type: none"> <li>• Isolation—lack of support and recognition.</li> <li>• Carers can be worried and burdened, suffer from social isolation and living in poverty.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Lack of places to meet.</li> <li>• Family obligation of caring role.</li> <li>•</li> </ul>   |   |
|                    | <ul style="list-style-type: none"> <li>• Financial stress (e.g. funding to support respite).</li> </ul>   |   |   | <ul style="list-style-type: none"> <li>• Carers lack adequate financial support.</li> </ul>   |
|                    | <ul style="list-style-type: none"> <li>• Lack of cultural awareness (personal issues e.g. food, touch, hygiene, belief systems and religion, physical and mental health).</li> <li>• Lack of awareness of existing support and services, and costs and entitlements.</li> </ul> |   |   |   |