

A New Aged Care Act: the foundations Consultation paper No. 1

September 2023

Submitted by the Centre for Cultural Diversity in Ageing (supported by Benetas)

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Introduction

The Centre for Cultural Diversity in Ageing, supported by Benetas, is pleased to provide a submission to inform the development of the New Aged Care Act. Considering the Centre's remit, this submission focuses on:

- Culturally Inclusive aged care and service delivery;
- The rights of seniors from culturally, linguistically and spiritually diverse backgrounds;
- Equitable participation of seniors from culturally, linguistically, and spiritually diverse backgrounds in the community and the promotion of equitable access to Government-subsidised and funded aged care services;
- Whole of organisation, governance and government approaches to diversity, equity and inclusion including a targeted strategy by the Australian Government to deliver culturally inclusive aged care; and
- Collective rights of seniors from culturally, linguistically and spiritually diverse backgrounds.

About the Centre for Cultural Diversity in Ageing

The Centre for Cultural Diversity in Ageing (The Centre) currently receives project funding from the Australian Government Department of Health and Aged Care to administer the Partners in Culturally Appropriate Care (PICAC) program. The PICAC program provides funding to an organisation in each state and territory who is funded to:

- Improve partnerships between aged care service providers, Culturally and Linguistically Diverse (CALD) communities and the Department of Health and Aged Care;
- Ensure the special needs of older people from diverse cultural and linguistic backgrounds are identified and addressed.

The Centre is the PICAC Victoria provider and delivers expertise in relation to culturally inclusive policy and practice for the aged services sector. It has over 25 years of experience in supporting aged care providers in addressing the needs of seniors from culturally, linguistically, and spiritually diverse backgrounds.

The purpose of the Centre is to build the capacity and capabilities of Australian aged care providers to deliver services that are welcoming, inclusive and accessible. The Centre's service areas include:

- Inclusive practice training and workshops;
- Capacity building to promote cultural inclusion and equity; and
- Diversity advice and consulting.

The Centre's commitment to diversity and inclusion within aged care

The Centre works with aged care providers to better respond to the needs and preferences of seniors from culturally, linguistically and spiritually diverse backgrounds. As part of the Centre's work on inclusive care, the Inclusive Services Standards¹ have been developed to guide and train aged care organisations to deliver inclusive services. The Inclusive Service Standards provide a framework for services to adapt and improve their services and organisational practices so they are

¹ <http://www.culturaldiversity.com.au/inclusive-service-standards>

welcoming, safe and accessible. By meeting the Inclusive Service Standards aged care providers will be able to:

- Better understand the diverse interests, goals and needs of their consumers;
- Empower consumers to make informed decisions about their service provision;
- Deliver flexible, accessible services free of barriers and discrimination; and
- Implement the Consumer Directed Care approach and achieve quality outcomes for all consumers.

The Inclusive Service Standards have been recognised by the Aged Care Quality and Safety Commission as a key resource in promoting consumer choice and dignity.

The Centre's resources to support the aged care sector in adopting diversity and inclusion approaches

The Centre is funded to coordinate and update the national website which has a range of resources for aged care providers to access in relation to culturally appropriate care. Some of the resources include the Centre's Practice Guides² with topics such as:

- Ten Steps to Developing a Diversity Plan;
- Accessing Diverse Media;
- End-of-Life Care;
- Spiritual Support;
- Accessing Interpreter Services;
- Communication;
- Data and Demographics;
- Food and Nutrition;
- Working with Bilingual Staff;
- Developing a policy for use of interpreter services;
- Culturally Specific Information;
- Digital Inclusion;
- Culturally Inclusive Feedback; and
- Effective Co-design with Consumers from Culturally and Linguistically Diverse Backgrounds.

The Centre's diversity webinars³⁴ designed from feedback from the sector with topics including:

- Culturally appropriate aged care in regional areas;
- Free translations in aged care;
- Collecting diversity data to promote inclusive services;
- The Inclusive Service Standards;
- Ten Steps to Developing a Diversity Plan;
- Supporting Older People from Culturally Diverse Backgrounds with a Hearing Impairment;
- Food for Thought – the Link between Food, Culture and Identity;
- Harmony Week Video Launch –The Voices of Multicultural Community Leaders and their Visions for a more Inclusive Aged Care System; and

² <http://www.culturaldiversity.com.au/service-providers/practice-guides>

³ <https://www.culturaldiversity.com.au/training-development/2022-23-diversity-webinar-series>

⁴ <https://www.culturaldiversity.com.au/training-development/interactive-webinar-series-2023-2024>

- Cultural Awareness Walk and Talk – Hidden Culture/Decolonising Melbourne with Uncle Shane Charles.

The Centre has also designed tip sheets, templates and resources to support aged care organisations on their inclusive service journey. They include a tip sheet that aligns the performance measures of Inclusive Service Standards to the Aged Care Quality Standards⁵.

A popular resource on the website is the multilingual resources page that provides updated multicultural aged care health information Culturally and Linguistically Diverse Communities (CALD) communities as well as the aged care communication cards⁶, phrases and signage available in 69 languages. In addition, the 'Ageing in Australia: the Immigrant Experience' video covers four stories of seniors from CALD backgrounds and their version of ageing in Australia. For more information about the range of resources available on the Centre's website, visit: www.culturaldiversity.com.au.

Statistics on elderly migrants and refugees in Australia

According to the ABS Census from 2021, 36.4 percent of people aged 65 and over were born overseas⁷. The Centre notes that the number of seniors from culturally diverse backgrounds is likely to be higher due to underreporting and barriers experienced in disclosing their cultural identity in the ABS Census. This may be due to adverse experiences with government authorities, fear of getting their visas revoked, lack of access to the Census, language and health literacy barriers and limited opportunity to know how to complete the Census.

Royal Commission into Aged Care

The Royal Commission into Aged Care Quality and Safety was established on 8 October 2018 and a final report on 26 February 2021 was released. The Royal Commission Executive summary of the final report recognised the gaps in the current aged care system in relation to culturally appropriate care.

"The existing aged care system is not well equipped to provide care that is non-discriminatory and appropriate for people's identity and experience. We heard about aged care providers that do not provide culturally safe care, that is, care that acknowledges, respects and values people's diverse needs. Across the aged care system, staff are often poorly trained in culturally safe practices, with little understanding of the additional needs of people from diverse backgrounds."⁸

⁵http://www.culturaldiversity.com.au/images/tip_sheets_templates/TipSheet_AligningPerformanceMeasureswithACQS.pdf

⁶ <https://www.culturaldiversity.com.au/resources/multilingual-resources>

⁷ ABS 2021 Census data, Australian Institute of Health and Welfare

⁸ page 7, <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>

“The aged care system should be equally welcoming and supportive of everyone needing care. But we heard there can be a lack of understanding and respect for people’s culture, background and life experiences.”⁹

Some of the suggestions in the report include ensuring the aged care system is designed for diversity, difference, complexity and individuality and that cultural safety and trauma-informed training should be core requirement for all workers who are involved in direct contact with people seeking or receiving services in the aged care system.¹⁰

The report also suggests a new aged care system with a new “rights based” Act which places people at the centre of aged care. The report also suggests more resources are needed to support access for people entering and navigating the aged care system and access for groups who are already at a disadvantage.

Linking the Aged Care Quality Standards to Centre’s the Inclusive Service Standards

The Inclusive Service Standards, developed by the Centre, assist aged care providers to become better equipped at meeting the diverse needs of their consumers. They provide a framework to support organisations on their journey to becoming truly inclusive for all consumers. The Inclusive Service Standards guide organisations through articulating their commitment to inclusive services, developing systems that support inclusive services and ensuring that there is capacity to deliver inclusive services.

The Australian Aged Care Quality and Safety Commission references The Centre’s Inclusive Service Standards as a key resource in assisting providers to comply with the Aged Care Quality Standards. Meeting some or all of the performance measures in the Inclusive Service Standards provides evidence that an organisation is working to embed an inclusive, non-discriminatory approach to its delivery of care and services. The Centre has aligned the performance measure of the Inclusive Service Standards with the relevant Aged Care Quality Standards requirements¹¹.

⁹ page 11, <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>

¹⁰ <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>

¹¹ http://www.culturaldiversity.com.au/images/tip_sheets_templates/TipSheet_AligningPerformanceMeasureswithACQS.pdf

The Centre's Response to the Consultation Paper Questions

Question 1: Do you think the aged care legislative framework will be more accessible and transparent if there is a single piece of primary legislation and one set of Rules?

The Centre supports the concept of a single piece of primary legislation and one set of rules. The Centre strongly advocates for embedding the rights of Diversity Groups (former Special Needs Groups in the Aged Care Act of 1997) throughout the new aged care legislative framework to ensure equitable access and uptake of aged care services.

Question 2: Would you prefer to access separate topic-based subordinate legislation (like the current Quality of Care Principles 2014 and the Subsidy Principles 2014)?

The Centre advocates additional subordinate legislation supporting cultural inclusion of seniors from culturally, linguistically, and spiritually diverse backgrounds in line with the cultural safety recommendations from the Royal Commission. This may also include reference to:

- Diversity planning and practice;
- Diversity reporting;
- Equitable access to language services;
- Culturally appropriate care training;
- A Multicultural/Culturally Appropriate Aged Care Strategy; and
- Cultural appropriate auditing.

Question 3: What else would you like to see included in the Objects of the new Act?

The new Act needs to ensure that seniors who need aged care and who are at the centre of the aged care system have access to free language services so they have the legal right to communicate in their preferred language.

The Centre supports the Objects proposed for inclusion in the new Act being:

It gives effect to Australia's obligations under the Convention on the Rights of Persons with Disabilities, the International Covenant on Economic, Social and Cultural Rights, and other relevant instruments. However, the legislation needs to make reference to State and national legislation, such as the Victorian Charter of Human Rights and Responsibilities¹².

The Centre fully supports the human right to communicate in one's preferred language in accordance with international human rights standards (Articles 26 and 27, The International Covenant on Civil and Political Rights¹³).

The Centre also supports the following Object proposed for inclusion in the new Act being:

That it ensures equitable access to, and flexible delivery of, funded aged care services that takes into account the individual needs of older people, including people of diverse backgrounds and

¹² <https://www.humanrights.vic.gov.au/legal-and-policy/victorias-human-rights-laws/the-charter/>

¹³ <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

needs and vulnerable people. However, instead of the word “vulnerable”, as it implies a deficit type language, the Centre suggests using alternative wording such as “people who don’t have equitable access to inclusive services in aged care” and/or “people who identify with a number of diversity characteristics” as it places the responsibilities of change onto the system (For example, people may identify as being from a migrant background, as carers, and as living in a regional area). In this section, other key words could include: Culturally, linguistically and spiritually diverse people.

Question 5: Do you have any other feedback on the proposed structure of the new Act?

The Centre advocates that the new Aged Care Act consider collective/group rights in addition to individual rights. It is key that the Statement of Rights makes reference to cultural, linguistic, and spiritual rights, such as making reference to the human right to be able to speak in one’s native or preferred language, as highlighted before. In terms of collective rights, specific reference needs to be made to diversity groups, such as culturally and linguistically diverse communities. The 1997 Aged Care Act made reference to Special Needs Groups to ensure equitable access of diverse communities to aged care services. This principle and provision needs to be retained to ensure a legislative enshrinement of diversity groups in the new Aged Care Act. However, the Centre recommends replacing the term Special Needs Groups with Diversity Groups.

While person-centred/consumer directed care focuses largely on the individual rights of the consumer, it is important not to lose sight of systemic discrimination, such as racism. It is key that the new legislation enables the delivery of holistic care taking into consideration individual as well as collective rights, needs, and preferences of a person. Individuals may be part of a cultural, ethnic, linguistic, faith or other community group that the individual as a whole identifies with.

The Centre recommends that collective rights and considerations exist side-by-side with individual rights in the new legislative framework. The Centre notes that a large proportion of culturally and linguistically diverse communities stem from collectivist¹⁴ cultures thus holding collectivist views.

Question 6: Do you support a Statement of Rights being included in the new Act?

The Centre particularly supports all the rights in the Act, and advocates for these rights be available in people’s preferred language and in a manner that is accessible (including plain English, audio-visual, and written communication) and user-friendly.

Question 7: Are there any rights that you think we have missed that should be included?

The Centre suggests that the new legislative framework incorporates ensuring access to culturally appropriate in-home care, palliative care, and dementia care (which may include culturally and linguistically specific dementia care approaches and units in residential care). Research shows that

¹⁴ <https://corporatefinanceinstitute.com/resources/management/hofstedes-cultural-dimensions-theory/>; <https://blog.oup.com/2017/03/hofstede-cultural-dimensions/#:~:text=According%20to%20Hofstede's%20research%2C%20people,responsibility%20in%20carin g%20for%20each>

seniors from culturally and linguistically diverse backgrounds may revert to their mother tongue, particularly as they age and especially those living with dementia¹⁵.

Further, seniors should have the right to uphold meaningful, social connections to their family, friends, carers, advocates, ethnic/ cultural group, language group, and faith or spiritual group to ensure culturally appropriate care.

Question 8: Are there any rights that you think should be worded differently?

The Centre underlines that the proposed rights needs to be included in the Aged Care Act with the following additional considerations (*in yellow*) that relate to culturally appropriate aged care.

It is intended that the Act recognise that individuals have the right to

equitable access to have their need for aged care services assessed, **including in a culturally, linguistically, and spiritually appropriate manner;**

communicate in their preferred language or method of communication, **with access to onsite interpreters where required, including in regional areas,** and communication aids as required;

freedom from all forms of degrading or inhumane treatment, violence, exploitation, neglect and abuse, **and discrimination**

safe, fair, equitable and non-discriminatory treatment in accessing aged care services, including navigation support for individuals and culturally, linguistically, and spiritually diverse communities where required;

have their identity, culture, **faith, spirituality** and diversity valued and supported, including in accessing funded aged care services that are culturally appropriate, trauma aware, holistic and healing informed; and

Question 9: We consider it critical that person-centred complaints pathways are available for older people to seek early resolution of concerns about their rights. This is because the ideal scenario is where the registered provider or if necessary, the Commission can address risks early, instead of using enforcement mechanisms after harm has already occurred. Do you think we have the balance right?

The Centre underlines that person-centred complaints pathways are available for seniors to seek early resolution of concerns about their rights in a culturally inclusive and sensitive manner. In terms of operationalisation of the rights, it is essential that an empowerment approach facilitates culturally appropriate feedback and complaints mechanisms and that seniors from culturally, linguistically, and spiritually diverse backgrounds receive independent, culturally sensitive support through their preferred advocate(s). This needs to include that seniors from culturally, linguistically and spiritually diverse backgrounds may make their complaints in their preferred language and in accessible

¹⁵ https://www.dementia.org.au/sites/default/files/Perceptions_of_dementia_in_ethnic_communities_-_project_report.pdf

formats, such as audio recordings as seniors from culturally, linguistically, and spiritually diverse backgrounds may experience literacy issues in their first language.

Question 10: Do you support a Statement of Principles being included in the new Act as well as a Statement of Rights?

The Centre supports all the Principles in the Act, and particularly advocates for these principles to be available in people's preferred language and in a manner that is accessible and user-friendly.

Question 11: Are there any principles that you think we have missed that should be included?

In the case of culturally, linguistically and spiritually diverse seniors, the new Act needs to support the connection of seniors to community, language, spirituality and culture. Also, it is recommended that the principles make reference to deliver person-centred care considering intersectional approaches as an individual may identify with a number of intersecting diversity characteristics¹⁶.

Question 12: Are there any principles that you think should be worded differently?

The following principles, 2 and 13 should be worded differently (*in yellow*), along the lines of:

Principle 2:

The delivery of funded aged care services by registered providers and aged care workers should comprise the provision of person-centred care that:

- *Takes into account the specific needs of people from culturally and linguistically diverse backgrounds, including people's cultural, linguistic, and faith diversity and their connection to their culture, faith, spirituality and home country.*

The following consideration needs to be added to principle 2:

- *Takes into account the different, intersectional aspects of diversity ("Diversity within diversity", for example senior from a culturally and linguistically diverse background with a refugee experience who identifies as LGBTIQ+ and lives in a regional area).*

Principle 13:

The Centre strongly supports the reference to culturally appropriate care in Principle 13 and recommends adding sectorial support to aged care providers to deliver culturally appropriate care.

The regulation of the aged care sector should:

promote the delivery of high quality, person-centred and culturally appropriate care to people accessing aged care services, *including training and support to aged care providers in delivering and implementing culturally appropriate care.*

¹⁶ <https://www.boltonclarke.com.au/globalassets/resources/diversity-resources/topic-1-cultural-safety-and-the-diversity-conceptual-model-2022.pdf>

Question 13: Are there any changes you would make to the proposed definition of high-quality care?

The Centre suggests the addition of the following words (*in yellow*) to be added to the definition of high-quality care:

delivery of funded aged care services with compassion and respect for the individual, their life experiences, **culture and faith background**, self-determination and dignity, and their quality of life;

providing funded aged care services that are trauma aware and healing informed **to all care recipients and staff that have experienced trauma**;

providing funded aged care services that are responsive to the person's expressed personal needs, aspirations, and their preferences regarding the manner in which services are delivered to them **and in a culturally appropriate manner**;

facilitating the delivery of culturally appropriate food options

(The Centre notes that providers need to receive guidance and support on how to better focus on providing quality, nutritious and culturally appropriate food if requested by care recipients);

facilitating regular clinical and non-clinical reviews **in collaboration with** seniors to ensure that the services and supports delivered continue to reflect their individual needs;

supporting the person to enhance their physical, **spiritual**, and cognitive capacities and mental health; and

supporting the person to participate in cultural, **faith**, recreational, and social activities, and remain connected and able to contribute to their community.

Question 14: Outside of the new regulatory model, are there any other initiatives that you would like to see addressed in the new Act to encourage registered providers to aim higher and deliver high quality care?

The Centre advocates for the following other initiatives to be addressed in the new Act to encourage registered providers to aim to deliver high quality care:

- That aged care organisations embed culturally inclusive approaches to all aspects of care through inclusive policies and procedures including, but not limited to:
 - Culturally and spiritually appropriate food options;
 - Culturally and spiritually appropriate lifestyle and recreational programs;
 - Culturally and spiritually appropriate end of life, dementia and palliative care;
 - Taking into consideration language diversity into all operations (e.g., providing bilingual care and support);
 - Culturally appropriate aged care navigation support to help seniors from cultural, linguistically and spiritually diverse backgrounds to access aged care; and
 - Supporting the person to give feedback in a culturally appropriate manner.

Question 15: Do you support inclusion of the new statutory duty of care in the new Act?

The Centre supports the inclusion of a new statutory duty of care and advocates that the organisation or body is representative of diverse aged care clients and staff demographics.

Question 16: Do you think the new duty could result in any unintended consequences?

The topic of racism and discrimination has been prevalent in discussion had between the Centre and providers and care recipients. The Centre advocates for the issue of racism and discrimination to be considered in the duty of care framework including racism and discrimination amongst seniors and/or towards or amongst staff.

Question 17: Do you support related duties being placed on responsible and governing persons of aged care providers?

The Centre supports related duties being placed on governing persons of aged care providers providing they adopt (a) diversity, equity and inclusion framework and principles.

Question 18: Do you think a related duty should be placed on aged care workers?

The Centre highlights the need for aged care workers to be properly resourced, educated and informed of any new changes relating to duty of care and in a culturally appropriate manner and in their preferred language. In consultations the Centre has had with aged care workers and providers, it has become known that aged care workers voice they are significantly over worked and under resourced and they are also at risk of burn-out. It is known that around 35 per cent of aged care workers in residential care and 21 per cent in home care programs come from culturally and linguistically diverse backgrounds.

Similar to the Health and Safety Act, the duty of care obligations should be extended to aged care workers. This would be supported by a national registration through the Australian Health Practitioner Regulation Agency (AHPRA) as is required by other health care workers.

Question 19: Do you think a separate duty should be placed on organisations that provide enabling services and/or facilitate access to aged care workers? What should be the extent of such a duty?

Yes.

Question 20: Do you have any further feedback on the proposed approach to compensation?

No comment.

Question 21: What challenges could there be with the proposed whistleblower framework, and do you have any proposed solutions?

The whistleblowers' framework is robust and should provide obligations on providers to internally publicise and ensure staff are aware of the framework.

Question 22: What other barriers are there to people disclosing information about what they observe in the aged care system, and how can these best be overcome?

The Centre highlights that the aged care workforce is culturally and linguistically diverse, and therefore mechanisms should be in place relating to the differing ways in which people from culturally and linguistically diverse backgrounds can provide feedback within the internal/respective organisational framework and to authority bodies including in their preferred language and in a variety of accessible formats. Further, community education to the culturally and linguistically diverse workforce on their rights and responsibilities may need to be considered.

Question 23: What are your views on the proposed nominee framework?

The Centre supports in-principle the nominee framework that is designed in a culturally sensitive and responsive manner with appropriate supports for nominee's from culturally, linguistically, and spiritually diverse backgrounds.

Question 24: What challenges could there be with the proposed framework, and do you have any proposed solutions?

The Centre highlights that all seniors need have the right to nominate someone from their family, a friend, or a carer for example to act on their behalf. However, strong safeguards need to be in place to ensure that seniors from culturally, linguistically, and spiritually diverse backgrounds are protected from elder abuse. It is paramount, that the aged care system enables people from culturally, linguistically, and spiritually diverse backgrounds to act on their own behalf wherever possible and facilitates multilingual communication including in verbal form to diminish and prevent elder abuse. The Centre recommends that documentation for the nominee framework is available in multiple languages and in plain English.

Question 25: Are there any other duties or obligations you think should be put on appointed nominees?

The Centre advocates that all nominees consider the cultural, linguistic, spiritual and faith needs and preferences of the senior they are a nominee to, that a culturally sensitive lens is applied to all duties that the nominee is required to partake, and that nominees are appropriately supported in relation to advocating to reduce barriers the senior may be facing. The Centre also acknowledges the roll out of the national Care finder program and it advocates that this program and/or other navigational type programs are fully integrated and sustained into the aged care system for any senior from culturally, linguistically and spiritually diverse background who are socially isolated and who may lack nominee support.

Question 26: When do you consider a supporter nominee would be most useful to a recipient of aged care services? For example, to convey decisions, understanding processes, receiving and explaining correspondence in a way which is understood by the older person.

The Centre acknowledges that supporter nominees may have cultural and linguistic lived experience or knowledge. However, aged care services should be accessing interpreter services for any professional language support. Where a nominee's role extends beyond support, it could be within appropriate powers given to powers of attorney or other legal representatives.

Question 27: What kind of information do you think support nominees should receive?

All support nominees should receive information that is accessible and culturally appropriate. The Centre has identified that support nominees for seniors from culturally, linguistically and spiritually diverse backgrounds, may also come from culturally diverse backgrounds themselves and all support information needs to be delivered in a way that is culturally appropriate. It is essential that the *Secretary* who appoints the support nominee is appropriately resourced and trained in culturally appropriate care and approaches, so that support nominees are matched appropriately.

Question 28: Are there any categories of information that support nominees shouldn't receive?

No comment.

Question 29: How can the Department best support the transition from current My Aged Care arrangements to the new nominee arrangements? Are there any implementation issues you are concerned about?

For the Department to best transition to the new arrangements in a culturally sensitive manner, information needs to be translated in multiple languages. The Centre strongly advocates that the Department co-designs and works collaboratively with multicultural, culturally appropriate and generalist aged care organisations, so that information is culturally appropriate and tailored to each cultural and linguistic community, rather than a "one size fits all" approach.

Question 30: Do you support the proposed eligibility requirements under the new Act?

The Centre advocates for an aged care system that is more inclusive of older people from refugee backgrounds as they often age prematurely due to number of factors, including trauma and grief-related symptoms. The Centre recommends considering the entry of older people from refugee backgrounds into the aged care system from the age of 50 onwards.

Question 31: Do you have any concerns about people under 65, unless homeless or First Nations and over 50, being excluded from entering funded aged care services?

The Centre is concerned that older people from refugee backgrounds under the age of 65 will be excluded from entering the aged care system. Research¹⁷ has shown that people from refugee backgrounds age much earlier due to the adverse impacts of forced migration and trauma and grief-related symptoms.

Question 32: Are there other things you would like to see changed about entry arrangements for the aged care system?

The Centre advocates that the process of applying for My Aged Care strongly considers the barriers that seniors from culturally, linguistically and spiritually diverse backgrounds in applying for or accessing My Aged Care. These include but are not limited to:

- Language barriers;
- Lack of understanding of the Australian aged care system; and
- Lack of culturally and linguistically appropriate systems to empower culturally; linguistically, and spiritually diverse seniors in applying for and accessing My Aged Care.

Concluding Remarks

The Centre is confident that our submission will help to ensure that the new Aged Care Act will holistically address the needs and preferences of seniors from culturally, linguistically, and spiritually diverse communities. It provides an opportunity to continue to ensure that Australia is regarded as a leading nation in the delivery of and support for culturally appropriate care.

The Centre appreciates the opportunity to contribute to the current considerations to inform the development of a new aged care Act and would be pleased to provide further details and information to the Department of Health and Aged Care upon request.

For more information, please contact Nikolaus Rittinghausen, Manager, Centre for Cultural Diversity in Ageing, on telephone 03 8823 7978 and e-mail nikolaus@culturaldiversity.com.au .

¹⁷

[https://library.bsl.org.au/jspui/bitstream/1/3051/1/Caring%20for%20older%20refugees%20in%20NSW__SSWA HS.pdf](https://library.bsl.org.au/jspui/bitstream/1/3051/1/Caring%20for%20older%20refugees%20in%20NSW__SSWA%20HS.pdf)