



My-Age Services Report

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EXECUTIVE SUMMARY

Introduction

Despite awareness of the services provided under the (Commonwealth Home and Community Care) Home replaced by the Home Care Package Program (HCP) increasing choice to seniors. The HCP was implemented in **27 February 2017**.are Packages and other related services, very few Brazilians understand how the Home care packages work. The target group identified was 65+ with most of those entitled to services.

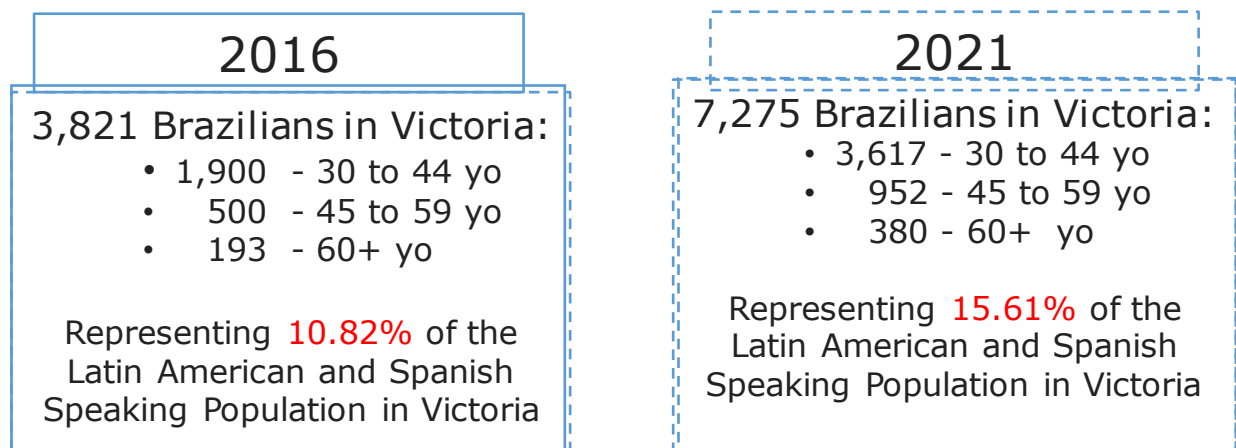


Fig 1.0 - Abrisa Projections based on the ABS 2016 Census

Highlights

Key highlights so far from this project has been:

1. There are no CALD specific services for the Portuguese Speaking Communities in Victoria despite the existence of at least 5 multicultural organisations. Important to point out that despite the language similar most Portuguese speaking groups are of different culture. - Furthermore, **there appears to be** a lack of will of existing “multicultural service-providers” to partner with new and emerging communities to meet their needs
2. There are limited numbers of health and community services professionals who are bi-lingual (Portuguese/English) that can offer the ideal ageing support. Newcomers are not aware of the aged care industry and employment opportunities.
3. The interpreting services at this point has limited capacity to support the growing demands of an increasing population. Noting that an optimum service is the bi-lingual

professionals is the ideal model of service due to the technical needs of such services in addition to interpreting capacity.

4. ABRISA has been able to work with the Ethnic Community Council of Victoria and create a broadcasting of the services via Speak My Language in Portuguese.
5. ABRISA has been able to create awareness of the CHP and other services such as Seniors On Line. 6 people have been assessed, (2 of Australian background), three have received packages and three are waiting for feedback.
6. ABRISA has also been able to capture 1 homeless 65 years old. This has pushed us to commence our research on Accommodation for the aged.
7. More important we have been able to gain better understand of the HCP program as well as identify opportunities for partnership with organisations offering self-management options. This not only improves the level of control over the package but also increases the number of hours a senior can receive.
8. There needs to be financial support (model to be discussed) to multicultural organisations to reach out to providers and support the needs of their seniors.

By 2021, more than 30 per cent of Australia's older population will have been born outside Australia.

.. It is important to recognise that older Australians from CALD backgrounds are not a uniform group. The diversity within Australia's CALD community is significant. Australians identify with more than 300 ancestries and there are more than 260 different languages spoken in Australia today, including Indigenous languages

National Ageing and Aged care Strategy - For people from Culturally and Linguistically Diverse (CALD) backgrounds (2015)

Brazilians Data: Based on the 2016 census data, there are 19 seniors over the age of 75 of which ABRISA has been able to contact 12 of the in this first year and confirm that only 2 received MyagedCare support due to lack of information.

Improvements

The communication process of the service availability needs to be in connection with the multicultural groups for the following reasons:

1. The level of connection they have with the community
2. Multicultural communities are in contact with their constituency on a regular basis
3. The message can be communicated by bi-lingual volunteers or workers

4. Trust is a very important to seniors

Grass roots community support is critical in seniors accessing services. First bringing awareness and second taking seniors through the journey of understanding entitlements and also how to access them.

ABRISA Key Actions

1. Communication of the key programs such as My Aged Care (In Portuguese) with ABRISA supported staff to seniors and their families.
2. ABRISA to reach out to key providers and advocate on the importance of hiring bi-lingual and culturally sensitive staff.
3. Information session on Palliative care support to Seniors and Families
4. Advocacy with Brazilian and Latin General Practitioners (GP) on the importance of communicating with our seniors the key home care options
5. Advocacy with My Age care to adopt the on-line text translation model of Government organisations such as Fair work and VMC in having on line translations setting.
6. ABRISA needs to consider the possibility of working in partnership with providers on the Culturally sensitivity workforce issues.

Stream Author's Name. Alba V. Chliakhtine

Date: September 2019

MY AGE STREAM OVERVIEW

There Demographics of Brazilians and also Latin American Seniors based on the 2016 Census presents the following data:

Overall Stream Context

Outline of the services that can be accessed by 65+ Seniors from housing to Aged Care. How the services can be accessed by the Brazilians and other broader Latin Americans including to what extent multicultural organisations such as ABRISA can support the connection to such services.

How the services and access process meet the needs of this community and how we can close the gap through training and support.

Improvements to be made to services of access process so our senior can utilise the services and achieve the dignified living at their later stage of life.

Why was the Stream Covered?

Home care is to me one of the most essential services for the seniors, as it enables the dignified living at a place of their choosing.

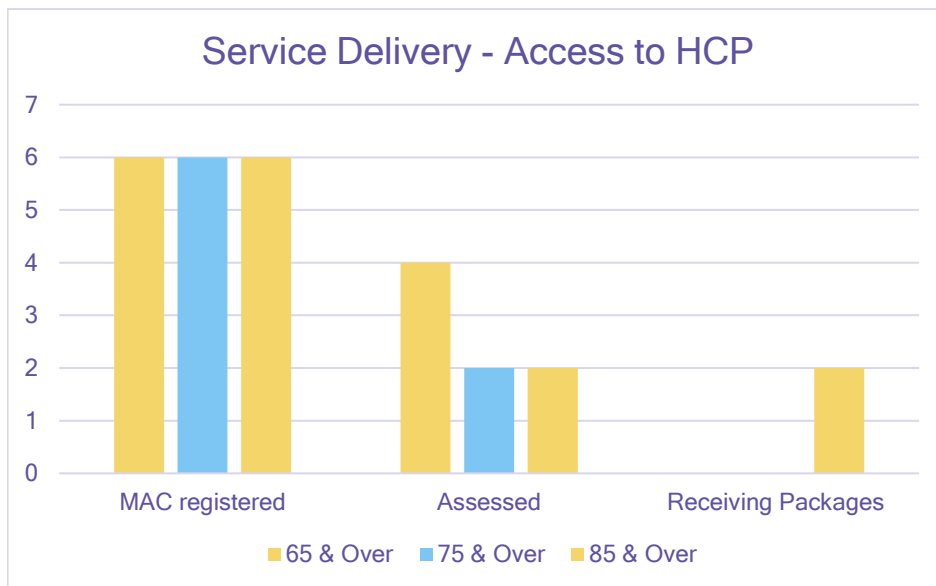
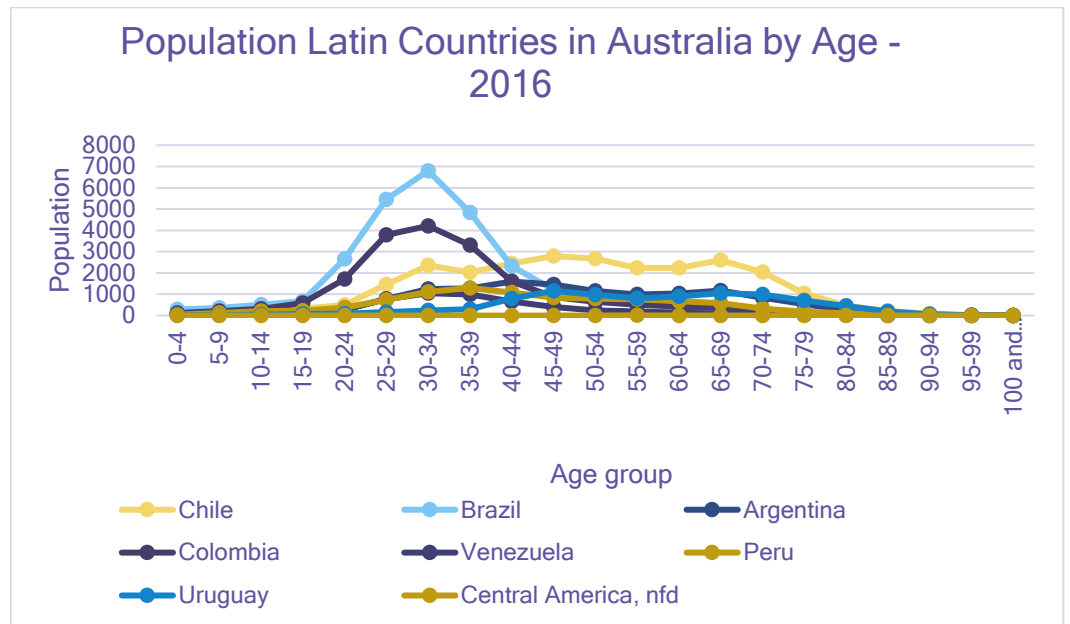
Respite Care and Aged Care is also as important as due to some complex illnesses aged care might be the only option for the provision of a 24 by 7 support service.

Access to Housing will also be looked at to ensure those in need can access accommodation even if at the time of the request they are not in need of the services support.

Prior to the commencement of the program, limited awareness of the full gamut of services existed in the community.

This project has enabled us to commence our data gathering on the number of seniors we have, their needs and the number of services they are accessing outside the acute care services available at hospitals.

Based on the Census 2016 population chart we have been able to establish that our Over 75 total is 19. Through this project 12 have been contacted.



Access to support services such as HCP has been limited. This implies more education need to take place not just on access to services but also to carer support (pls refer to Care's Report).

Cultural Overlay?

A very strong element of the cultural overlay, in the case of the Brazilian community specifically as well as other communities if the fact such services are not part of the support received in the country of origin. Due to this issue, most people are not aware of the services providers.

Important to highlight the language limitations faced by may

What are the Stream Objectives?

A reason for ABRISA to embarking into this project is due to the increasing senior population in its Cultural Group and the recognition by Peak Bodies such as the Ethnic Community Council of Victoria (ECCV) of the severe limitations our ethnic community in general has [refer to the report].

First and foremost, understand the key home services available to seniors citizens

Second understand their awareness of the services

Identify key barriers



The objective of this stream is to create awareness, provide information and support to Seniors who are entitled to wish to remain at home and can benefit from both Home Care Packages (HCP) or Commonwealth Home Supports (CHSP). Such services include:

1. HSCP/CHSP
 - a. Domestic assistance,
 - b. Personal care,
 - c. Home maintenance,
 - d. Home modifications,
 - e. Aids and equipment,
 - f. Nursing care,
 - g. Social support,
 - h. Transport,
 - i. Meals and food services,
 - j. Allied health support; and

2. Respite care.
3. Aged care
4. Housing

KEY FINDINGS – SERVICE DELIVERY

Description of Services Available

- My AgedCare (NAC) - Purpose: Key Government service supporting the caring for seniors at Home.
- Dementia Australia (NGO) - Supporting and Training for Dementia.
- Seniors Rights (NGO) - Legal rights
- A host of MAC care packaged management service providers that provide Fully Managed or Partially managed services
- Aged Care Services - Providing aged care services (not covered by this stream).

CALD Ageing and Aged Care Services Available

Of Significant importance to this stream is the My Aged Care, a Commonwealth service where funds are available via the Service providers to support their seniors to stay at home.

The My Aged Care website has a list of providers as well as information whether or not they are able to meet the Cultural/Language groups. In my experience in using the site, I could see that the search engine is not precise in particular in the following areas:

1. Presented a precise result on the advanced search in particular with location.
2. The search engine does not allow for each by name or by cultural group
3. I managed to find a provider which I am sure of their abilities to offer Portuguese speaking carers, however that was not on the site. (It is possible however that the data is not refreshed on a regular basis.

The typical providers of CALD services are:

- Pronia (Greek)
- Jewish Care (Jewish)
- AMCS (Commenced as Polish now more multicultural)
- Filipino Association
- United - Latin American and Spanish Communities
- Mi-Care (Commenced as Dutch, now more multicultural)

There are many more listed at the Myaged Care website. However, it is hard to establish if we have “Bi-cultural and Bi-lingual workers.

Brazilian Services Available

In Victoria there is not a single HCP, CHSP and Aged Care Brazilian service provider. After investigating the costs of setting up service as well as the compliance requirements, ABRISA cannot foresee at this stage a Brazilian Service provider in the near future.

This implies we will need to seek alternatives with existing providers how we can partner in supporting our senior population.

Access to Services Available by the Brazilian Community

- So far, we have been able to establish the Council services (cleaning and home maintenance support have been access), my aged care.
- Also, some of our seniors have been utilizing the fully managed Home Care packages.
- Many others in our community are not aware of the package and would not know how to access it.
- Most have accessed the HCP services via a hospital visit where the request for assessment was accelerated.

HCP Administration – The Different Options and Costs

Through research, I have been able to establish that are two different types of HCP administration.

Fully Managed: Under this option, the consumer hand over full control of the administration of the package. The key responsibilities of the providers are:

1. Setting up the Care Plan
2. Compliance
3. Other administrative duties such as statement, contracting, etc.

Self-Managed: Under this option there is a greater responsibility on the consumer, however where competent more care hours can be available to the consumer if the family or the consumer themselves are apt to manage rostering and other administrative tasks.

The COTA Publication on Self-management in Home Care.

<https://www.cota.org.au/information/self-management-in-home-care/>

The provider is responsibility for the following:

1. Setting up the Care Plan
2. Compliance

The consumer is responsibility for the following:

1. Hiring and rostering of the workforce
2. Acquisition of equipment
3. Grater input into the Care management plan

With the introduction of the self-managed care, we now have the following options with the service providers:

1. Total Self-managed options with full control of the administration and the utilisation of labour hire/credentialing platforms such as **Mable**. Combined with Packaging set up and basic administration such as “Lets get Care”.’- Under this options there is stark cost differential with 50% increase in hours available for care. However, it is important to note that such hours will come at the expense of the carers.
2. Self-managed options provided by services providers offering a “self-managed package maintenance model + their own labour force.
3. Fully managed options only. Such providers do not offer the self-managed package options

ABRISA Action Plan - 2020

Area	Proposed Actions	Timing
1. Communication of the key programs such as My Aged Care (In Portuguese) with ABRISA supported staff to seniors and their families.	Creation of a one-page guide explaining the My AgedCare with links: <ul style="list-style-type: none"> • Information about the program • How to access MyAgedCare • Eligibility 	March-2020
2. ABRISA to reach out to key providers and advocate on the importance of hiring bi-lingual and culturally sensitive staff.	Creation of a communication letter, giving providers an overview of the work ABRISA is carrying out in creating capacity its volunteering workforce and reaching out to Brazilians who are interested in the	April-2020
3. ABRISA needs to consider the possibility of working in partnership with providers on the Culturally sensitivity workforce issues.	Creation of a Bureau of information and support, for <ol style="list-style-type: none"> 1. Initial information on My aged care including registration. 2. Support for the self-managed package. 3. Support on health and well-being. Funding model to be discussed. This implies an average of 150 hours per year. And a cost of\$ 5,250.	May-2020
4. Creation of an ABRISA support centre, initially 2 hours a week). This would be a self-management model.	Implementation scheduled October 2020 pending COVID-19 restrictions.	Nov-2020
5. Advocacy with My Age care to adopt the on-line text translation model of Government organisations such as Fair work an VMC in having on line translations setting.	Advocacy papers to be submitted to the VMC Also Advocacy with ECCV and FECCA	Dec-2020

Area	Proposed Actions	Timing
6. Information session on Palliative care support to Seniors and Families		
7. Advocacy with Brazilian and Latin General Practitioners (GP) on the importance of communicating with our seniors the key home care options	Advocacy papers to be submitted to the APHRA	Mar-2021
8. Sharing of key findings of this workstream with other multicultural organisations so they can disseminate the information to their constituency.	Presentation to ECCV to other community members.	Dec-2020
9. Sharing the My Age information with families established residents (including Australian Borne of any origin) who are not aware of the HCP.	Partnership with VIRWC to implement the program where communities have no resources to	Commenced

REFERENCES

Listing of References Requirements:

1. National Ageing and Aged Care Strategy - For people from Culturally and Linguistically Diverse (CALD) backgrounds (2015)
2. Australian Bureau of Statistics Census Data 2016.
3. My Aged care - <https://www.myagedcare.gov.au/>
4. DHHS - <https://www.dhhs.vic.gov.au/ageing>
5. ECCV Report - Submissions and reports
6. COTA - Self-management in Consumer Directed Care (CDC) programs: literature review