



Federation of Ethnic Communities' Councils of Australia

Submission to the Consultation on the new Age
Act Exposure Draft

7 March 2024



FECCA pays its respects to Aboriginal and Torres Strait Islander Elders past and present and recognise that the land we live and work upon was never ceded. FECCA proudly supports the Uluru Statement from the Heart.

FECCA acknowledges that our work on behalf of multicultural Australia has learnt from and been enriched by the Nations peoples and organisations. We are committed to continuing to listen, learn and support First Nations peoples in the journey to a more inclusive society.

Who we are

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing people from multicultural communities and their organisations across Australia. Through the membership of state, territory, and regional councils, we represent over 1,500 community organisations and their members.

What we do

For over 40 years, FECCA has proudly worked alongside culturally and linguistically diverse communities, the broader Australian society and government to build a successful, productive and inclusive multicultural Australia where everyone, no matter their background or how long they have lived in this country, can belong equally and reach their full potential.

FECCA draws on the lived experiences of the people and their descendants who have migrated to Australia and the expertise of its extensive and diverse membership to develop and promote inclusive, innovative and responsible public policy that reflects the needs and perspectives of multicultural Australia. We are committed to building a strong, innovative and inclusive nation that harnesses its greatest strength, the diversity of its people.

The FECCA network is FECCA's greatest strength. Through our network we can enhance the capacity of governments to strengthen public policy to meet the needs of the diverse Australian population. FECCA is a proven trusted partner to both communities and government, operating as a sophisticated conduit by mobilising communities to work with government to develop and enrich public policy through community-led expertise and action.

Foreword

The Federation of Ethnic Communities' Councils of Australia (FECCA) welcomes the opportunity to provide inputs into the exposure draft of the bill for the new Aged Care Act (the Exposure Draft). We are proud of our long-standing reputation advocating for the rights and needs of multicultural communities and believe this aged care reform is a historical opportunity for Australia to design an aged care system that is fully inclusive of and fit for our modern multicultural nation and ageing population.

The new Aged Care Act (the Act) will be the centrepiece of this new system. FECCA has high expectations that it will be an effective instrument to ensure that older people from Culturally and Linguistically Diverse (CALD) background, in all their diversity, can also benefit from the Act's rights-based, person-centred approach, and feel recognised, safe, and respected.

We thank all those who contributed to this submission, sharing their lived and professional experiences. We acknowledge that this is a complex draft legislation, and that the work of educating our communities on the upcoming changes and engaging them in the next phases of the reform is only beginning.

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Introduction

The new Aged Care Act (the Act) will be the centrepiece of Australia's new aged care system. It offers us a historical opportunity to redesign it to better respond to the present and emerging needs of Australia's increasingly diverse, multicultural older population.

FECCA is pleased to see that the exposure draft of the bill for the new Aged Care Act (the Exposure Draft) has adopted a rights-based approach, including some international human rights conventions, and outlined strong overarching principles that should orient the conduct of Government and funded aged care service providers. In order to achieve its policy intent, however, the new Act needs to set strong mechanisms that give life to those rights and principles.

FECCA has partnered with OPAN, COTA Australia and other nine national organisations working older people and carers, expressing our shared concerns and recommendations through a joint **Key Issues Paper**¹ and a **Joint Submission**. The present submission deepens our analysis for areas of higher concern for culturally and linguistically diverse backgrounds (CALD) older people.

As FECCA has expressed in various opportunities and throughout its submission to the final report of the Royal Commission into Aged Care Quality and Safety,² a reform that is inclusive of all older people, *without discrimination*, must consider diversity as core business. It also needs to be tailored for the current and upcoming demographic changes that are happening in our nation. In 2021, about 3 in 10 Australians were born overseas and about 1 in 4 spoke a language other than English at home.

Based on the current Exposure Draft, FECCA is concerned that once again, the aged care needs, perspectives and diverse lived experiences of older people from a Culturally and Linguistic Diverse (CALD) background will be minimised, despite their growing number in our ageing population. Older people of CALD background already make up approximately a third of people aged 65 and over. As noted in a report from the Australian Institute of Health and Welfare released in December 2023:³

'Migration patterns in recent decades have seen a decrease in migrants from Europe and an increase in migrants from Asian regions, including Vietnam, China, and more recently, India, and the Philippines (ABS 2022a). In coming decades, tailoring aged care services to people from these regions and improving diversity data collection methods will be vital to providing quality aged care.' (AIHW 2023, p.1)

The AIHW also notes that 50% of people born in North-East Asia using aged care require a translating or interpreting service. These profound shifts in migration composition, combined with the overall demographic trends, are sufficient to demonstrate why dedicated attention to CALD older population is fundamental in the current reform.

¹ The *Key Issues Paper* was published in January 2024. The organisations included: COTA, OPAN, FECCA, Carers Australia, Dementia Australia, AIR, EAAA, NAPHW, LGBTIQ + Health Australia, National Seniors Australia, PICAC Alliance, and RSL Australia: <https://opan.org.au/about-us/news-and-events/consultations-2024/>

² See, for instance, FECCA's response to the Royal Commission's final report: <https://fecca.org.au/wp-content/uploads/2022/03/FECCA-Response-to-Final-Report-of-Royal-Commission-into-Aged-Care-Quality-and-Safety-Discussion-Paper-2.pdf>

³ Australian Institute of Health and Welfare (2023). *How do overseas-born Australians use aged care services?* Published 7 December 2023. <https://www.aihw.gov.au/reports/aged-care/overseas-born-australians-using-aged-care-services/summary>

In preparing our recommendations, we faced two main challenges. Informed consultation with CALD older people would first require explaining the content of the Exposure Draft within the complex web of different parts that compose the reform and are yet to come. In our engagement with individuals and stakeholders with knowledge of the reform, we consistently heard how difficult it was to understand the 'full picture' and even more, to communicate it to others. We look forward to examining the other key parts of the system such as the provisions related to funding, the Rules, and Support at Home services, and ask that sufficient time be allowed for educating and consulting our communities.

A Contemporary Aged Care Act for a Multicultural Nation

The aged care sector is a clear example of a sector in which embedding a multicultural lens needs to be mandatory for policy and regulation. CALD communities are not only significant participants, in their capacity as aged care consumers and carers, but they also consist of an essential part of the current aged care workforce.

FECCA continues to argue that multiculturalism, as a core feature of our nation, cannot be an add-on consideration, but must be addressed through a whole-of-government, systemic approach to policies and practices. Our *National Multicultural Framework*, supported by more than 100 multicultural organisations including the Australian Council of Social Service (ACOSS), the Settlement Council of Australia (SCOA), Settlement Services International (SSI), and the Multicultural Youth Advocacy Network (MYAN), amongst others, and submitted to the national Multicultural Framework Review, well articulates what a progressive multicultural vision would mean:⁴

‘A nation that actively recognises the value of its diversity and ensures that everyone, regardless of their culture, ethnicity, language, religion, gender, sexuality, disability, visa status, geography, class, gender identity, or age, has equal rights and opportunities is a nation that puts its best foot forward to being fair and inclusive.’

Within the scope of this consultation, we highlight below how the proposed Act can be strengthened and be more innovative, helping to set the foundations of an aged care system tailored for the present and near future needs of our multicultural nation.

Recommendation 1: The commitment to a rights-based approach is expressed through positive duties.

This means:

1. *The Act must include positive duties on service providers and Government to uphold the identified rights.*
2. *The Act must include an accessible complaint mechanism for older people to raise complaints based on breaches of the identified rights.*
3. *Under **Section 21 (2) of Chapter 1, Part 3, Division 1**, the language is altered from ‘a way that is incompatible with the rights’ to ‘a way that is compatible with the rights.’*
4. ***Section 21 (3) of Chapter 1, Part 3, Division 1**, is rewritten to ensure that the identified rights can be used for interpretation in courts and tribunals, as follows: ‘The rights or duties in this Division are enforceable by proceedings in a court or tribunal.’*

FECCA is pleased to see the proposed Act’s adoption of a rights-based approach, with human rights being explicitly recognised. As FECCA has proposed:

⁴ FECCA (2023). *Submission into the Multicultural Framework Review*, 13 October: <https://fecca.org.au/wp-content/uploads/2023/11/2023-10-FECCA-Submission-Multicultural-Framework-Review.pdf>

‘Australia’s Multicultural Framework must embed a re-envisaged multicultural narrative informed by a lived-experience and expertise, be strengths-based, human-rights based and look holistically at the life-course of migrants to ensure it supports an inclusive and resilient nation.’⁵

It is particularly positive to see that ‘to give effect to Australia’s obligations under the *International Covenant on Economic, Social and Cultural Rights*’ is one of the objects of the Act. This provides us with hope that cultural rights, as expression of individual human rights and collective rights, will underpin the new system.

However, the exclusion of some fundamental international conventions to ensure protection for older people, such as the *International Convention on the Elimination of All Forms of Racial Discrimination*, and the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, as well the lack of clear built-in mechanisms to ensure that Government and service providers will observe these rights, have caused concerns about whether the Act will effectively enable a shift towards a rights-based approach. Feedback heard from older people of all backgrounds, including in public consultations, was that without clarity on how the Act will ensure those rights will be observed, they might become only an aspiration.

A rights-based approach must empower individuals to exercise those rights and help to shift the balance of power that characterises the current relationship between older people in need of aged care services, the Government, and service providers. However, as it stands, the Exposure Draft places on individuals the responsibility of knowing the human rights and other rights specified, fighting for compliance and navigating legal options outside the Act to raise complaints based on breach of the identified rights.

⁵ See Recommendation 1 of FECCA’s *Multicultural Framework*, <https://fecca.org.au/wp-content/uploads/2023/11/2023-10-FECCA-Submission-Multicultural-Framework-Review.pdf>

Recommendation 2: Respect for diversity and equity are placed at the core of a fair and inclusive Act.

This means:

1. *Include, amongst **the Objects of the Act**, to ‘achieve a more equitable aged care system,’ going beyond equitable access.*
2. *The list of diversity in the **Note of Section 22 (4), Division 2, Part 3, Chapter 1**, must be core part to the Act, with elimination of ‘or’ to allow for intersection in diversity.*
3. *Under aged care principles, **Section 22 (9), Division 2, Part 3, Chapter 1**, should be re-phrased, with elimination of ‘relative to other individuals.’*
4. *In the **definition of ‘high quality care,’ in Item ix of Section 19 (c)**, the use of the term ‘culturally appropriate’ must be reserved to culturally and linguistically diverse background individuals, rather than being conflated with all forms of diverse lived experience, as follows: ‘adapting policy, practices and environments to ensure that services are culturally appropriate for culturally and linguistically diverse individuals, including by engaging bicultural and bilingual workers in the provider’s workforce and governing body.’*
5. *The Act must secure ongoing funding for community-based CALD navigation services.*
6. *The Act must secure funding for free education on the aged care reform and the aged care system across CALD communities, and capability building around rights and advocacy, including for CALD specialised independent advocates.*
7. *Guarantee free access to language support and inclusive communication for older people from CALD background and/or those experiencing hearing or visual impairment, whenever they need it in their engagement with the aged care system, including but not limited to navigation of the system, aged care services, assessment process, communication about administrative decisions, and complaints.*
8. *In relation to the **single assessment**, the Act must:*
 - 8.1. *Include an obligation that assessors be trained to provide culturally safe and culturally appropriate assessment; and to proactively inform older people from CALD background and/or experiencing hearing or visual impairment, that language support is freely available.*
 - 8.2. *Require evaluation and public reporting on the adequacy of the single assessment process and the Integrated Assessment Tool for Aboriginal and Torres Strait Islander older people and CALD older people, following one year of implementation.*
9. *The System Governor must specify in their report, issues related to equity of access in relation to a person’s needs and preferences, documenting gaps in culturally and linguistically appropriate service availability.*
10. *The Act must ensure that the use of computer-based programs and any future technology used to support assessment and decisions, are properly assessed against the risk of bias and discrimination against under-represented populations in existing data sets, such as Aboriginal and Torres Strait Islander people and CALD people.*

Unsurprisingly, in our consultations with stakeholders, the most common concern was the lack of concrete provisions that demonstrate that diversity, and the needs, preferences, and goals of older people from CALD background in particular, will be part of ‘core business’ in the new system. Currently there is only one explicit reference to culturally and linguistically diverse individuals made on a note in the Exposure Draft, and the term ‘culturally appropriate’ is used in a vague, conflated with diverse lived experiences. This diminishes the importance of the concept as a specific way to

drive attention to both individual and collective experiences of disadvantage and inequity that CALD older people may experience due to cultural and linguistic factors.

Respect for diversity is a pre-requisite for equitable outcomes. Whilst equitable access to aged care services is one of the objects of the Act, throughout the Exposure Draft, there is little to support how this will be achieved if diversity is not embedded as normal practice within the system. Below FECCA highlights four areas that have stood out as deserving immediate consideration.

Empower CALD older people to confidently engage with the aged care system and exercise their rights

FECCA reiterates that CALD older people would benefit most and value greatly a single point of contact that is based in their local community, where they can interact face-to-face with trusted agents who speak their language, understand their culture and can guide them through the system up to the point of receiving aged care services. These ‘connectors’ would engage older people across the service continuum to develop networks that build their confidence and of their carers, and would be particularly valuable for members from new and emerging communities and those who are socially isolated.

Between February 2022 and June 2023, FECCA, in partnership with 23 organisations, pilot-tested the **EnCOMPASS Multicultural Aged Care Connectors Program** in 29 sites across Australia, to embed Connectors in local communities. Connectors provided one-on-one support to older people from CALD background, including their carers and families, through a strengths-based, ‘no wrong door’ approach so that they could understand and access aged care and other services. Lessons from the pilot indicate that Connectors who were from the same community and spoke the same language as their clients (had inherent cultural knowledge), or those who were able to access relevant cultural knowledge and language support from colleagues within their employing organisation, were the most successful in engaging clients. In situations of social or medical complexity, rapport between the client and Connector, and the Connector’s persistence and commitment, were key for successfully connecting a client to My Aged Care. The model used in the EnCOMPASS pilot meant that clients could receive timely, culturally appropriate and person-centred support, including advocacy by the Connectors, across multiple episodes and over time.

The integrated support envisioned above is currently provided to some extent informally through the Commonwealth Home Support Programme (CHSP). CHSP providers who specialise in CALD communities often focus on wellness and reablement through a community-based approach and constitute the entry point into the aged care system (see more on *Recommendation 3*). However, the future of the CHSP is now uncertain.

Not only navigation but also education is critical. A rights-based, person-centred approach requires mechanisms that empower older people to both know their rights and be confident to exercise them. Many of the concepts embedded in the current aged care system and in the Exposure Draft, such as the emphasis on individual self-determination or self-advocacy, may be dissonant with how many CALD older people relate to choice and decision making as a ‘family matter’. Moreover, the expectation that all older people will feel comfortable advocating for their rights or even knowing the pathways to do so, when they might not even speak English fluently, is not reasonable.

Access to free and adequate language support

A rights-based, person-centred system can only be enjoyed by the older person if clear, accessible communication is secured. For those with poor proficiency in English or communication impairments, this requires systems and processes to overcome language barriers and to ensure that communication is done directly with the older person as much as possible.

While the Royal Commission heard that translated information and interpreting services throughout care is the responsibility of service providers, the Federal Government has a critical role to play in mandating access to language services as a provider requirement and quality indicator.

Moreover, the right to communicate in a language of preference is not restricted to aged care providers but must be secured throughout the whole aged care system. This means that from navigation through assessment, administrative decisions, and any redress process, a CALD older person should be able to opt for language support. This offer must come from the administrative bodies and providers, rather than the current expectation that they should require it.

Culturally appropriate assessment

The adoption of a single assessment is likely to create a simpler process for older people, but for this process to be equitable, it is fundamental to address the current power imbalance, privileging the empowerment of the person assessed in relation to assessors. For CALD older people, a person-centred assessment must include:

- An assessment tool that is culturally appropriate and validated;
- Language support across all stages so that they can engage from a well-informed position, and can express their needs without assumptions by assessors of what these are;
- Assessors with multidisciplinary training, who are culturally competent and skilled to hold conversations that go beyond a simple yes/no or checklists;
- Clear mechanisms for the older person to participate, and not simply being interviewed.

Decisions about assessed needs and priorities

Based on the current draft, it is unclear how the System Governor will address equitable access to aged care services when these may not be available or supply is very limited. The issue of thin markets, as evidenced in the NDIS implementation, includes geographical disparities but it goes beyond that, and is specially challenging for groups that are most likely to be under the 'diversity' category.

For many CALD older people, their priorities, preferences and goals might not match existing services offered to them. This gap must be properly documented by the System Governor, and related decisions about service allocation and priorities. As indicated above, access to language support to understand and raise questions about decisions must be equally available at this stage.

Another area of concern is the use of computer programs to support decision-making by both the System Governor and the Commissioner, and the datasets that programs might draw upon. Currently there is a widely acknowledged failure around data collection for CALD population,

including CALD older people. Poor data quality around cultural and linguistic diversity are also a challenge in research into ageing, dementia and a range of other health and ageing related issues.

It is important to ensure that computer-based programs are inclusive and reflect diversity and under-represented groups. Until that analysis is done, there is a high risk that technology that enables faster and in theory, more consistent, processes, might clash with a person-centred approach and particularly, be discriminatory against diverse communities.

For more accurate understanding of CALD older people's access to, use of and experience with aged care services, consistent definitions and measures of cultural and linguistically diversity must be developed first, together with consistent processes for data collection and analysis.

Recommendation 3: The Act and transitional arrangements ensure the viability of culturally competent and ethno-specific services.

This means:

- 1. Transitional arrangements must include a clear plan for transition for smaller providers and ethno-specific providers to ensure that CALD specialist service capability is not lost.*
- 2. The Government must conduct a national audit, by 1 July 2024, of existing specialist service capacity likely to be impacted by the transition to a new aged care system.*

In the transition towards the new aged care system, the Government must guarantee that services that are culturally appropriate and, in some cases, hold ethno-specific expertise, remain viable and can in fact, expand, so that CALD older people do not face lack of choice.

Many ethnic communities, and particularly the more established ones, have self-organised to provide culturally appropriate aged care services for their older people. Ethno-specific and multicultural service provision are commonly available under the CHSP program, where requirements to become a provider are less cumbersome for smaller community organisations. One of the many benefits of the CHSP in CALD specific services is that it allows older people access to bilingual/bicultural workers.

An ongoing and trust-based relationship can be built between the older person and the worker, through a more holistic approach to the person's needs and preferences, including in relation to social support and navigation of services. As FECCA has for long emphasised, the support with navigation of services in the community, not restricted to aged care, is critical to enable CALD older people to have actual choice and agency.

In a system where CALD older people often find themselves facing lack of choice of culturally appropriate aged care services, the transition into the new aged care system must take into account the value that specialist providers and the CHSP program add and adopt mechanisms to support their long-term viability.

Recommendation 4: The Act supports innovative, financially sustainable models that are complemented by community-based care.

This means:

1. *The Act must support flexible models for aged care programs, co-designed with CALD older people and service providers.*
2. *The Government should commission a viability study of hybrid models of aged care that combine residential aged care, support at home and community-based care.*

The sustainability of the age care system is one of the main policy challenges that Australia is facing, and it is important that the new Act adopts innovative models that help older people to remain healthier in community. As the cost of institutionalised care and long-term care rises, the importance of home and community-based care is likely to increase. By 2050, it is expected that 80 percent of services will be delivered in the community.⁶ It is therefore imperative to adopt innovative ways to promote healthy ageing and adaptive capabilities amongst older people and their communities.

Studies have indicated that building age-friendly physical environments and care networks at the community level are critical.⁷ Programs that build and sustain the capabilities of older people could focus on reducing health risks and strengthening prevention, enhancing capacity for self-care, and enabling social connections and healthy lifestyles.

Many CALD older people prefer to remain with their family and community, accessing social support and services locally and at home as much as possible. Even in the case of higher care needs, hybrid models that make it easier for the older person to be part-time in an aged care facility (such as 'day care'), whilst remaining with family, could be a more satisfying and potentially, cost-effective alternative. These approaches are already used in countries where cultural norms and values are oriented towards family responsibility for the care of their elders, and they could be better understood in Australia.

⁶ Productivity Commission (2011). *Caring for Older Australians*. Report No. 53, Final Inquiry Report, Canberra, <https://www.pc.gov.au/inquiries/completed/aged-care/report>

⁷ J. R. Beard, A. Officer, I.A. de Carvalho, R. Sadana, A.M. Pot, J.-P. Michel, P. Lloyd-Sherlock, J.E. EppingJordan, G.M. Peeters, W.R. Mahanani, J.A. Thiyagarajan, S. Chatterji (2016). 'The world report on ageing and health: a policy framework for healthy ageing.' *Lancet* 387 (10033), pp. 2145-2154, 10.1016/s0140-6736(15)00516-4

Recommendation 5: Carers' rights are recognised and their access to funded support is guaranteed.

This means:

1. *The Act must explicitly recognise carers' rights, as recommended by the Royal Commission into Aged Care Quality and Safety.*
2. *The Act must include carers as eligible to funded support and outline the assessment process that will apply to them.*
3. *Add to **Section 45 (2), Division 3, Part 2, Chapter 2**, that the implications for the older person's carer must be considered.*

Unpaid carers are a vital part of the age care system and often, of our ageing population as well. The Exposure Draft itself acknowledges their value and proposes that '*carers should be considered partners with registered providers who deliver funded aged care services.*' However, the Exposure Draft is silent around carers' eligibility to funded support.

An analysis of the 2021 census⁸ revealed a growth in people who report providing unpaid care (almost 2.5 million people). Most of them are female in their 50s and 60s, lower income than the average Australian household, and higher than average rate of long-term health conditions. The census data shows most of them were born in Australia, but the analysis highlights that for non-English speaking people, low reporting of their 'unpaid' carer condition may be due to a different interpretation of the question. We know that across CALD communities, caring for elders is often a family responsibility. When cultural preferences and norms intersect with the fact that an older person in the family might not be able to speak English well, the support from family and community more broadly, might be even more central. In CALD communities, carers often take on other responsibilities beyond what would be classified as 'care,' including searching for information, interpreting, navigating the health and aged care systems, and advocating for the older person.

In recognition of the value that unpaid carers bring to the care of our older population, and of their rights to receive support, the Royal Commission into Aged Care Quality and Safety recommended that the new Aged Care Act included in its definition of aged care, supports to informal carers, such as respite.

It is not sufficient to recognise their value and name them as 'partners with providers. As the 2021 census data reveals, the intersection of gender, lower income, age and health conditions mean that informal carers are also likely to be in need of aged care services in the near future. Ensuring the wellbeing and quality of life for carers is intrinsically related to the investment in prevention and quality of life for our ageing population and will have benefits for the sustainability of the aged care system.

⁸ .id Informed Decisions (2023). 'Who are Australia's carers?,' Blog post, 20 October, <https://blog.id.com.au/2023/population/demographic-trends/who-are-australias-carers/#:~:text=In%202021%2C%20just%20under%202.5,first%20asked%20on%20the%20Census.>

Recommendation 6: The aged care workforce is well trained, culturally competent and valued.

This means:

- 1. Under the Statement of Principles, **Section 22.6 (b), Division 2, Part 3, Chapter 1** is rephrased, as follows: ‘supports aged care workers of registered providers being empowered and protected against all forms of discrimination, including through access to relevant information, to.’*
- 2. Under the Statement of Principles, **Section 22.6 (b), Division 2, Part 3, Chapter 1**, include an item iii to specify ‘safely and confidentially report incidents of discrimination in workplace, including racism.’*
- 3. The Act requires service providers to invest in workforce development and education under the new rules, considering equity issues impacting on their migrant workforce.*
- 4. Bilingual and bicultural aged care workers have their language and cultural skills formally recognised and valued as part of their professional skill set.*

A fundamental factor for the successful implementation of the vision outlined in the proposed Act is a skilled, well-trained, diverse and valued aged care workforce. It is critical that the Act sends a clear message that the workforce will not only be accountable to provide high quality care, but that it will be equipped to do so, with dignity and respect.

As FECCA highlighted in its response to the Royal Commission into Aged Care Quality and Safety’s final report, the aged care workforce has increasingly relied on CALD background workers, especially through migration.

The 2020 Aged Care Workforce Census⁹ indicated that:

- In residential aged care, 35 per cent of the direct care workforce identified as being from a CALD background, with the majority (72 per cent) being Personal Care Workers (PCWs). Whilst the proportion of CALD direct care workers tends to be higher in facilities with a significant number of CALD residents, there was no evidence of match between cultural or linguistic background of workers and residents.
- In the Home Care Package programme (CHPP), 21 per cent of total direct care workforce identified as being from CALD background, with 91 percent being PCWs.
- In the Commonwealth Home Support Programme (CHSP), CALD background workers accounted for 16 per cent of the total CHSP direct care workforce, with 90 per cent being PCWs. Between 2016 and 2020, the proportion of CALD background PCW workers in CHSP providers with more than 29.8 per cent of CALD clients increased from 8.1 per cent to 62.2 per cent.

The increasing participation of migrants in the aged care workforce has been largely driven by the decline in Australian citizens and permanent residents working in the care sector, despite growing present and projected demand. However, whilst in the past, migrants tended to be under permanent visa, Australia has relied more and more on migrants under temporary visa to fill out the gap in the local care workforce.

Temporary migrants face increased vulnerabilities which have been further exposed during the COVID-19 pandemic, including: experiences of racism (both from other workers and from consumers

⁹ Department of Health (2021). *2020 Aged Care Workforce Census Report*. Australian Government, <https://www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf>

and/or their families), insecure work conditions (such as temporary or limited and variable hours of work, poor understanding of entitlements under relevant awards, and higher risk of experiencing exploitation); inadequate training and support in the requirements of the job; limited opportunities for professional development; occasional requirement to act as informal interpreters, without language skills being part of their position description or appropriately remunerated; and lack of access to social protections such as Medicare, amongst others.

Retention and sustainability of the aged care workforce is essential for the success of the aged care reform. That cannot be achieved without acknowledging the role that migrants have as aged care workers. These bilingual and bicultural workers bring invaluable skills and cultural knowledge which are especially important in view of the needs and preferences of CALD older people. Moreover, they often hold higher qualification from overseas that remain unrecognised, leading to a skills waste for Australia.

Beyond CALD workers, for the workforce in general, investment in qualification and retention will be key to see the aged care reform translated into concrete, positive changes in how older people experience aged care services. In addition to more technical training, training around cultural competency, anti-discrimination and anti-racism, and trauma-informed service delivery, must be mandatory and delivered on a regular basis by all service providers.

Conclusion

FECCA looks forward to seeing a modern Aged Care Act, which aligns with Australia's growing multicultural ageing population. A person-centred approach should allow for any older person to make choices that are informed by their culture, even when that might indicate non-individualistic considerations and norms.

The new Aged Care Act can only be deemed *better* if the positive changes it envisions are inclusive of all older people in their diversity, without discrimination. For that to happen, diversity must be acknowledged as core business, and multicultural considerations embedded as part of normal practices and measure of quality care.