



10 May 2021

The Hon Courtney Houssos MLC
Chair
Select Committee on the provisions of the Public Health Amendment
(Registered Nurses in Nursing Homes) Bill 2020
Parliament House
Macquarie Street
Sydney NSW 2000

registerednurses@parliament.nsw.gov.au

Dear Chair

Answers to Questions on Notice to Mr Saviour Buhagiar, Director Ageing, Uniting NSW.ACT

Thank you for the opportunity to appear before the 28 April 2021 hearings of the Select Committee. Below are the answers to the questions provided on notice during the hearing. I have also taken the opportunity to clarify an answer provided at the time.

1. The Hon. DANIEL MOOKHEY: Do you have the ratio between government funding and residents' contributions?

According to the Australian Institute of Health and Welfare, consumers contribute on average 27% of total residential aged care provider revenue.

https://www.gen-agedcaredata.gov.au/www_ahwgen/media/2020-factsheets-and-infographics/Spending-Factsheet_2020.pdf

Uniting's financial records for same period align closely with this published data with 74% of revenue received from Government and 26% received from consumers.

2. The CHAIR: We have just run over time. If I could just ask you, if you would not mind taking a couple of questions on notice from me.
 - a. We have not heard a lot of evidence around this issue, but it is around our culturally and linguistically diverse [CALD] communities. If you could just provide us with anything, on notice, about the specific challenges that they [CALD communities] face as they age—even for people without dementia.

A report by the Federation of Ethnic Communities' Councils of Australia, *Improving the Healthy Ageing Experience of Older CALD Australians* (<https://fecca.org.au/wp->

Head Office

ABN 78722 539 923
Level 4 / 222 Pitt Street
Sydney NSW 2000
PO Box A2178

Sydney South NSW 1235
T 1800 864 846
E ask@uniting.org

<content/uploads/2016/06/FECCA-Mosaic-43.pdf>) identified specific challenges faced by CALD communities as they age as:

- language barriers, low level of English proficiency, poor health literacy and lack of understanding and knowledge of the Australian health and aged care system, daunting experience
- lower access to essential health and aged care services - resulting in presenting too late for health/medical checks and diagnosis
- fear of authority (government, MyAgedCare); reliving of trauma (post war/civil unrest)
- shame associated with Dementia and in many situations misdiagnoses – resulting in depression and loneliness and a strong sense of disempowerment by the older CALD person
- the continuing need to build the capacity of the aged care workforce to work across a number of cultures and faiths and the importance of providers to respond to new, emerging and refugee populations as we start to see a decline in the ageing population of post war immigrants and changing demographics.

b. Any lessons you might have from the COVID pandemic.

Uniting NSW.ACT made a submission to the Royal Commission into Aged Care Quality and Safety specifically addressing matters relating to the COVID-19 pandemic

<https://agedcare.royalcommission.gov.au/media/30063>, as well as to the Senate Select Committee on COVID-19

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19/Submissions (Submission number 327).

In these submissions, we identified that in relation to aged care the pandemic has:

- reinforced the need for greater integration between aged care and health care and demonstrated how far Australia is from achieving seamless integration of the two systems
- significantly impacted the financial viability of the aged care sector when its financial status was already under pressure, through: additional staff hours, agency costs and IT; communications and procurement costs required to manage visitor restrictions and support social distancing while also maintaining quality of care; providing additional personal protective equipment; cleaning supplies and services; and additional sick leave
- underscored the importance of greater investment in home-based care for older Australians - being able to age in their own home is the overwhelming priority of most older Australians, is the most cost-effective means of providing care and support and enhancing older Australians' quality of life, and appears to experience rates of infection and mortality than residential care
- shown the dedication of Australia's aged care workforce, while also exposing its inherent vulnerabilities: low wages and a lack of career development was already impacting the ability of the industry to attract and retain staff; while restrictions on recruiting care workers from among people born overseas, which will exacerbate the difficulties in recruiting and retaining a workforce with appropriate skills

- reinforced the plight of our aged community and the need to support and value them through regular contact: we have seen the value of online connectivity as a way to reduce isolation for many of our more lonely or vulnerable citizens, while also pointing out the need to ensure that they are not left behind with access to these tools and the skills to use them.
3. Uniting NSW.ACT also wishes to clarify the response to the question posed by the Hon Mark Pearson:

The Hon. MARK PEARSON: So nothing is coming out of the pocket or the purse of the Uniting Church, to care for these people.

Mr BUHAGIAR: No.

The Uniting Church does not make any contribution to the operating costs of the Uniting NSW.ACT aged care operations, however, the legacy of land assets owned by the Church does represent a significant contribution underpinning our current care and support of older people.

Mr Dom Schuster, Government Relations, is available to address any queries from the Committee or provide further information, on _____ or _____

Yours sincerely

Saviour Buhagiar
Director Ageing
Uniting NSW.ACT