VACCHO

VACCHO response to Commonwealth discussion paper: 'Commonwealth Home Support Programme Good Practice Guide for Restorative Care Approaches (incorporating Wellness and Reablement)'

Victorian Aboriginal Community Controlled Health Organisation

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal health body representing 100 per cent of Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf.

Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health. Nationally, VACCHO represents the community controlled health sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal governments formally recognise VACCHO as the peak representative organisation on Aboriginal health in Victoria.

VACCHO's vision is that Aboriginal peoples will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of community control.

VACCHO and our Members are aware that one of the intended outcomes of the *Living Longer Living Better* aged care reforms is the development of a streamlined, nationally consistent aged care system. For this reason we welcome the opportunity to respond to the *Discussion Paper: Commonwealth Home Support Programme – Good Practice Guide for Restorative Care Approaches (incorporating Wellness and Reablement)*, even though the Commonwealth Home Support Programme (CHSP) will not be implemented on 1 July 2015 in Victoria.

(Please note: In this submission the word 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. Direct reference to Torres Strait Islander people and the word 'Indigenous' have been used where these are part of a title or direct quote.)

VACCHO's approach

VACCHO's response to all three discussion papers is based on principles of human rights, self- determination, equity of access and cultural safety, a perspective that is supported by three key documents:

i. The Aged Care Act *1997*, (the Act), which contains the legislation relating to aged care and identifies the important link between both the aged care system and the health systems

ii. The Australian Human Rights Commission (HRC) recommendations, '*Respect and Choice. A human rights approach for ageing and health*, which clearly describes a rights based framework for aged care reforms.[1] Sections of this report directly address the rights of ageing Aboriginal people and includes the key principles of self-determination, equity of access, and culturally safe services

iii. The National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 (NATSIHP), which is supported by all levels of government. It is informed by a human rights framework, includes a section on healthy ageing and comprehensive information on cultural safety in service provisioning.

Question one (a): What opportunities do you see in implementing these approaches?

VACCHO notes the following strengths and

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opportunities in the approaches and the Good Practice Guide (the Guide), and these are expanded upon further below:

- The health, wellness and restorative care approaches are potentially consistent with self-determination
- The approaches build on the Victorian Active Service Model (ASM)
- The Guide recognises people with special needs
- Restorative care is consistent with the policy intent of the Act in promoting equity of access and improving Aboriginal health
- Potential for nationally consistent data collection.

Consistency with self determination

VACCHO welcomes the Commonwealth Government's aged care reforms and endorses the wellness, reablement and restorative practice approaches, as they are consistent with self-determination, which is a core principle of the Aboriginal view of health. VACCHO believes that these approaches will be strengthened with the integration of clearly articulated cultural safety measures. This is an opportunity for the Commonwealth Government to work with the National and jurisdictional ACCHO peak bodies to achieve cultural safety within CHSP.

Restorative Care builds on the Victorian ASM

Restorative Care has much in common with the current Victorian ASM, a nationally recognised good practice model that underpins the current delivery of Home and Community Care (HACC) services in Victoria. An evaluation of the ASM was conducted in 2014 and when the evaluation report is available, the results will be useful in informing the continued development of CHSP good practice.

Policy intent of the Act: service access by special needs groups

The Guide includes a section entitled 'Working with Special Needs Groups' which states that 'working with people in these groups may require some additional considerations.'[2] This is consistent with the objects of the Act which seek to 'facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location'.[3] Within the Act, Aboriginal and Torres Strait Islander people are defined as a special needs group, are represented in the other categories of 'special needs' derfined by the Act and have other cohort needs that are not recognised by the legislation.

However, in its draft form, this section of the Guide is brief. VACCHO sees that this consultation period presents an opportunity for the Commonwealth to gain feedback which can be used to strengthen the Guide, ensuring it is consistent with the HRC recommendation that 'culturally appropriate care is essential for aged care services delivered to all older Aboriginal and Torres Strait Islander peoples.'[4]

The HRC provides clear recommendations on the scope of requirements for human rights and how this can be achieved, including a commitment to the 'progressive realisation' of human rights and the development of a detailed implementation plan that includes measurable indicators for monitoring the implementation of progressive reforms.

VACCHO provides feedback for strengthening this section of the Guide throughout this feedback document and, being NACCHO's delegate on the National Aged Care Alliance (NACA), would welcome an opportunity to contribute directly to the development of a plan to achieve the progressive realisation of human rights specific to Aboriginal people, and other special needs groups.

Data Collection and Evaluation

The collection of nationally consistent data provides a number of opportunities for evidence based activities at national and local levels, including evaluating the efficacy of aged care reforms. The HRC states that 'the human rights of special needs groups can be better respected and protected through the inclusion of disaggregated indicators'. Further, that 'the indicators should measure access to services and be disaggregated, at least, on the grounds of age, sex, race, ethnicity, sexuality, place of abode, and socio-economic status.' This ensures the monotoring of equity of access as specified in the Act. Data specifically relating to Aboriginal people will provide vital information on the participation of Aboriginal people in CHSP, ensuring that programme planning and development is culturally appropriate.

Data collection and access to data would also be a valuable resource for ACCHOs, enabling a consistent evidence base for knowledge and research as well as evidence for service planning in Aboriginal aged services.

Question one (b): What barriers do you see in implementing these approaches?

VACCHO identifies the following omissions from the Guide which will present ongoing systemic barriers for Aboriginal peoples:

- Practice recommendations in the Guide are not enforceable
- Equity of access

- Minimal acknowledgement of the inclusion of 'Aboriginal and Torres Strait Islander people' as a specific cohort in the definition of special needs within the Act
- A lack of acknowledgement that cultural safety is a human right as well as contemporary good practice in human service delivery with Aboriginal peoples and for people from culturally diverse backgrounds
- Failure to recognise HRC recommendations for the progressive realisation of human rights
- Limited acknowledgement of the need for service coordination for clients with multiple and complex needs, nor for moving in and out of restorative care
- Non-recognition of the Aboriginal view of wellness
- Failure to state it's commitment to the development of a culturally competent workforce throughout the My Aged Care (MAC) and CHSP system

VACCHO notes that the barriers are both substantial and systemic and are likely to create inequity of access to CHSP. Further, these barriers will affect people from culturally diverse backgrounds and others that the Act define as having special needs. The application of a human rights framework as referred to throughout this document would ensure equity of access that protects the rights of people with special needs.

Non-enforceable Guidelines

VACCHO notes that the Guide provides non-enforceable guidelines only and that these are not included in the Program Manual as contractual requirements. As discussed throughout this response, Aboriginal people (and other diverse groups) are marginalised in the Guide. There is no acknowledgment that Aboriginal people access aged care assessment services at a lower rate than the general population. Further, the Guide provides minimal guidance on practices throughout the CHSP system that will address this exclusion.

Equity of Access

The Guide provides an opportunity to articulate practice strategies to achieve the policy intent of the Act, particularly the need to 'facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location.'[5]

The Guide is designed primarily for CHSP service providers, assessors and MAC staff [6] but does not specify how good practice in intake and assessment with Aboriginal participants (and other people with access barriers) will be achieved, except to say that 'additional considerations might be necessary'. This is of concern given multiple systemic barriers faced by Aboriginal participants referred to throughout this document and in previous feedback submitted by VACCHO throughout the CHSP consultation process.

Special needs groups

Cohorts with the following characteristics, as specified by the Act, are recognised as having special needs:[7]

(a) people from Aboriginal and Torres Strait Islander communities

(b) people from culturally and linguistically diverse backgrounds

(c) people who live in rural or remote areas

(d) people who are financially or socially disadvantaged

(e) veterans

(f) people who are homeless or at risk of becoming homeless

(g) care-leavers

(ga) parents separated from their children by forced adoption or removal

(h) lesbian, gay, bisexual, transgender and intersex people.

Aboriginal people are a designated special needs group and in addition experience all of the special needs characteristics above. Further, the number of Aboriginal veterans has been underestimated indicating that this is an emerging special need that has previously not been recognised.[8]

Aboriginal people experience barriers to participation in human services generally, and this includes a lower rate of engagement in Aged Care Assessment Services, as evidenced by the Productivity Commission.[9] It is therefore necessary that the Guide identify practices that enhance participation by Aboriginal people. This is a human rights necessity that is consistent with the Act, the HRC and the policy intention of entry level aged care services.

Ensuring the human rights of special needs groups

VACCHO notes that the reference to special needs groups within the Guide is very brief, being comprised of only two paragraphs.[10] This section of the Guide refers readers to Appendix 3, which is a list of external resources for working with special needs groups that will be built upon in the future.

The Guide states that 'additional considerations might be necessary when working with people from special needs groups.' This is in contrast to the view of the HRC which states that 'culturally appropriate care is essential for aged care services delivered to all older Aboriginal and Torres Strait Islander peoples'. The Guide should reflect this and state that 'additional considerations are *essential* when working with people from special needs groups' and clearly articulate practices for working with Aboriginal people and other special needs groups.[11] This will ensure the Guide is consistent with the Act, the recommendations of the HRC and the policy intent of Commonwealth aged care reforms.

Equity of access for people with special needs, as required by the Act, must be demonstrated and supported by embedding appropriate principles within the Good Practice Guide.

Coordinated health and community service delivery

The Act clearly recognises the important role of protecting health and integrating coordinated aged care services with health service delivery. These objects are stated as:

> 2-1, 1(c) to protect the health and well-being of the recipients of aged care services;
>
> *and*
>
> 2-1, 1(i)(iii) to improve the integration of the planning and delivery of aged care services with the planning and delivery of related health and community services.[12]

In addition, the NATSIHP has been developed by the previous Commonwealth Government, COAG and Aboriginal stakeholders, and is soon to be adopted by the current Commonwealth Government.[13] It includes a section on Healthy Ageing and refers to a number of life complexities that must be considered for the provision of support in ageing. These include:

- Aboriginal Elders have significant cultural responsibilities
- Ageing Aboriginal people often have caring responsibilities, sometimes of multiple generations
- Many older Aboriginal people (and their families) have experienced 'social, physical and psychological devastation' as a result of child removal policies
- Aboriginal elders may wish to age 'on country' and this should be considered in aged care services.

The Guide must acknowledge these additional complexities for Aboriginal people and should articulate practices for working within this complex cross sector service delivery context.

VACCHO sees that this is an opportunity to ensure that the commitment to people with special needs as recommended by the HRC and referred to within the Act is clearly articulated in the Good Practice Guide for CHSP and is evident throughout all stages of the client pathway through MAC. Good practice must ensure that MAC is accessible to Aboriginal peoples, acknowledges the need for service coordination that includes complementary services outside the scope of entry level aged care services, ensures that the MAC workforce is competent in culturally safe practices and demonstrates a commitment to progressive realisation of human rights for Aboriginal people and diverse groups.

Aboriginal view of wellness

It is essential that the Aboriginal view of wellness is acknowledged and responded to within the CHSP wellness approach, and reflected in the Guide. The view of Aboriginal health that is included in the NATSIHP and thus supported by all levels of government is expressed as follows:

> *Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of life view and includes the cyclical concept of life-death-life.*[14]

As a special needs group with multiple complex needs, Aboriginal clients will face systemic barriers to CHSP throughout the MAC pathway including in initial and subsequent interactions with MAC call centre staff, Regional Assessment Services (RAS) and service providers.

Workforce Cultural Competency

The HRC states that culturally appropriate aged care services are essential for ensuring human rights. A key NATSIHP strategy is to 'build an aged care workforce that is sensitive to the needs of older Aboriginal and Torres Strait Islander people.'[15] This is consistent with feedback provided by VACCHO previously throughout the CHSP consultation process, yet is barely acknowledged within the Guide.

Good practice in working with Aboriginal participants in human services is best facilitated when organisations have an embedded culture and practice of cultural

safety.[16] This includes a range of measures such as employment of Aboriginal staff, support of Aboriginal community controlled providers and ongoing cultural safety training for staff in order to ensure they achieve cultural competence. As noted in the previous paragraph, the Guide does not provide appropriate guidance for working with special needs groups, particularly Aboriginal peoples who experience multiple special needs identified by the Act.[17]

Contact with My Aged Care Contact Centre

The guide indicates that for reablement to be effective, it requires participants to be engaged with MAC staff, RAS and service providers.

There is a lack of acknowledgement that good practice requires the provision of supported access for special needs groups. Whilst RAS have a role in providing linkage to services, this capacity is limited. This is not consistent with the concept of equity. For example, the Access and Support Program in Victoria recognises that special needs groups require additional support and funds ACCHOs and mainstream organisations to provide supported access to HACC services, aged care assessment services and other relevant services. This enables supported care coordination that is culturally safe, client centred, inclusive of broader family networks, and provided within flexible timeframes.

In the absence of funding for services such as Victoria's Access and Support Program there will be a considerable impost on service providers who will continue to provide intensive support to Aboriginal clients interacting with MAC. Supported access is a good practice approach that should be articulated and provided within the CHSP program.

Barriers to assessment

Cultural safety throughout all stages of care is essential in achieving health outcomes for Aboriginal and Torres Strait Islander people.[18] As stated previously, there is clear evidence that Aboriginal peoples currently access assessment services at a lower rate than the general population. Assimilationist policies have resulted in an unwillingness to engage with government and mainstream services, particularly the forced removal of children from Aboriginal communities.[19] At the national level, 38 percent of Aboriginal people 15 years and over have reported experiencing forced removal of a family member.[20] In Victoria, these impacts are even more widespread, with nearly half of Victoria's Aboriginal population (46.6%) over the age of 15 having experienced the removal of family.[21] Thus, there is a pre-existing barrier faced by Aboriginal participants prior to interacting with services. This is further compounded by widespread negative beliefs and stereotypes about the 'special treatment' received by Aboriginal people and a lack of understanding of Aboriginal cultures.[22]

Participation with CHSP is an 'indicator' of the efficacy of aged care reforms, as recommended by the HRC. This lower rate of participation by Aboriginal people must be acknowledged and comprehensively addressed within the Guide (as well as the Program Manual and Fees Policy) as it will affect participation throughout the entire MAC pathway, resulting in lower levels of 'wellness' for ageing Aboriginal people. CHSP aims to support independent living within the community ahead of premature entry into residential aged facilities. This will not be achieved for Aboriginal people given the current lower participation rates in aged care assessment service and the lack of recognition of this within the discussion papers. Clear strategies supported by good practice must be demonstrated to address this fundamental inequity.

In consulting with the Victorian ACCHO sector, VACCHO identifies some practices for ensuring culturally appropriate service provisioning that includes, but is not limited to, the following:

- Recognition of cultural competence as good practice
- Compulsory core cultural safety training for MAC assessors and RAS, utilising a cultural competence curriculum that is recognised by the Commonwealth Government and endorsed by the NACCHO or state affiliates
- Employment of Aboriginal assessment staff, including staff based in and employed directly by ACCHOs
- A dedicated call centre line with a mixture of Aboriginal and non-Aboriginal staff who are culturally competent
- Availability of Aboriginal interpreters
- Assessment outreach services based in ACCHOs
- A consumer advisory group comprised of Aboriginal participants and ACCHO representatives
- The recognition of Aboriginal peoples as Australia's first peoples within the diversity paradigm
- Continued support and training for specialist ACCHO providers to ensure up-skilling as necessary.

Anecdotal evidence from ACCHO HACC providers has revealed that ACCHOs often support mainstream HACC providers through the provision of free services to their Aboriginal clients. This includes services

such as partial assessments submitted to Aged Care Assessment Service staff using Service Coordination Tool Templates; free transport to HACC services; general support, such as assistance with access to Centrelink, ATO and Medicare services; community meals and activities for Elders. This work needs to be acknowledged and financially supported.

Standardised Assessment

The Guide states that 'A standardised assessment process is being introduced for clients to be able to access services delivered by the CHSP and for services under the Act. This is intended to promote equity by ensuring that access to aged care services is based on a consistent assessment of need and to offer clients an increased level of control over the services they receive.'[23]

However, the National Screening and Assessment Form is extremely long and requires participants to provide extensive personal information and cannot be appropriately administered in the absence of cultural safety. This form should be revised and simplified.

Active participation of clients in assessment

The guide states that 'clients will be supported to actively participate in the assessment of their needs through a two-way conversation with MAC assessors'.[24] It is not clear how this active involvement will be achieved with Aboriginal clients in a way that is culturally safe because it is not mandatory for contact staff and assessors to undertake cultural safety training and there is no explicit emphasis on employing or otherwise involving Aboriginal staff in the assessment process.

Ongoing interaction with My Aged Care

Clients will re-enter the assessment stages of MAC as their needs change. This may include the need for short term reablement interventions in addition to low level support and several reassessment phases. There is an absence of good practice guidelines on how conversations with multiple sections of the system will be conducted in a culturally safe manner, nor for the provision of a 'safety net' to follow up on disengaged clients.

Restorative Care

There is current Australian experience in the application of restorative care approaches to delivery of basic support for older people (e.g. Victoria's ASM model) which can be used to inform the development of restorative services that will be resourced by CHSP.

These restorative care services must be characterised by:

- Agreed processes between MAC assessors and RAS, service providers and clients to communicate assessment review dates, review processes (how and by whom the review will be conducted), outcomes of reviews and subsequent adjustment of clients' care plans
- Clear evaluation criteria that will be used to determine whether services are effective and will continue, be adjusted or cease
- Acknowledgement that for Aboriginal peoples, requirements for restorative care to be 'time-limited' must not preclude provision of appropriate care to clients with complex life circumstances whose physical needs are consistent with the target group specified by CHSP guidelines, i.e. clients requiring low level/entry level services
- Good practice guidelines for servicing clients who are transient, particularly those living in regional, remote and 'cross border' areas
- Processes to re-connect the client to ongoing social support and/or other services funded under CHSP following cessation of their restorative care services. This is essential given previous comments regarding barriers to engagement experienced by Aboriginal peoples, but good practice is not articulated for this process.
- Explicit information on communication processes between RAS and providers of restorative services and ongoing services provided by multiple agencies.

Question 2: Do you have any other comments or feedback?

CHSP use of the term 'frail'

The Guide identifies that the word 'frail' represents traditional approaches to aged care and states that the term is not consistent with the new 'Wellness' approach. However, the term is used throughout the consultation papers and still seems to be integral to the CHSP program, used as a key descriptor of eligible CHSP participants.[25]

VACCHO agrees that the word 'frail' is traditional term and is not consistent with the wellness approach and CHSP paradigm. CHSP eligible clients may not be frail and the word perpetuates a negative sterotypes of ageing people.

Lack of inclusion of ACCHO views

VACCHO has provided feedback from its Membership throughout the CSHP consultation process, noting a range of policy and programming issues, with

recommendations to ensure cultural safety for Aboriginal peoples. VACCHO notes that despite its participation in the consultation process, the Guide does not explicitly acknowledge the needs of Aboriginal peoples and lacks fundamental commitment to ensuring positive outcomes for Aboriginal peoples consistent with the Act.

Continuity of care

VACCHO is concerned that Aboriginal participants may be 'lost' along the client pathway. For example, whilst moving in and out of restorative care, appropriate good practice guidelines on coordinated service provisioning during initial and subsequent assessments must be evident. This includes guidelines and training on supported referrals and processes for feedback on client progress and/or service outcomes.

Sector development

VACCHO acknowledges the role of sector development funding in ensuring that industry specialists such as ACCHOs have skills and knowledge to deliver services consistent with wellness and reablement approaches, as has been the case with the ASM. It is vital that CHSP sector development funding continue to enable this.

Endnotes

1 The Australian Human Rights Commission, Respect and Choice, *A human rights approach for ageing and health - 2012* https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-human-rights-approach-and-aged-care-reforms. [Accessed 10/4/2015]

2 CHSP draft Good Practice Guide, p14.

3 The Aged Care Act (1997), Compiled Dec 2014, p3.

4 Human Rights Commission *op cit*.

5 The Aged Care Act, p37

6 The Good Practice Guide, P5

7 The Aged Care Act, p37

8 Australian Government Department of Veterans Affairs, Indigenous Australians at War. http://www.dva.gov.au/i-am/aboriginal-andor-torres-strait-islander/indigenous-australians-war [Accessed 1/4/2015]

9 Productivity Commission 2011, Caring for Older Australians: Overview, Report No. 53,

Productivity Commission 2014, Report on Government Services 2014 – Aged Care (Chapter 13) http://www.pc.gov.au/gsp/rogs January 2014 downloaded 3/2/14

10 The Good Practice Guide, p14

11 Osborne et al (2013) *What works? A review of actions addressing the social and economic determinants of Indigenous Health, Issue Paper No. 7,* AIHW Closing the Gap Clearing House

12 The Aged Care Act, p3

13 Commonwealth of Australia, 2013. *National Aboriginal and Torres Strait Islander Health Plan 2013-2023,*

14 *Ibid*, p9

15 *Ibid*, p38

16 Osborne, *op cit*.

17 The Aged Care Act, P37

18 Osborne, *op cit*.

19 Osborne, *op cit*.

20 Australian Bureau of Statistics 4714.0 - *National Aboriginal and Torres Strait Islander Social Survey, 2008* (Social networks and support) http://www.abs.gov.au/ausstats/abs@.nsf/ [Accessed 23/6/2014]

21 Australian Bureau of Statistics 47140do003_2008 *Aboriginal and Torres Strait Islander Social Survey, 2008* Table 03 Indigenous persons aged 15 years and over by state or territory of usual residence http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02008?OpenDocument

http://www.abs.gov.au/ausstats/abs@.nsf/Products/4714.0~2008~Main+Features~Social+networks+and+support?OpenDocument downloaded 23/06/14 [Accessed 23/6/2014]

22 Osborne, op cit.

23 Good Practice Guide, p11

24 ibid, p13

25 ibid, p15