VACCHO

VACCHO response to Commonwealth discussion paper: 'Commonwealth Home Support Programme: National Fees Policy Discussion Paper'

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% 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 people 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 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 - *National Fees Policy Paper*, even though the Commonwealth Home Support Programme (CHSP) Fees Policy does not yet apply to Home and Community Care (HACC) services administered by the Victorian and Western Australian State Governments.

(Please note: In this submission the word 'Aboriginal' refers to both Aboriginal and Torres Strait Islander peoples. 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's recommendations, *Respect and Choice*, *A human rights approach for ageing and health - The Aged Care reforms and human rights* 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 Care 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.

The National Fees Policy proposes changes that are in direct contrast to current ACCHO HACC service provision. Victorian ACCHO providers (and some mainstream providers) do not charge fees to

Aboriginal clients for entry level aged care services and aged care packages. This practice acknowledges that Aboriginal people face systemic discrimination, experience multiple barriers to aged care services and have complex needs. Disadvantage is widespread and is not an individual exception. The Fees policy fails to acknowledge this.

Question one: Are there any additional safeguard arrangements that should apply for client financial hardship?

VACCHO notes a number of concerns about the Fees policy, which include:

- Lack of detail of the hardship processes and procedures
- Cumulative impact of fees where clients are receiving multiple services
- Absence of a fees cap
- Burden of administrative process involving individual clients with multiple services and fees
- Equity of access
- Impact on ACCHOs
- Lack of hardship provision for full pension recipients
- Impact on 'no fees' policies and practice
- Impact on current relationships between ACCHOs and non-ACCHO providers
- Lower fees income for providers who predominantly support lower socio economic cohorts
- Red tape
- Lack of recognition of complex social circumstances as a source of hardship

Lack of detail of the hardship processes and procedures

The hardship arrangement does not include sufficient detail on safeguard arrangements to enable a fully informed response. There is a lack of clarity on the application process, the assessment criteria, the approval process and the impact on providers, both administratively and financially.

The hardship arrangement does not recognise nor appropriately respond to the extent of systemic disadvantage experienced by Aboriginal peoples. Hardship for Aboriginal people is widespread and is a demographic issue,[2] not an exceptional individual circumstance, yet this is not recognised in the fees policy. Provisions have not been made to enable the continuance of currently accepted 'no fees' policies enacted by providers of specialist services to those special needs groups, as defined by the Act[3], whose members experience widespread financial disadvantage.

Cumulative impact of fees where clients are receiving multiple services

Compounding of fees resulting from requirements for multiple services will be a major barrier to Aboriginal access to CHSP, as the policy states that clients should be charged for each instance of a service received. Using the case study provided in the Programme Manual as a guide, the provision of basic services for a full pensioner consisting of one hour of social support and two meals attracts a fee of $27. This is a considerable financial barrier for Aboriginal clients. The health of Aboriginal people over the age of fifty is poorer than the general population, so it is entirely possible that Aboriginal people eligible for CHSP may require a number of services. Consequently, the fees policy in its current form discriminates against older people with more complex needs.

Absence of fees cap

Whilst it is stated that the hardship arrangements remove the need for a cap on CHSP fees charged to individuals, there is no detail provided on whether cumulative financial impact on clients of multiple fees for multiple services will be monitored, nor the method by which this impact will be monitored and what provisions will be available for clients who do not have the capacity to meet the burden of multiple charges. How will hardship and cumulative impact of multiple fees be managed where a client is receiving CHSP services from more than one provider, and who will have responsibility for managing this?

Burden of administrative process involving individual clients with multiple services and fees

There is no clarity provided around administrative processes where a client is receiving multiple services from multiple providers, a situation that will apply to many CHSP participants at various times. How is hardship managed in this scenario? Are multiple hardship applications required? Will all providers reduce their fees to that single client? Will all providers for that single client collect lower fees?

Lack of hardship provision for full pension recipients

At the *2015 National aged Care Sector Roadshow* (Shepparton, 16/3/15) Commonwealth staff stated that if a participant were a full pensioner and could not pay the pensioner rate, that the service provider has the discretion to reduce or waive the

fee. Consequently, the hardship provision needs to explicitly state that fees can be reduced or waived if a client on full pension can't afford fees, and make it very clear that clients won't be denied service on basis of capacity to pay fees. Additionally, it needs to be very clear that the funding for the provider will not be reduced if they elect to waive fee(s) for a client receiving the full pension who cannot afford services to which they have been referred by MAC or RAS.

The CHSP equity of access principle states that 'all eligible people assessed as needing a service must have equal access to CHSP services whether they are an Aboriginal and/or Torres Strait Islander person… [and] whether they have the ability to pay for services.' As noted above the hardship provision does not clearly address the issue of service provision to clients who are unable to pay fees at any level.

It is not clear how funding to ACCHOs will be affected should they choose to continue to provide free services to clients as standard practice in response to widespread economic disadvantage. Will penalties be applied? This question also applies to non-Aboriginal services that currently provide free services to Aboriginal HACC participants.

Impact on current relationships between ACCHOs and non-ACCHO providers

A number of ACCHOs have developed relationships with non-Aboriginal services for the delivery of HACC services. Current service agreements between ACCHOs and mainstream providers for the provision of free services such as allied health services other supports are likely to be disrupted by implementation of the Fees Policy. It is essential that these existing and future relationships are considered and protected.

Lower fees income for providers who predominantly support lower socio economic cohorts

VACCHO notes that providers who primarily service clients experiencing hardship will be financially disadvantaged due to lack of income from fees. There is no reference to this issue in the policy and how this will be addressed.

Red Tape

Hardship provisions will create 'red-tape' for providers, particularly providers such as ACCHOs who have a large proportion of their service population unable to pay for services. This is not congruent with the intent of the CHSP reforms or the Commonwealth Government's commitment to reducing red tape.

Lack of recognition of complex social circumstances as a source of hardship

Aboriginal peoples have complex family care obligations and associated financial imposts, and recognition of this must be explicitly stated in hardship guidelines. For example, Aboriginal peoples are more likely to be carers than non-Aboriginal Australians with 12.4% of Aboriginal Australians identifying as carers compared to 10.4% of non-Aboriginal Australians. The proportion of Aboriginal carers is growing, as is the population of Aboriginal peoples, including the proportion of those who are older. Additionally, the number of Aboriginal carers is most likely to be higher than is known due to lack of carer self-identification, as the role of 'caring' for people who have reduced capacity to care for themselves is not separated out from family relationships in general.

The types of services that are determined as legitimate in CHSP provisioning must recognise the complexity of supports required for many Aboriginal people, and must also recognise that complex family care relationships can be a source of financial hardship.

Question two: What barriers or opportunities do you see in applying the proposed fee policy and standard fee schedule?

The following factors are barriers to the application of the proposed fee policy and schedule to Aboriginal clients, since they impact both on capacity to access and pay for aged care services:

Status of Aboriginal and Torres Strait Islander peoples within special needs categories defined by the Aged Care Act 1997

The Act lists the following 'special needs' groups:

(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 are over represented in a number of other special needs categories identified in the Act. Additionally, the number of Aboriginal veterans has been underestimated until recent years[4], indicating that this is an emerging special need that has previously not been recognised.

Financial Disadvantage

Aboriginal communities are extremely diverse in many respects including attitudes, cultural identification and needs[5], however, financial disadvantage is commonly experienced by Aboriginal communities across jurisdictions, and regardless of whether they are located in metropolitan, regional or rural and remote areas[6]. The fees policy fails to recognise that disadvantage is a social issue and has created a policy that only recognises individual disadvantage.

Health status

The health status of Aboriginal Australians over the age of 50 years is acknowledged to be poorer than the general population,[7] suggesting that in a system where there is equity of access, Aboriginal peoples would require CHSP services at a higher rate per capita than the general ageing population. Further, they are likely to require multiple services, including reablement services to support complex needs.

Existing barriers

It is well documented that assimilationist policies, particularly the forced removal of children from Aboriginal communities, have resulted in an unwillingness of Aboriginal peoples to engage with Government and mainstream services[8]. At the national level, 38% of Aboriginal peoples 15 years and over have reported experiencing forced removal of a family member.[9] In Victoria, these impacts are even more widespread, with nearly half of Victoria's Aboriginal population (47%) over the age of 15 having experienced the removal of family. This reluctance to interact with Government and mainstream services is further compounded by widespread negative beliefs and stereotypes about the 'special treatment' received by Aboriginal peoples and a lack of understanding of Aboriginal cultures.[10]

Additional barriers created by the My Aged Care gateway (MAC) and CHSP services

In our response to the Good Practice Guide for Restorative Care Approaches (the Guide), VACCHO has provided feedback referring to evidence demonstrating the multiple, pre-existing barriers and hardships for Aboriginal peoples requiring access to CHSP, including reluctance to engage with government services and existing lower rate of engagement with aged care assessment services.

Further, VACCHO has drawn attention to fundamental inadequacies in the Guide. These include:

- The lack of recognition that the 'Cultural Competence' model is contemporary good practice in facilitating access to services for Aboriginal peoples. Cultural Competence has been endorsed by both the Commonwealth Government and Council of Australian Governments (COAG).[11]
- The absence of robust guidelines to ensure equity of access to MAC and CHSP services for special needs groups, as required by the Act. Equity of access is briefly and passingly referred to in the Guide.

'Shame'

The Hardship provisions will be an ongoing deterrent for Aboriginal peoples seeking care due to the 'shame' of discussing financial hardship. As mentioned previously, ageing Aboriginal people have complex needs, often involving caring responsibilities (for example, of grandchildren, family members with disabilities, family members who are ill) and associated costs of family care. Personal needs are acknowledged and prioritised last. In terms of service provision, whilst a participant may agree to receiving a paid service, the client may use avoidance rather than admitting that the fees will create a hardship. This could result in missed appointments and unavailability for home visits etc.

Administrative burden

The fees policy does not support the Commonwealth's commitment to reducing red tape. An additional administrative burden will be placed upon service providers' resources. As mentioned previously, hardship is a demographic characteristic, not an individual exception in many Aboriginal communities. Consequently. Aboriginal service providers and other specialist providers who service financially disadvantaged groups will be required to process large numbers of hardship applications.

Disincentive to seeking appropriate care

VACCHO believes that the implementation of a CHSP fees policy, rather than eliminating 'disincentives to seek more appropriate packaged care', may be a disincentive for Aboriginal people, seeking out CHSP services necessary to their continued capacity to remain in their own homes.

Additional costs: Consumables, aids and equipment

There is lack of content in the policy regarding the cost of aids and equipment and whether these items are covered by the hardship provisions. Further, the is lack of clarity regarding the overlap between CHSP and State funded equipment schemes

Do you currently charge more than the rates proposed in the fees schedule attached to the consultation paper?

Most VACCHO Members have an explicit 'no fees' policy and do not charge fees for services.

Current 'No Fee for Service' practice

A survey of VACCHO Members confirms that Member organisations providing HACC do not charge fees for Aboriginal clients and their carers. ACCHOs are acutely aware of the effects of long term systemic disadvantage on their communities and their practice of 'no fee for service' recognises and responds to systemic and widespread disadvantage. It ensures that all ageing Aboriginal community members have access to support services and does not require individuals to endure the shame of applying for hardship provisions.

There is some variation amongst ACCHOs in the delivery of 'no fee for service', this includes the use of:

- A 'No Fees' policy
- A 'no fee for service' practice approach that is not formalised in policy
- Formalised agreements with mainstream services for the provision of 'no fee for service' supports to all Aboriginal clients
- Charge for some services (ie, delivery of firewood in regional areas) for clients receiving Home Care Packages, with the cost being invoiced to Package providers.

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

Monitoring and evaluation

The fees policy represents a major shift for the delivery of entry level aged care services for Aboriginal people. It has previously been noted that the Productivity Commission has reported that the rate of participation in aged care assessment services is lower for Aboriginal people than the general population. This highlights the need for specific monitoring to determine the impact of the Fees Policy on Aboriginal peoples and other special needs groups who experience barriers to access and participation to ensure that human rights are protected.

The HRC outlines a range of human rights and states that aged care reforms should ensure the 'progressive realisation' of human rights. This includes the identification of indicators that are measureable, the collection of disaggregated data, the monitoring of indicators and appropriate programme reforms.

The draft fees policy states that 'it is intended that the operation of the fees policy would be monitored closely over the life of the CHSP, and adjusted as necessary to accommodate emerging need or future reform direction'. A clearly articulated commitment to long term monitoring is not evidenced, and there is no evidence that proposed monitoring acknowledges and incorporates indicators for measuring the progressive realisation of human rights in a way that is consistent with HRC recommendations. Monitoring is essential to ensure that CHSP provides equal access to special needs groups consistent with legislative obligations specified in the Act, and that this measures indicators such as the following:

- Rates of Aboriginal contacts with MAC (either directly or indirectly)
- Engagement rates following initial contact
- Rates of participation in CHSP compared with HACC
- Human rights, such as cultural safety, equity of access and availability of culturally appropriate services.

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

2 Maggie Walter (2008) *Lives of Diversity: Indigenous Australia Academy of the Social Sciences in Australia*

3 Aged Care Act (1997). Compiled Dec 2014.

4 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.

5 Productivity Commission 2011, *Caring for Older Australians: Overview*, Report No. 53, Final Inquiry Report, Canberra

6 Walter, *op. cit.*

7 Australian Institute of Health and Welfare (2011) Older Aboriginal and Torres Strait Islander people Canberra Cat no. IHW 44 Canberra: AIHW

8 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

9 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/Products/4714.0~2008~~Main+Features~Social+networks+and+support?OpenDocument downloaded 18/06/14

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

11 *Ibid.*