



VACCHO

VACCHO response to Commonwealth discussion paper: 'Commonwealth Home Support Programme Draft Program Manual'

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 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 Draft Programme Manual* even though we know that the Commonwealth Home Support Programme (CHSP) will not be implemented in Victoria on 1 July 2015.

(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 and the health systems
- ii. The Australian Human Rights Commission's report, *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 Care Plan 2013 – 2023 (NATSHIP) 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: Identify any key challenges you might face in implementing the responsibilities outlined for CHSP providers. e.g. service delivery, grandfathering arrangements and interacting with My Aged Care (MAC).

VACCHO has a number of areas of concern regarding responsibilities outlined for CHSP providers which include:

- Equity of access
- Impact on service delivery of mainstream and Aboriginal Controlled Community Health Organisation (ACCHO) providers including:
 - Increase in red tape due to hardship provisions proposed in the National Fees policy
 - Removal of funding for Group Two services (care coordination)
 - Assumption that ACCHO service providers will provide unfunded assistance to large proportion of their clients in connecting with MAC

These are expanded upon below.

Equity of Access

The Australian Government aims to ‘ensure that all frail older Australians have timely access to appropriate care and support services as they age’². Special needs groups, as designated under the Act, which includes Aboriginal and Torres Strait Islander peoples, are acknowledged as comparatively disadvantaged in their capacity to access aged care services. This is reflected in the manual which states that it is important to recognise the diversity of people with special needs and the barriers they face.³

The Productivity Commission has highlighted the need to take into account the cultural diversity of Aboriginal and Torres Strait Islander communities in providing aged care:

“The challenges in providing services to this group are compounded by their heterogeneous nature... in addition, there are marked differences in attitudes, cultural identification and needs, between Indigenous people living in many urban centres and those living in rural and remote locations. Like other special needs groups, a ‘one size fits all’ approach is not appropriate”.⁴

As stated above and in our response to the Draft National Fees policy and Draft Good Practice Guide in Restorative Care, (the Guide), there is a range of enduring and pre-existing barriers that will obstruct access to CHSP for Aboriginal peoples. Further, there is clear evidence that Aboriginal people access current Aged Care Assessment Services (ACAS) at a lower rate than the general populations. Successive

Productivity Commission Reports on Government Services provide data that shows comparative under-usage of aged care assessment services by Aboriginal populations in Victoria and nationally, compared to the non-Aboriginal population. In 2015 the deficit was as follows:⁵

Usage / access by aged care service (rate per 1000 target population) 2013-14

Aged Care Service	Victoria Aboriginal and Torres Strait Islander	Australia Aboriginal and Torres Strait Islander	Australia All users
Assessment	35.4	23.1	52.3

This is further compounded by the lack of specialised Aboriginal assessment services and inadequate cultural safety throughout MAC processes. VACCHO notes that the neither the Guide or the Manual acknowledge that Cultural Competence is recognised by the Commonwealth Government as good practice in the delivery of services for Aboriginal peoples and diverse groups, through its support of the NATSIHP.⁶

The population of Aboriginal peoples over the age of fifty is increasing rapidly having nearly doubled in the 10 years between 2001 and 2011.⁷ DSS estimates that about 83 959 ‘Indigenous’ [sic] Australians were aged 50 years or over in Australia at 30 June 2013.⁸ Whilst social indicators continue to demonstrate greater social inequality for Aboriginal peoples, equity remains a systemic barrier for Aboriginal peoples and a greater number of Aboriginal peoples will continue to be marginalised from aged services.

Despite the heterogeneity of Aboriginal communities, there are common factors which underpin effective provision of services to Aboriginal people:

- Services delivered by a culturally competent workforce that ensure cultural safety
- Impact of assimilationist policies, particularly the forced removal of children. Such policies impact on the willingness of Aboriginal peoples to engage with government and other mainstream services: at the national level, 38% of Aboriginal people 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 (46.6%) over the age of 15 having experienced the removal of family.¹⁰

Whilst claiming to provide equity of access for all

older people including people with special needs, the Manual does not adequately describe how barriers will be reduced and equity will be assured. VACCHO believes strongly that MAC and mainstream providers of CHSP will be ineffective in providing equity of access to services unless there is a focus on reducing systemic barriers. This includes (but is not limited to) the following:

- Recognition that cultural safety is a fundamental requirement for supporting equity of access and addressing this through the development and delivery of a strategy for developing a culturally competent workforce throughout the CHSP services system;
- The development of a strategy for increasing the number of Aboriginal assessors in MAC and RAS. In Victoria at present there are only two Aboriginal specialist providers of aged care assessment, being Rumbalara in Shepparton and the Aborigines' Advancement League in Thornbury, Melbourne. A strategy to increase the number of Aboriginal assessors in MAC and RAS would encourage engagement of Aboriginal peoples in entry level aged care services.
- A fees policy that responds to systemic inequity as well as individual circumstances.

Further, there is concern that service delivery will be affected by the following:

- The fees policy, administrative procedures and hardship provisions will be a disincentive to organisations that work extensively to support and respond to the most vulnerable and disadvantage members of our community, creating additional red-tape and administrative burdens.
- The changes to the application of fees and the hardship arrangements will provide an incentive to organisations to 'cherry pick' clients who are easy to service, thus further marginalising disadvantaged groups. In regions where there are no ACCHO providers, this will marginalise Aboriginal peoples.
- There is lack of commitment to sector support for specialist services such as Aboriginal assessment services and supported access to MAC and CHSP services.

Impact on service delivery of Aboriginal Controlled Community Health Organisation (ACCHO) providers

Whilst it is acknowledged that CHSP will include a process for hardship applications (which is yet to be articulated), VACCHO has provided feedback on a number of issues that are either unclear in

the program manual, or will impact negatively on service delivery. In addition to concerns raised above, VACCHO notes the following issues and questions that will impact specifically upon ACCHO providers:

- All Victorian ACCHO HACC providers currently deliver HACC services free of charge to Aboriginal clients and their carers. Further, a number have existing relationships with mainstream providers for the delivery of free or reduced cost services for Aboriginal clients. It is likely that there are ACCHOs and Aboriginal Medical Services (AMS) in other states which employ similar measures.
 - Will ACCHOs and AMS's be permitted to continue providing 'no fees' services without penalty?
 - Will block funding of ACCHO and AMS CHSP providers be affected if operating within a 'no fees' policy?
- At the *2015 National Aged Care Sector Roadshow* (Shepparton, 16/3/15), Commonwealth staff provided a verbal assurance that service providers could, without penalty, elect to waive fees for clients receiving the full pension, who could not afford the fees suggested by the draft policy. The program manual needs to explicitly state that service providers have the ability to waive fees and are permitted to implement a 'no fee' policy to facilitate equity of service for socially disadvantaged groups, without penalty.
- Many ACCHOs are small and all are frequently under-resourced, often providing value added services to support Aboriginal HACC clients of mainstream organisations. This includes services such as transport, community meals, food bank services and Elders groups. The impact of changes outlined in the manual are likely to create more pressure on resources for ACCHOs who provide complimentary culturally appropriate support to CHSP clients of whilst receiving no funding for doing so. Effectively, this lessens the responsibility of the funded providers to ensure cultural safety for clients, though they are obliged to do so.
- 'Grandfathering' arrangements state that the CHSP will 'Ensure that all clients have equity of access to services and that support is accessible, appropriate and free from discrimination' however, removal of case management (previously HACC Group 2 funded services) from CHSP discriminates against Aboriginal people who need assistance to navigate the system.
- Sect 3.4.1 p 50: 'Clients approaching service

providers directly' – There is concern that ACCHO staff will spend considerable time supporting clients to access MAC and register as a client. Following this, clients will then be screened by the MAC contact centre and assessed by phone. All of these actions and subsequent interactions are likely to require support. In addition, If ACCHOs are required to collect fees rather than continue their 'no fees' practices, then staff will also spend considerable time applying for hardship provisions on behalf of their clients.

- Sect 3.4.1, p 51, para 5: 'Face to face assessments' – Providers would benefit from having greater clarity around the process of restorative care and the need to communicate outcomes of this to other service providers who may be involved in the client's care. There is a risk that clients will 'fall through the cracks' without clear communication processes between services and the MAC.
- Sect 1.2.4, p 5, item 4: The objectives of CHSP include the commitment to : 'Ensure that all clients, including those with special needs, have equity of access to services that are socially and culturally appropriate and free from discrimination however the manual does not articulate policies and procedures to ensure this will be achieved.
- MAC lacks mandated processes to ensure cultural safety. This deficit extends to current RAS operating in jurisdictions other than Victoria and Western Australia. Cultural safety of assessment processes has a major impact on Aboriginal peoples' use of aged care assessment services. At present in Victoria, there are only two ACCHOs providing assessment services. To redress this, a number of ACCHOs have developed relationships with ACAS teams that enable them to take an active role in the assessment process. This happens in a number of ways such as attending assessments, providing assessment information using Service Coordination Tool Templates (SCTT) and arranging for assessors to meet with clients at the ACCHO site. However, there is no explicit requirement for the involvement of Aboriginal people in the provision of assessment services, although this would enhance equity of access, and where informal arrangements exist, no consideration is given to the impost this places on ACCHO resources.
- Development of cultural competence in mainstream workforces and organisations: There appears to be limited formal opportunities to develop the cultural competence of assessors, both those employed by the central MAC contact centre and those employed by RAS. It is a notable

omission of CHSP that mandatory training for MAC and RAS staff does not include core units addressing cultural safety. An elective training unit focused on this topic is available for RAS assessors who are designated as team leaders.

- Additional clarity is required in the guidelines in relation to the flow of services, specifically for restorative care services and their relationship to ongoing services. It is noted that the therapist or allied health practitioner completes 'an outcome assessment documenting progress against identified client goals prior to discharge for each client' (p32), but the decision making and communications processes for the continuation of 'ongoing' services (if needed) is not clear. This presents a risk to clients who may become disengaged.

Question 2: Identify any support which you, as a provider, might appreciate, to meet your requirements as a CHSP service provider. e.g. business, IT and financial systems.

Business systems

Technology

Support may be required for upgrading internet connections and software, where necessary, to enable:

- Secure connection to the internet and MAC provider portal
- Generation of invoices etc.

Staff training

Any changes to reporting mechanisms (including alterations to datasets) will need to be accompanied by government resources to ensure up skilling or retraining of new and existing staff.

Sector support

It is essential to retain and build support for specialist providers of aged care to special needs groups, including specialist providers of services for Aboriginal peoples. This includes the coordination of training for staff in ACCHOs as well as for Aboriginal and non-Aboriginal workers in mainstream organisations to ensure transition from the strongly grounded Active Service Model and diversity planning approach to the CHSP.

Question 3: Do you have any other comments or feedback?

Funding of CHSP access for transient populations:

The Discussion paper gives no indication whether transience of local populations will be taken into account in the calculation of funding based on service outputs and outcomes. This issue is particularly relevant to small, regional and rural service providers and ACCHOs, particularly those located adjacent to state borders.

MAC navigation issues:

The loss of HACC Group 2 services and their replacement by RAS linkage services increases the risk that members of special needs groups will have limited access to the full range of basic services suited to their needs. Aboriginal people and members of other special needs groups have specific cultural needs and often experience complex social circumstances. There is a need for assisted access to MAC and CHSP service providers.

Continued Commonwealth funding for programs such as Victoria's Access and Support Program and offering this in all jurisdictions would mitigate this risk. In addition, learnings generated by the operation of Victoria's Access and Support Program by ACCHO service providers can be used to develop the capacity of RAS to provide culturally safe assessment and linkage which addresses the diversity of Aboriginal communities.

Concepts and Terminology:

- 'Social participation' should be changed to 'social and cultural participation' and associated outputs should include 'social and cultural support'.
- The Good Practice Guide states that the word 'frail' is a term that represents traditional approaches to aged care that are not consistent with the new Wellness Approach, as stated in the Good Practice Guide (p 15). However, the term is integral to CHSP, has been used throughout all three draft papers and is even used to describe eligible participants.
- 'Wellness' should recognise the holistic, Aboriginal definition of health across the lifespan which encompasses social, emotional and cultural wellbeing of the community.
- Understanding of Aboriginal ageing needs to acknowledge that Aboriginal Elders are the custodians of communities' history, culture and language¹¹, and that it is cultural practice to afford respect to older Aboriginal peoples.

Endnotes

- 1 The Australian Human Rights Commission, *Respect and Choice, A human rights approach for ageing and health - The Aged Care reforms and human rights* <https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-human-rights-approach-and-aged-care-reforms>
- 2 Department of Social Services 2012–13 Report on the operation of the aged care act 1997 p7.
- 3 Draft CHSP Program Manual, pp. 7-9
- 4 Productivity Commission 2011, *Caring for Older Australians: Overview*, Report No. 53, Final Inquiry Report, Canberra
- 5 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
- 6 Commonwealth of Australia, 2013. *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*,
- 7 Australian Bureau of Statistics (2011) *Census of Population and Housing Canberra Cat no. 2003.0*
- 8 Productivity Commission 2014, op cit.
- 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 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
- 11 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>

