Key Directions for the Commonwealth Home Support Programme Discussion Paper

Submission template

Completed submissions are to be sent by 30 June 2014 to:
CHSP@dss.gov.au (preferred method) OR

Home Support Policy Team, Level 6, Sirius Building
Department of Social Services PO BOX 7576
Canberra Business Centre, ACT 2610

Submissions received after Monday 30 June 2014 may not be considered.

Unless otherwise stated, the information and feedback you provide may be used for publishing purposes. Please state if you do not wish for your comments to be published

Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.
- Refer to the **Discussion Paper: Key Directions for the Commonwealth Home Support Programme (Hyperlink)** for context on the questions..

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If submitting on behalf of a company or organisation
Name of organisation: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Stakeholder category (e.g. service provider, client, peak body, academic): Peak body

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(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.)

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal health body representing Aboriginal community controlled health organisations (ACCHOs) in Victoria. The role of VACCHO is to build the capacity of these members 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 welcome the opportunity to respond to the *Discussion Paper: Key directions for the Commonwealth Home Support Programme -Basic support for older people living at home* developed by the Department of Social Services (DSS). VACCHO

supports the Commonwealth Government's pursuit of reform which enables "access (to) services that are high-quality, client centred, maximise independence and are responsive to the changing needs of people as they age"[i] This submission responds directly to questions stated in the DSS submission template with emphasis on the need for equitable access to the Commonwealth Home Support Program (CHSP) by those Aboriginal people aged 50 years and over, whose functional limitations indicates they are in need of "basic" supports.

Question 1: Are there any other key directions that you consider should be pursued in the development of the Commonwealth Home Support Programme from July 2015?

*** Equity of Access for Aboriginal and Torres Strait Islander peoples, as a designated special needs group:**

The Australian Government aims to "ensure that all frail older Australians have timely access to **appropriate** care and support services as they age"[ii]. "Special needs groups" designated under the *Aged Care Act (1997)* (e.g. Aboriginal and Torres Strait Islander peoples) are acknowledged as comparatively disadvantaged in their capacity to access aged care services

The Productivity Commission has noted 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"[iii]

The number of Aboriginal and Torres Strait Islander people over the age of fifty is increasing rapidly[iv], having nearly doubled in the 10 years between 2001 and 2011. DSS estimates that about **83 959** "Indigenous" [sic] Australians were aged 50 years or over in Australia at 30 June 2013[v]

The "Key directions for the Commonwealth Home Support Program: Discussion paper (the Discussion paper) reaffirms support for

"Specialised services … developed to address the needs of particular client populations, such as Aboriginal and Torres Strait Islander people…and other special needs groups"

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

- Recognition of Aboriginal elders as the custodian of communities' history, culture and language[vi];
- Recognition of the holistic, Aboriginal definition of health which encompasses social, emotional and cultural wellbeing of the community[vii]

- Impact of forced removal of children on Aboriginal communities' engagement 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[viii]. 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[ix].

Recommendation 1: That the Australian Government mandate involvement of local cultural input into development and delivery of services and assessment processes to facilitate equitable access to culturally safe CHSP services by Aboriginal people

*** Focus on the interface between CHSP and other elements of *My Aged Care* which impact on access to CHSP services by 'vulnerable' people**

The Discussion paper (p 26) notes:

> "In recognition that vulnerable older people may need additional support to access services, My Aged Care will also provide a linking service capability to ensure vulnerable people are identified and referred to the appropriate pathway for support. My Aged Care will also provide some linking service support through My Aged Care assessment organisations"

Although work was undertaken in 2013 to define the *My Aged Care* definition of vulnerability and inform the development of the *My Aged Care* linking service for vulnerable people, no detail has yet been provided by the Commonwealth.

The definition of 'vulnerability' and the role and scope of both the proposed linking service, and linkage provided by *My Aged Care* assessment organisations will impact on access by Aboriginal people and other special needs groups to CHSP.

Recommendation 2: That resources allocated by the Australian Government to the design and piloting of CHSP also include resources for the development of effective communication and service protocols between CHSP, the *My Aged Care* linking service for vulnerable people and *My Aged Care* assessment organisations. This resource allocation should include support for consultation with providers of specialist aged care services to Aboriginal people and other special needs groups .

Question 2: How should restorative care be implemented in the new programme?

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

- These restorative care services must be characterised by:

- Agreed processes between (regional) assessors, service providers and clients to communicate review date, review processes (how and by whom the review will be conducted) and both outcome of reviews and subsequent adjustment of clients' care plans;
- Clear evaluation criteria that will be used to determine whether services will continue, be adjusted or cease;
- Processes enabling service provider and the client to provide feedback on client progress and/or service outcomes;
- Process(es) to re-connect the client to ongoing social support and/or other services funded under CHSP (if these are needed), following cessation of their restorative care services.

For special needs groups, such as Aboriginal and Torres Strait Islander People, requirements for restorative care to be 'time-limited' must not preclude provision of appropriate care to clients with complex life circumstances. For example, clients who are transient may need a longer timeframe to complete a course of restorative care

Recommendation 3: That the Australian Government resource an advisory panel of Australian service providers and academics who have experience in the development and delivery of restorative services to inform development of key elements of restorative services funded through CHSP, in particular:

- Criteria for monitoring client progress and evaluation of service outcomes;
- Communication processes between the different elements of the service system and the client;
- Processes to reconnect clients to social and to other relevant CHSP-funded supports (if required) after cessation of restorative services, in order to:
  - Maintain positive health outcomes;
  - Provide robust evaluation data for CHSP

Recommendation 4: That guidelines developed around restorative care incorporate flexible timeframes to enable effective service provision to members of special needs groups

Question 3: Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?

CHSP eligibility criteria must enable equity of access by Aboriginal people and other designated special needs groups. CHSP criteria in their current form potentially discriminate against clients from designated special needs groups who require "basic assistance with daily living to remain independently at home".

For example, using the current eligibility criteria, an Aboriginal and/or Torres Strait Islander client:

- who has "difficulty performing activities of daily living without basic assistance due to functional limitations"; and

- whose functional limitation is not sufficient to qualify for a home care package

may be excluded from CHSP on the basis of complex social circumstances which have resulted in a need for case management or care coordination to assist them in connecting with or navigating the aged care service system (Refer to issues outlined in question 1). This is in contradiction to the CHSP commitment to providing services appropriate for "people with cultural or other special needs"

In addition, VACCHO is not in favour of eligibility criteria that specify levels of functional limitation. Feedback from VACCHO members providing aged care services notes that functional capacity of individual clients can vary, and flexible criteria which do not base eligibility on a single period of client observation are more appropriate.

Recommendation 5: That the criteria developed by the Australian Government to determine eligibility to CHSP do not exclude Aboriginal people and other special needs groups who need assistance with navigating the service system from accessing basic care suited to their level of function.

Recommendation 6: That the CHSP eligibility criteria developed by the Australian Government should not specify the client's level of functional limitation.

Question 4: Are the circumstances for direct referral from screening to service provision appropriate?

Under the currently proposed screening protocol, older people who register with by *My Aged Care* and identify as Aboriginal and/or Torres Strait Islander are automatically offered a face to face assessment. VACCHO and our member services support this.

Feedback from Aboriginal community-controlled providers of aged care services, suggests a significant majority of clients have complex needs, even those who present with 'simple' service requests (e.g. meals or transport) have a number of support needs which require assessment. These needs would not be addressed if clients were referred direct to services without face to face assessment.

Recommendation 7: That *My Aged Care* maintain referral protocols which offer face-to-face assessments to all clients who identify as Aboriginal and/or Torres Strait Islander

Question 5: Are there particular service types that it would be appropriate to access without face to face assessment?

Refer to Question 4

Question 6: Are there any other specific triggers that would mean an older person would require a face to face assessment?

Refer to Question 4

Question 7: Are there better ways to group outcomes?

VACCHO does not currently have a position on the grouping of services per se. In recognition of the centrality of culture to the health and wellbeing of Aboriginal people, we believe that the wording of the outcome area "Social participation" should be changed to "Social and cultural participation" and that its associated outputs should include "Social and cultural support".

Recommendation 8: That culture be included as a service group ("Social and cultural participation) and as an output/service type (Social and cultural support).

Question 8: Are there specific transition issues to consider?

As previously mentioned, The transition functions from the current HACC Service Group Two to *My Aged Care* increases the risk that members of special needs groups such as Aboriginal people will limit their access to the full range of basic services suited to their needs. This impacts on equity of access by Aboriginal people and other special needs groups to services within all service groups funded by CHSP: Aboriginal people and members of other special needs groups may have specific cultural needs or experience complex social circumstances and require assistance in navigating the aged care service system (refer responses to questions 1 and 3).

Continued Commonwealth funding for programs such as Victoria's Access and Support Program would mitigate this risk. In addition, learnings generated by the operation of Victoria's Access and Support Program by Aboriginal community controlled service providers can be used to develop the capacity of regionally- based *My Aged Care* assessment organisations to provide culturally safe assessment and linkage which addresses the diversity of Aboriginal communities.

In 2015, Victoria proposes to trial a model of "Virtual assessment teams" which will see Aged Care Assessment Service (ACAS) teams and Home and Community Care assessment organisations using common processes and protocols to provide multidisciplinary assessment to clients. This model could be expanded to formally include Aboriginal workers with experience in the Assessment and Support Program, co-located with Aboriginal community- controlled organisations to ensure that assessment and linkage services are appropriate to the diverse cultural needs of different Aboriginal communities

It should be noted at this point that Victoria's aged care providers are currently experiencing changes related to both the implementation of CHSP and the transition of financial management responsibilities from the Victorian Government to the Commonwealth. There is a need for ongoing consultation and dialogue to foster collaboration between service providers, peak bodies and Governments. In the short term this will facilitate change management . In the longer term, ongoing dialogue between these stakeholders is necessary to achieve a balance between the need for a nationally consistent/coherent aged care system, and the need for an aged care system which is responsive to local need.

The current Victorian Home and Community Care Service system is unique in its history and its level of integration with the broader primary and community health system. Consequently, VACCHO believes that collaboration will be best served by the development of an ongoing Victorian CHSP Advisory Group, with membership drawn from Peak bodies representing the aged care service sector, including specialist providers, as well as other key stakeholders.

In addition service providers from all jurisdictions will need assistance to help them meet accountability requirements, including:

- Resources to support training relating to any changes to minimum dataset or reporting requirements;
- Resources to support essential changes to ICT associated with reporting requirements and/or need to interface with the National Aged Care Gateway.

Recommendation 9: That the Australian Government continue and expand funding to Victoria's Access and Support Program and any similar programs in other jurisdictions to support equity of access to CHSP services by Aboriginal people and other special needs groups.

Recommendation 10: That Victoria's trial of a virtual assessment team' model include a formal mechanism for including Aboriginal Access and Support workers as members of virtual assessment teams.

Recommendation 11: That the Australian Government provide ongoing resources to establish and maintain a Victorian CHSP Advisory Group

Recommendation 12: That the Australian Government provide resources to enable service providers to meet reporting requirements including

- Training for staff in relation to changes in minimum dataset and reporting requirements;
- Funding to enable software and other ICT changes associated with changes to CHSP reporting requirements.

Question 9: How are supports for carers (other than respite services) best offered? For example, should these be separate to or part of the Commonwealth Home Support Programme?

There has been limited research on the needs of Aboriginal carers to inform the development of carer supports and services for Aboriginal and Torres Strait Islander people. What is clear, from the feedback of VACCHO members, is that carer responsibilities in Aboriginal communities are often complex. It is not uncommon for a single individual to have carer responsibilities for several family members, with different care needs:

i.e.

- age related care needs;

- care needs related to disability;
- care needs related to mental health;
- care needs related to dependence on alcohol or other substance misuse

A person who is providing care for an older family member may themselves be an older person in need of aged care services, or may be a young person whose educational needs must be taken into account. It is also possible that an Elder may have more than one primary carer.

Changes to the machinery of government has placed the management of aged care and disability services within the Department of Social Services. This would appear to provide an opportunity for collaboration of common processes and procedures for access to carer supports for people providing care to family members with needs relating to aged care and disability (including persistent mental illness)

Recommendation 13: That the Australian Government develop common protocols enabling access by carers to a range of flexible carer supports, to address the needs of those whose carer responsibilities are complex.

Recommendation 14: That the development of supports for carers involve ongoing dialogue between Australian Government representatives from the Health (including mental health and Alcohol and Other Drugs (AoD)), Aged care and Disability systems, in order to address integration/interface issues that limit carer access to supports that meet their needs.

Recommendation 15: That the Australian Government resource research into the needs of Aboriginal carers to inform development of culturally appropriate models of carer support (e.g. models which focus on care provided by families, rather than by a single, primary carer).

Question 10: What capacity building resources are needed to assist with the sector's transition to the Commonwealth Home Support Programme?

As previously mentioned Development of CHSP reporting requirements and associated dataset will require resources for staff training. A recommendation has already been made in relation to this. (Refer to question 8 Recommendation 10)

In addition, allocation of resources for sector development needs to take into account:

- The overarching "wellness" philosophy and the practical embodiment of this philosophy in provision of reablement services;
- The need to embed "consumer directed" culture in block funded CHSP services;
- The reaffirmation of CHSP support for "providers that have a focus on particular client groups" (noted in the Discussion paper, p 24).

- The commitment that CHSP will provide “sector support and development activities, …(to) ensure that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds” (p 39)
- The acknowledgement that “there may also be support required to ensure access to services by special needs groups” (p 39)

It should also be noted that the responsiveness of local service systems and service providers are integral to:

- Consumer direction and consumer choices in relation to the ways that services are delivered (and by whom);
- Restorative care: capacity of the regionally based services to assess client need and negotiate goals, and availability of service providers who have the capacity to deliver restorative care
- Restorative care and goal directed care

Consequently there is a need for allocation of resources which can be directed to local need.

This submission has already made recommendations to ensure access to services by special needs groups (refer **Recommendation 7** and **Recommendation 8**)

Recommendation 16: That the Australian Government set professional standards and guidelines for provision of restorative care and goal directed care and resources to enable professional development of staff in the aged care service sector in relation to restorative care and goal directed care. This will include, but not be limited to development and delivery of staff training and associated materials

Recommendation 17: That the Australian Government provide ongoing resources for communities of practice and networks such as the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD) and its equivalents in other jurisdictions, as these provide vital networking opportunities for specialist providers of care to Aboriginal people and other special needs groups.

Recommendation 18: That the Australian Government provide ongoing resources for generalist service providers to resource cultural safety training which is appropriate to the needs of local communities.

Recommendation 19: That the Australian Government provide ongoing resources and culturally appropriate training to increase the number of Aboriginal community members employed with specialist and mainstream aged care providers and within the National Aged Care Gateway.

Recommendation 20: That the Australian government resource the development and operation of a mechanism to coordinate allocation of resources to meet local/regional needs in relation to program transition or ongoing sector capacity development. (For example, this

could be undertaken by state based advisory group, such as that proposed by **Recommendation 9**)

Question 11: How should the current Assistance with Care and Housing for the Aged Program be positioned into the future?

VACCHO and its members support the continuation of funding for a service which provides housing assistance for older people, in acknowledgement of the link between homelessness and lack of culturally safe aged care services for older Aboriginal People[x] . We believe there is advantage in maintaining the *Assistance with Care and Housing for the Aged Program,* separate from CHSP, as this would enable it to maintain its specific focus on homelessness and disadvantage.

Recommendation 21: That the Assistance with Care and Housing for the Aged Program be maintained as a separate program, which can be accessed by clients receiving CHSP

Question 12: Are there any other issues that need to be considered in transitioning functions from the current HACC Service Group Two to My Aged Care?

As previously mentioned, the transition functions from the current HACC Service Group Two to My Aged Care increases the risk that members of special needs groups such as Aboriginal people have limited access to the full range of basic services suited to their needs. (refer to questions 3 and 8).

Question 13: Is there anything else you want to raise to help with the development of the Commonwealth Home Support Programme?

- **A National Fees Policy:** - VACCHO members have indicated that a significant majority of their clients do not have the capacity to pay for the Home and Community Care services they receive. Many VACCHO members have responded to this reality by instituting a "no fees" policy. If VACCHO's member services are required to apply the proposed National Fees Policy, this will divert staff time and resources from direct service provision, to the administrative task of assisting clients to apply for 'hardship provisions'. This is not consistent with the Australian Government 's commitment "to reducing the administrative burden on the civil and private sectors," (Discussion paper, p18)
- **Delivery of aged care assessment and other services to Aboriginal people and other special needs groups.** Without the ongoing input of specialist providers, mainstream services may not have the skills and expertise to provide access to appropriate services for Aboriginal people and other special needs groups. Specialist providers are actively disadvantaged by proposed competitive tender processes for the selection of "Regional Assessment and linkage" organisations and also for the allocation of "unallocated funding to individual providers" for the development of new services to

meet local need. Specialist providers such as those in the Aboriginal community-controlled sector, are often small, and serve the needs of dispersed, disadvantaged Aboriginal communities. Training in relation to grant processes including key selection criteria and grant writing is welcome, however, these organisations often do not have staff capacity to dedicate to development of funding submissions, and their flat administrative structures limit their capacity to maintain partnership arrangements for development of consortia. This could potentially be addressed in the design of the tender process, by requiring that successful tenderers specify a mechanism for accessing specialist skills to meet the cultural or other requirements of special needs clients (e.g. a mainstream organisation without Aboriginal staff could contract Aboriginal assessors when needed).

- **Cultural safety of *My Aged Care* assessments:** as previously noted, Aboriginal communities are heterogeneous and their cultural needs are diverse. Centralised/standardised cultural safety training will not result in culturally safe assessment for older Aboriginal people. There is a need for ongoing resource support for localised cultural safety training for assessors and other service providers working with Aboriginal people.
- **Potential transition of CHSP to an individualised funding model:** Individualised budgets are not required to enable "consumer directed culture". Consumer directed culture can be developed within block funded service delivery by ensuring assessments include two-way communication that identify client and carer needs, strengths and goals and in staff training. Sustainability of specialist service providers is integral to delivering services to special needs group. If CHSP transitions to an individualised funding model in the long term, there is a need to provide transition funding support specialist service providers in developing business systems which enable the administration of individual client budgets. The support should be based on the model used for the "Sector Development Fund" resourced by the Australian Government to assist block-funded disability service providers to transition to the National Disability Insurance Scheme's individualised funding model.
- **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 Aboriginal community controlled organisations, particularly those located adjacent to state borders.

Recommendation 22: That the Australian Government make special provision enabling a "no CHSP fees" policy to be applied by service providers specialising in care provision to economically disadvantaged special needs groups including Aboriginal people.

Recommendation 23: That the Australian Government ensure that contract deliverables by successful tenderers for aged care assessment and other services to be provided to Aboriginal people include requirements to demonstrate that staff engaged have the expertise to meet these clients' cultural and other needs.

Recommendation 24: That the Australian Government provide funding to address specialist service providers' lack of capacity to participate in competitive grant processes.

Recommendation 25: That the Australian Government specify standards for cultural safety and ongoing resources for localised cultural safety training of *My Aged Care* assessors and other service providers working with Aboriginal people.

Recommendation 26: That the Australian Government provide resources to support specialist service providers to develop business systems which enable the administration of individual client budgets, in the event that CHSP transitions to an individualised funding model.

Recommendation 27: That the Australian Government's development of an output based funding model includes a mechanism to take into account the transience of local populations.

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
pendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view=downloaded 16/8/2014
"In Aboriginal society there was no word, term or expression for 'health' as it is understood as in western society. It would be difficult from the Aboriginal perception to conceptualise 'health' as one aspect of life. The word as it is used in Western society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as "life is health is life."
National Health Strategy Working Party 1989 *A National Aboriginal Health Strategy* Preface Canberra p IX
VACCHO supports the Commonwealth Government's pursuit of reform which enables "access (to) services that are high-quality, client centred, maximise independence and are responsive to the changing needs of people as they age"

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[i] DSS 2014 Discussion Paper: Key directions for the Commonwealth Home Support Programme -Basic support for older people living at home developed by the Department of Social Services p 5

ii Department of Social Services 2012–13 Report on the operation of the aged care act 1997 p7.
iii Productivity Commission 2011, Caring for Older Australians: Overview, Report No. 53, Final Inquiry Report, Canberra
iv Australian Bureau of Statistics (2011) Census of Population and Housing Canberra Cat no. 2003.0
v Productivity Commission Report on Government Services 2014 – Aged Care (Chapter 13) http://www.pc.gov.au/gsp/rogs January 2014 downloaded 3/2/14

[vi] 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

[vii] National Health Strategy Working Party 1989 *A National Aboriginal Health Strategy* Preface Canberra p IX

[viii] 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

[ix] 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

[x] Victorian Government Department of Human Services (April 2013) *Aboriginal homelessness – a discussion paper* Melbourne