

Submission template

Aged Care Legislated Review

Submissions close 5pm, 4 December 2016

Instructions:

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- If you would like to respond to a specific criteria please use Section 2 of the template.
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Thank you for your interest.

1. Tell us about you

1.1 What is your full name?

First name Noeleen

Last name Tunny

1.2 What stakeholder category do you **most** identify with?

Peak body - consumer

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Choose an item.

1.4 Do you identify with any special needs groups?

People from Aboriginal and/or Torres Strait Islander communities

1.5 What is your organisation's name?

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

1.6 Which category does your organisation **most** identify with?

Consumer Peak Body

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?

X Yes, publish all parts of my response except my name and email address

2. Response to Criteria in the Legislation

2.1 Whether unmet demand for residential and home care places has been reduced

Refer to Section 4(2)(a) in the Act

In this context, unmet demand means:

- a person who needs aged care services is unable to access the service they are eligible for e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS) approval for residential care is unable to find an available place; or
- a person who needs home care services is able to access care, but not the level of care they need e.g. the person is eligible for a level 4 package but can only access a level 2 package.

There is very little data available in relation to “demand for residential and home care places” in relation to Aboriginal communities.

In addition “demand” for care is obscured by serious under-representation of Aboriginal and Torres Strait Islanders as recipients of assessments for aged care services. Successive iterations of the Productivity Commission’s Report on Government Services indicate that Aboriginal and Torres Strait Islander peoples who are eligible to receive an aged care assessment are less likely to be assessed than their counterparts in both the general population and in culturally and linguistically diverse (CALD) communities. This disparity was evident both at a National level and in each Australian jurisdiction, and stands in stark contrast to the fact that the health of this group is poorer than that of the general Australian population, which suggests a greater need for aged care supports than the general Australian population.

Assessment of baseline ‘demand’ has been hindered by poor monitoring of Aboriginal occupancy of ‘prioritised’ packages by Aboriginal people and there has been no resource capacity to collect trend data in relation to demand. What is known, from a Victorian perspective is that:

- Aboriginal community controlled organisations (ACCOs) providing aged care, across a number of regions (including Metropolitan Melbourne and regional areas) have all indicated long wait times (six months or more) to place Aboriginal clients in Level 3-4 packages
- Wait time for lower level packages are variable. Some providers indicated it was easy to place a client in a Level 2 package, but others amongst these providers have also indicated long wait times for packages at lower levels, often indicating that these lower level packages were often required as an interim support measure for Aboriginal clients assessed as needing higher levels of care (i.e. clients with high levels of assessed need were waiting longer than six months for level 2 packages, as an interim support measure)

“Need better alignment between supply and demand. We don’t have a waiting list for level 2 packages we Do have a waiting list for level 4 packages” (ACCO A)

“Some have had to wait six months or more even for a level 1 (whilst waiting for a higher level package)” (ACCO F)

“ We had 3 clients on packages that started September 2015 another allocated at the same time is still waiting for package.If a client needs a level 3 or 4 package and are put on a waiting list they are not offered a smaller package to tide them over till one for them is available.” (ACCO B)

The length of these wait-times may be exacerbated by the complexity of need experienced by many Aboriginal clients, as noted by one ACCO:

“I have heard , although I have no proof, that providers are not clamouring to pick up Aboriginal clients as they are considered to be difficult/ time consuming/hard work” (ACCO C)

Other ACCO’s also expressed concern about the paucity of concessional residential care places for clients who are unable to pay additional fees.

Recommendation: That indicators and ongoing monitoring mechanisms be developed to enable an objective assessment of the demand for, and access to, home care and residential care places by Aboriginal People.

2.2 Whether the number and mix of places for residential care and home care should continue to be controlled

Refer to Section 4(2)(b) in the Act

In this context:

- the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government ; and
- controlled means the process by which the government sets the number of residential care places or home care packages available.

There is a need for a ‘safety net’ which ensures that vulnerable clients are able to access high quality aged care support regardless of ethnicity, financial circumstances or place of residence. VACCHO supports the position of the National Aged Care Alliance which favours the uncapped supply of residential and home care places, however, there is a need to retain Government control of aspects of the aged care system related to the provision of a safety net for vulnerable clients, as the ‘market’ is known to be an ineffective mechanism for ensuring equitable distribution of essential services. Features which need to be included in the development of an effective ‘safety net’ are:

- Availability of an adequate number of concessional beds in nursing homes accessible to clients with limited financial resources
- Adequate numbers of home care package and residential places in areas of ‘thin market’ including ‘thin markets’ in rural, remote and regional areas and those in socio-economically disadvantaged metropolitan areas
- Package type aligned to the needs of the consumer. As noted above, there appears to be high levels of unmet demand, for higher level packages in all Victorian regions, whilst the waiting times for lower level packages are variable. It is unclear the extent to which paucity of lower level packages is skewed by the number of ‘high level clients’ temporarily occupying these packages as an interim support measure whilst waiting for a package appropriate to their level of assessed need.

A robust mechanism for data collection and analysis must be developed to enable effective monitoring and corrective action in relation to these three areas (refer to section 2.6, below)

Recommendations:

- **That supply of residential and home care places be uncapped.**
- **That the Commonwealth maintain the capacity to provide a safety net for vulnerable clients, by ensuring adequate numbers of concessional residential care places, alignment of package types with level of need and ensuring residential and home care places are available in areas of ‘thin market’**

2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model

Refer to Section 4(2)(c) in the Act

In this context:

- a supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
- a consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.

In order for all consumers to have an equal opportunity to drive demand in ways that ensure their needs are met, regardless of their financial resources, cultural needs or place of residence, the Commonwealth must ensure an adequate regulatory safety net, as described above (section 2.2). In addition VACCHO endorses the Australian Association of Gerontology (AAG) has submitted in relation to this question, in particular, the need for financial modelling, which specifically tests circumstances where the market may not provide adequate services, including in regional and rural areas, and for special needs groups with complex care needs.

Other factors are integral to the successful implementation of a 'consumer demand driven model' include:

- **Accurate assessment of the consumer's care needs:** There are a range of issues which negatively impact the capacity of the current assessment system to accurately assess the needs of Aboriginal consumers. These are fully discussed and recommendations made, in section 2.9 of this submission.
- **Appropriate funding which enables choice of provider:** Service funding for Aboriginal people needs to take into account the complexity of need being addressed and the widespread lack of financial capacity to subsidise the costs of their own care. Failure to address these issues will contribute to 'cherry picking' as providers avoid clients who are 'too expensive to service' or the impoverishment of organisations who waive fees/co-contributions and then must financially struggle to provide a quality service.

As previously noted, Aboriginal people over the age of 50 years have poorer health than the general population. In addition, the Australian Productivity Commission notes that for aged care providers servicing Aboriginal people:

"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^{iv}"

These complexities are compounded by widespread financial disadvantage in Aboriginal communities. All ACCOs interviewed for the purposes of this submission, highlighted clients' lack of capacity to co-fund aged care services, and the likelihood that Elders would prioritise the needs of their families or 'costs of living' over assessed support needs

"mainstream organisations need to realise that most Aboriginal people have no assets, no retirement plan or money...The community will go without and struggle if they can't afford what they need"
ACCO D

"They're all on low incomes at the moment it's unconscionable to even suggest fees. They all live in Aboriginal housing, community housing – 25% of their income already goes to rent most often, Elders care for their grandkids, they don't get paid, the money goes to parents, not grandparents but the grandparents support the kids through school and sports." (ACCO E)

"People will refuse service rather than payments. They have other priorities, like feeding the grandkids" (ACCO A)

"If there were to be a fee (for aged care services) the community would go backwards in terms of health care. They can't afford it" (ACCO F)

"clients access our foodbank; we yarn often. Any additional expense is not going to be viable for them. Food, electricity versus cleaning the house and the flow-on effects of that" (ACCO I)

- **Informed choice by empowered consumers:** A central and recurrent theme of the input provided by ACCOs to this submission, has been the lack of awareness and understanding amongst older Aboriginal people in relation to:
 - The aged care system and current aged care reforms
 - Their rights and entitlements in relation to aged care services/resources allocated to them and how to exercise these
 - Lack of empowerment in discussing their support needs with assessors and service providers

ACCO staff spoke at length about their (unfunded) advocacy to mainstream providers of home care, on behalf of community members:

“They don’t get to speak to a case manager, they don’t know what’s in their plans. We advocated for a client to get fuel to attend sorry business. We provided fuel (and were reimbursed by the package provider) but didn’t charge administrative costs. If (necessary items) are not the client’s plan, we advocate for these to be included. If we don’t advocate for Aboriginal people, they’re just going to get looked over they don’t know who they’re dealing with or what they’re entitled to” (ACCO A)

“Clients have limited understanding of packages, the budget hasn’t been deciphered for them, there’s no breakdown on the receipt no choice of [allied health professional -(a more expensive provider had been employed) inappropriate contractors, no cultural sensitivity for the package” (BADAC)

“We are always informing and explaining aged care to our clients. The new aged care and NDIS reforms are difficult and completely new to the system we have always had in Aboriginal communities and organisations. It will take time for our community to understand the new system; it will also take time for mainstream to understand how these changes have such a dramatic effect on Aboriginal communities” (ACCO D)

(community members have) “minimal knowledge when they get to us. They know they’ve been approved, but it depends which assessor did the assessment but it might need four to five visits before we can sign a service agreement, so that the client can be appropriately informed, and we might need to inform different family members separately due to family dynamics and more than one carer (in Aboriginal families)” (ACCO G)

Recommendations:

That funding subsidies for Commonwealth Supported Aged Care be reviewed, adjusted and indexed to ensure that vulnerable consumers have the capacity for choice in the open market

That a strategy developed to communicate Aged Care reform to Aboriginal communities, which:

- **Provides information tailored to the needs of diverse Aboriginal communities**
- **Employs culturally appropriate information dissemination strategies and processes**
- **Uses community-appropriate communication channels and involves “trusted entities” (i.e. respected individuals and organisations trusted by the community)**

That funding be provided to enable the development of a range of culturally appropriate advocacy mechanisms,

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2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services

Refer to Section 4(2)(d) in the Act

In this context:

- means testing arrangements means the assessment process where:
 - the capacity of a person to contribute to their care or accommodation is assessed (their assessable income and assets are determined); and
 - the contribution that they should make to their care or accommodation is decided (their means or income tested care fee, and any accommodation payment or contribution is determined).

None of the 22 Victorian ACCOs involved in the provision of Commonwealth Support Program activities and/or provision of Home Care Package services to Aboriginal Elders charge fees, and a number of them have an explicit 'no fees policy' for the provision of services to Aboriginal community members. In addition, most indicated that they had not had much experience in relation to means testing for Aged Care, as the majority of community members were pensioners (refer section 2.3, above), however, it was noted by some that means testing processes were unlikely to account for the complexity of care relationships in Aboriginal communities or the impost that these placed upon the financial resources of older Aboriginal people, as illustrated by the following comment: "Elders care for their grandkids, they don't get paid, the money goes to parents, not grandparents but the grandparents support the kids through school and sports" (ACCO E)

2.5 The effectiveness of arrangements for regulating prices for aged care accommodation

Refer to Section 4(2)(e) in the Act

In this context:

- regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

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As noted above (Section 2.2; 2.3) many members of Victorian communities experience financial disadvantage. Consequently, the availability of concessional places is of greater concern than the way aged care providers choose to advertise their accommodation prices.

2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refer to Section 4(2)(f) in the Act

In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.

In this context different population groups could include:

- people from Aboriginal and/or Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);
- parents separated from their children by forced adoption or removal; and / or
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

There is currently no evidence that a rigorous mechanism of data analysis is being developed to enable identification of systemic barriers to access by special needs groups. Consequently, the arrangements for protecting equity of access are patently inadequate. “Increasing Choice in Home Care - Stage 1” Legislation removes provisions which previously saw allocation of ‘priority packages’ for groups classified as ‘special needs groups’ under the Aged Care Act (1997) and replaces these with a provision for the Minister to intervene when systemic inequity in allocation of aged care supports/resources is identified: e.g inequitable geographic distribution of home care packages or inequitable distribution to an Ethnic group.

One of the reasons given for the discontinuation of “prioritised” packages, was that the mechanism was considered ineffective in increasing access by special needs groups to aged care supports, which can be attributed in large part, to ineffective monitoring and accountability of providers who applied for ‘priority’ packages but failed to assign these to clients from the target group for whom they were intended.

There is no indication that this failure to monitor and identify inequitable access is being addressed by the legislation that will be enacted on 27 February 2017. This date is less than four months away, however representatives of the Department of Health attending a recent meeting of the National Aged Care Alliance (8/11/16) were unable to provide details of the mechanism by which data relevant to equity of access would be analysed, the governance arrangements for that data analysis mechanism, or the criteria that will define ‘inequitable access’ which will be the trigger for Ministerial intervention.

Recommendations:

That an ongoing mechanism be established to enable data analysis that can identify/monitor trends suggestive of inequitable service access by special needs groups.

That a governance group which includes representatives of the special needs groups be developed to determine the nature, scope and focus of data analyses conducted

That reports generated as a results of this process be made publicly available on a quarterly basis

That information on outcomes of corrective action addressing identified access inequities be made publicly available on an annual basis.

2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refer to Section 4(2)(g) in the Act

In this context aged care workers could include:

- paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
- paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

There is no strategy to increase Aboriginal participation in the aged care sector. ACCOs interviewed for this submission were in agreement that, to meet the care needs of older Aboriginal people, Aboriginal communities need more Aboriginal aged care workers, in the areas of direct care and in administrative roles. This need extends to mainstream organisations, particularly mainstream residential care providers, who were perceived as lacking the capacity to provide culturally safe care. A multi-faceted approach to this issue should include:

- An Aboriginal recruitment strategy that encompasses a subsidy for organisations hiring Aboriginal staff as well as a focus on job satisfaction for Aboriginal people entering the aged care service sector
“working with Elders and what we can learn from them” (ACCO H)
“Aboriginal communities need more Aboriginal trained workers. Often when Aboriginal workers are trained by a community organization they end up going to mainstream because the wages are so much better. Hard to keep Aboriginal trained workers in our community and who can blame them, we don’t!” (ACCO K)
- A flexible approach to training that supports workers to gain basic job readiness skills, literacy and numeracy if needed, as well as enabling them to work towards a qualification on the job. This needs also to encompass ‘refresher training’
“ACCOs like to employ their own but for the most they don’t have qualifications needed. If a worker needs qualifications such as a Cert 3 or 4 in Aged Care [our organisation] will assist them to get it and give them study time. ACCOS need more qualified Aboriginal workers” (ACCO D).
- Development of career path and succession planning and associated training in areas such as program management, particularly in smaller organisations and organisations in rural/regional areas

In the mainstream aged care system the need for cultural safety applies to both retention of Aboriginal staff and to Aboriginal community members who are the recipient of care. This indicates the need for cultural safety training as a component of any Aboriginal recruitment strategy implemented by mainstream aged care providers.

Recommendations:

That a multi-faceted Aboriginal recruitment strategy be developed to increase the number of Aboriginal workers at direct care and in management roles, in both ACCOs and mainstream aged care organisations

That competency based cultural safety training for supervisors and staff be a mandatory element of Aboriginal recruitment strategies developed with/implemented by mainstream aged care providers

2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refer to Section 4(2)(h) in the Act

In this context:

- arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme .

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2.9 The effectiveness of arrangements for facilitating access to aged care services

Refer to Section 4(2)(i) in the Act

In this context access to aged care services means:

- how aged care information is accessed; and
- how consumers access aged care services through the aged care assessment process .

Information access: As previously noted, ACCOs providing input to this submission, have expressed grave concerns about the lack of awareness and understanding amongst older Aboriginal people in relation to:

- The aged care system and current aged care reforms
- Their rights and entitlements in relation to aged care services/resources allocated to them and how to exercise these

Other consultations with Aboriginal community members undertaken by the Council of the Ageing (COTA) have reached similar conclusions about lack of community knowledge and understanding of the current Aged Care reformsⁱⁱ. This suggests that arrangements enabling access by Aboriginal consumers to information facilitating access to aged care services are ineffective. One contributing factor to this failure is the reliance on an internet-based platform (My Aged Care [MAC]) as an information dissemination mechanism.

“clients have “no internet no phone – we do the ringing around for them” (ACCO E)

“Clients have no internet, no phone” (ACCO F)

Recommendations to address this failure are outlined in section 2.3 of this submission.

Access to aged care services through the aged care assessment process – current assessment services are not effective in facilitating service access by vulnerable Aboriginal consumers. Key factors contributing to this failure are outlined below.

failure to engage with the assessment process: It has already been noted elsewhere in this submission that Aboriginal people who are eligible for an aged care assessment are less likely to receive an aged care assessment than eligible members of CALD communities or in the general Australian population, despite their having poorer health than the general population and therefore a potentially greater need for aged care supports. This lack of engagement is demonstrated in all Australian jurisdictions. This suggests that the first barrier to accessing aged care supports through aged care assessment, is lack of engagement with the assessment process itself. The Commonwealth aged care system does not include ongoing commitment to support engagement processes connecting vulnerable Aboriginal consumers with the aged care assessment process. In Victoria, the *Access and Support Program*, instigated by the Victorian Government, has been guaranteed Commonwealth funding until 2019 under Bilateral Agreement between the Commonwealth and Victoria for transitioning responsibilities for the Victorian aged care and disability services. This program currently enables valuable outreach to special needs groups, however, Aboriginal Access and Support workers are not evenly distributed across the state. ACCO’s involved in aged care provide a range of informal/unfunded mechanisms to connect Aboriginal community members to the assessment process, including:

- Building relationships with mainstream assessment agencies

“(Our organisation) has regular monthly meetings with RAS assessors to build relationships” (ACCO C)

- Enabling community to develop familiarity with individual assessors

“(We) have them come to our Elders’ support groups so the clients get to know them (before they need an assessment)” (ACCO E)

- Accompanying community members through the assessment process: All ACCOs providing input to this submission had workers accompany clients through assessment processes

“Our clients wouldn’t trust anyone else. (we are) who they know and trust. They’re too frightened otherwise” (ACCO J)

“Clients need our assistance as they don’t always understand mainstream system and not all of our clients can read and/or write. For many it is a matter of trust and they do not trust mainstream services – some clients don’t even trust enough to use a taxi because they are scared”. ” (ACCO M)

“We go with clients when they have assessments as they often panic when dealing with mainstream and become conscious that at times the way mainstream workers treat them, the way they ask questions ...Most mainstream organisations do not understand Aboriginal people, culture and community; that’s why clients need Aboriginal community organisations to assist and advocate for their needs”. (ACCO K)

“we prepare them (community members) before they go in (to their aged care assessment) because some of the questions are full on and invasive. With some of our clients they don’t like to talk about problems (e.g. incontinence)” (ACCO L)

Negative impact of culturally unsafe assessment processes on service access: Forced removal of children has had a major negative impact 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 . 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 . Consequently, there is a pressing need to ensure the cultural safety of the assessment process.

“Mainstream and Aboriginal communities are totally two different worlds. If clients have a bad experience with assessments they reject them” (ACCO D)

““The worst case scenario is someone from the stolen generation getting an arsehole assessor” (ACCO E)

“There are times when assessment people ask too many personal, intrusive questions and clients get upset. We had situation where assessor was asking client about their childhood (they were ‘stolen gen’) and client became very stressed and (our staff) had to stop the process. We have also has assessment people ask for clients’ family tree – these types of questions are too personal and very up-setting for our clients. They are insensitive to our clients’ feelings” (ACCO M)

Despite this need, cultural safety training (CST) is not mandatory for assessors employed by Regional Assessment Services (RAS), My Aged Care (MAC) call centres or Aged Care Assessment Services (ACAS).

Relationship between cultural safety, trust and the effectiveness of the client assessment: the level of cultural safety in the assessment process, is a major influence on the willingness of Aboriginal clients to disclose information about their health and capacity to live independently in their own home. Without this information it is impossible to accurately assess the individual’s level of function or allocate aged care supports that will meet

their needs. Impact of lack of trust and/or the need for support of a trusted worker was a key theme of ACCO input to this submission:

“Workers accompany clients to assessments because the client “won’t ask, won’t say what the problems are to a stranger asking personal questions or don’t want to be a burden but the worker knows what the problems are, they know for example the person is unsteady on their feet. The client is not disclosing enough to get what they need or are entitled to” (ACCO H)

“We are trusted and know what problems the Elder is having so can convey the issues person is shamed to talk about with mainstream workers for example – incontinence, we can respectfully say “Aunt, may I talk to the assessor about that problem you have?” (ACCO A)

“It’s important for our Access & Support worker to go with the client to the ACAS assessor, because it may be that the client should be on a Level 4 package but they’d get a Level 2 (package) when they should get a level 4 because they don’t give the full story” (ACCO E)

Importance of culturally appropriate language and bi-cultural brokerage to the assessment process: ACCOs providing input to this submission commonly talked about the need to translate assessment “jargon” for the client and, conversely, to assist the client to express their needs in ways that the assessor could understand.

“We need to know what it is the client needs and how to express this need to mainstream services... It is often knowing how to express what our clients need to give them culturally appropriate support. How do they express their needs to mainstream when they don’t understand the cultural need to go home to country- sorry business and to be part of their community?” (ACCO D)

“Needs of Elders are unique, (support in the assessment process) helps the Elder to navigate, make sure they get a culturally appropriate support to get service that meets their need. An Aboriginal assessor/assessment service can do that. Not confident a mainstream assessor could do that” (ACCO I)

“We attend as “interpreter” for Medical jargon – turn this into language the Elder understands. Also we are trusted” (ACCO A)

At present, the involvement of trusted entities such as ACCOs in the assessment process is enabled by block funding of programs such as the Commonwealth Home Support Program.

Recommendations:

That the Commonwealth expand and continue to fund culturally specific outreach services to facilitate engagement of vulnerable Aboriginal clients in the aged care assessment process (e.g. the Victorian Access and Support)

That good quality, competency based CST is mandatory for all frontline staff involved in aged care assessment and screening, including staff of RAS, MAC call centres and ACAS

That the Commonwealth provide ongoing funding for bi-cultural brokerage which enables trusted entities to assist vulnerable clients to access appropriate and necessary supports through the aged care assessment process

3. Other comments

Effectiveness of the MAC Gateway. Victorian ACCO's involved in aged care have reported the following difficulties since 1 July 2016:; unexplained reduction in referrals; need to use 'work arounds' in relation to MAC (e.g. local hospital not registered on MAC, local health services forced to use local systems and portal in consequence) Local agencies bypassing the use of MAC entirely ("We receive 2-3 referrals per week but have not yet received a single MAC referral (though are properly registered). All referrals have come direct to the agency" (ACCO F); increase of "inappropriate" referrals since the advent of aged care ostensibly due to MAC staff lack of local knowledge for example "referral for provision of Meals on Wheels although we (regional provider) are at the Eastern end of large region, the intended recipient is at the other end of the region" (ACCO A) ACCOs also noted the financial impost of connecting with new reporting systems and the lack of hands on training for their staff in the use of both Data Exchange, and the MAC *portal*. ***One ACCO also commented that receiving referrals through the MAC had actually damaged the previously productive relationship they had with their local ACAS.***

Unfunded work undertaken by ACCOs to ensure that the needs of Aboriginal clients are met:

This submission has already outlined a number of aspects of the work that that ACCOs undertake to ensure that Aboriginal clients can access and benefit from Commonwealth funded aged care supports, particularly in relation to successful engagement with engagement processes and cultural brokerage with assessors to ensure accurate identification of care needs. However, the role of ACCOs often extends to advocacy to mainstream providers of aged care services and plugging gaps in the services they provide. This underscores the need for both:

- Culturally appropriate provision of information on aged care to Aboriginal communities and resources to support client advocacy;
- Financial modelling to ensure that complex care needs of "special needs" clients are met.

(Support for clients in packages managed by other, mainstream agencies) "We do it all the time. We feel like we're case managing for their case managers because we're always following up services not delivered. We have providers who aren't providing properly because of distance and also locally based service providers who aren't culturally aware" [ACCO F]

"(Mainstream) providers (of packaged care) expect [ACCO N] to do much more (for Aboriginal people whose packages are managed by mainstream providers). For example - nursing, purchasing things – aids and things, because we're an Aboriginal org, they will ask us to provide these things before using package funds" [ACCO N]

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

ⁱⁱ Held R, Tunny N (February 2015) Aboriginal and Torres Strait Islander communities and aged care reforms: Strategy briefing COTA, NACCHO