



***Victorian Aboriginal Community  
Controlled Health Organisation's  
submission***

***Single Aged Care Quality  
Framework***

April 2017



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The structure of this submission is based on the Department of Health’s online survey tool developed to provide an opportunity to respond to the Consultation and Options Paper. The opportunity to respond to the Consultation and Options Paper is limited to the online survey tool only and responses in any other format or structure are not accepted. The Department’s online survey tool will not accept any formatting (ie. bold, headings, underlines, bullet points, etc) and this submission has been developed to reflect this.

PwC’s Indigenous Consulting (PIC) prepared the draft submission on behalf of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). PIC understands that the final submission will be branded and published by VACCHO.

The term ‘Aboriginal’ is used in this paper is inclusive of Australian Aboriginal and Torres Strait Islander People.

# ***Draft Aged Care Quality Standards - consultation paper***

## ***1. What is your email address?***

NoleenT@vaccho.org.au

*Note this information will not be published.*

## ***2. Are you answering on behalf of any organisation? Is so, please provide your organisation's name.***

Yes

Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO). This submission was developed with input from 7 of our Member Aboriginal Community Controlled Organisations (ACCOs) in Victoria who deliver aged care services. The ACCOs are Gippsland and East Gippsland Aboriginal Co-operative, Ramahyuck District Aboriginal Corporation, Rumbalara Aboriginal Co-operative, Aboriginal Community Elders Services Incorporated, Njernda Aboriginal Corporation, Gunditjmarra Aboriginal Co-operative and Mallee District Aboriginal Services.

No

## ***3. Do you give consent for your submission to be published in whole or in part?***

Yes

No

## ***4. What role best describes you? Please select all that apply***

Aged care consumer, including family and/or carer

Aged care service provider

Aged care worker/professional

Aged care advocate

Peak body – consumer

Peak body – provider

- Peak body – professional
- Other – please specify below

VACCHO has been the peak body for Aboriginal Health in Victoria since 1996. VACCHO plays a unique and significant role in Aboriginal health and wellbeing. VACCHO supports, represents, advocates for, and negotiates on behalf of our 30 Member ACCOs (23 full members and 7 associate members). Twenty-one of our Member ACCOs offer aged care services funded by the Commonwealth Government. All 21 offer services funded under the Commonwealth Home Support Program (CHSP), whilst some are approved providers and manage Consumer Directed Care (CDC) Home Care Packages (such as Rumbalara Aboriginal Co-operative, Gippsland and East Gippsland Aboriginal Co-operative, Dhauwurd Wurrung Elders and Community Health Services) and some offer residential aged care services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (such as Rumbalara Aboriginal Co-operative and Aboriginal Community Elders Service). In this submission the word “Aboriginal” refers to both Aboriginal and Torres Strait Islander people.

***5. Do you identify with any special needs groups, or, does your organisation provide support or services to any special needs groups? Please select all that apply.***

- 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
- People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

***6. Where do you live, or, where does your organisation operate? Please select all that apply.***

- NSW
- VIC

- QLD
- WA
- SA
- TAS
- ACT
- NT

**7. What is your location, or, the location where your organisation operates. Please select all that apply.**

- Metropolitan
- Regional
- Rural/Remote

**8. If you are an aged care service provider, please select all the types of care your service delivers**

*NO response provided here*

- Residential care
- Home care
- Commonwealth Home Support Programme services
- Transition care
- National Aboriginal and Torres Strait Islander Program services
- Multi-purpose services
- Innovative care services
- Short term restorative care services

**9. If you are an aged care service provider, which option below best describes the size of your organisation?**

- N/A
- Small

- Medium
- Large
- Very large

***10. Do the consumer outcomes in the draft standards reflect the matters that are most important to consumers?***

- Yes, always
- Yes, mostly
- Yes, sometimes
- No
- Don't know

***Why? Do you have any suggestions about how they can be improved?***

We do not disagree with any of the proposed consumer outcomes. However given the outcomes are very broad and therefore subject to interpretation, we are also not in a position to endorse them. Further detail is required before we could consider supporting the consumer outcomes in the draft standards.

The reference to the consumer being able to “maintain my identity” at Standard 1 is insufficient to ensure Aboriginal consumers have access to culturally appropriate and relevant services. Please note that we refer particularly to Aboriginal people in this submission as they are our clients, however we believe the need to operate in a culturally safe way extends benefit beyond Aboriginal consumers to all other diverse groups. There is a clear need for consumer outcomes to ensure services are relevant, accessible and culturally appropriate for consumers. VACCHO recommends this occurs by either:

- a) amending each consumer outcome to ensure ‘cultural safety’ is embedded in each standard; or
- b) an additional standard is required that embeds ‘cultural safety’ throughout the framework and across all others standards (and therefore across all other consumer outcomes).

One specific, and particularly important example of where there is need for cultural safety to be embedded within or across each consumer outcome is consumer outcome 7 “I get quality care and services when I need them from people who are knowledgeable and considerate”. This consumer outcome should be amended to require “I get quality care and services when I need them from people who are knowledgeable, considerate, AND CULTURALLY SAFE”.

Comments and suggested amendments regarding specific consumer outcome 2 and 4 are as follows:

Consumer outcome 2 “I am a partner in ongoing assessment and planning of my care and services” should be amended to include “I am the LEAD partner in ongoing assessment and planning of my care and services”. We note that being the ‘lead partner’ is in keeping with Aboriginal consumers’ rights to self-determination, and that this will further ensure organisations operate in a culturally safe way – because consumers will only be able to lead that partnership when assessment is conducted in a culturally safe manner.

Consumer outcome 4 “I get the services and supports I need to help me do the things I want to do” does not appear to cover the entirety of elements within this standard. It should be amended to include “I get the services and supports I FEEL ARE IMPORTANT TO MY WELL-BEING AND THAT I need to help me do the things I want to do.”

## ***11. Are the organisation statements and requirements in the draft standards achievable for providers?***

- Yes, always
- Yes, mostly
- Yes, sometimes
- No
- Don't know

### ***Why? Do you have any suggestions about how they can be improved?***

VACCHO does not disagree with the proposed organisational statements and requirements, however there is not sufficient detail contained in the statements for us to agree with them.

Whilst it is unclear from the level of detail provided as to how the organisation statements and requirements will translate into practice, they appear to be very similar to the current standards. On this basis it would appear that the organisation statements and requirements are achievable for organisations.

As the detail is unclear, VACCHO has concerns for the potential to disproportionately impact on Victorian ACCOs and other not for profit organisations who provide aged care services as one component of their wider service offerings. Victorian ACCOs provide an array of services and generally aged care services are not their primary service offering. ACCOs can range from small organisations with a limited number of core programs to large organisations providing an extensive range of health, wellbeing and community services.

The proposed organisational statements and requirements do not adequately consider or acknowledge organisations that have multiple service offerings (such as ACCOs) and appear focussed on organisations who only provide aged care services (an example of this is consistent use of the term in the discussion paper of ‘aged care organisation’, which is not an accurate description of Victorian ACCOs) and will likely have more resources to devote to effectively transitioning to the new arrangements. This does not appear consistent with Commonwealth Government efforts to encourage a broader range of service providers to ‘enter the market’ for aged care service provision.

To adequately address the challenges in the current system, state and federal governments need to join together to agree on consistency of standards, that are applicable across relevant sectors - in this case in particular the linkages between aged care and disability and health sectors. While a single set of aged care standards may move towards the Commonwealth’s key objectives of reducing administrative burden for organisations, increasing consistency across aged care services and continuing the focus on quality and safety for consumers, a co-ordinated approach across governments and sectors would be far more beneficial. This coordination (or lack of it) will have a particularly large impact on Victorian ACCOs, because of their diverse array of service offerings and associated standards – for example:



- A current system that is complex for organisations and potentially inhibits service delivery standards through having two different standards and processes in Victoria, is concurrent operation of the Home and Community Care Program for Younger People (HACC-PYP) and CHSP following the ratification of the bilateral agreement between the Victorian and Commonwealth Governments. The HACC-PYP provides support for younger people with disabilities whose capacity for independent living is at risk. These two programs provide identical support for Aboriginal people under and over 50 years of age (for non-Indigenous people the age range is 65), however HACC-PYP is funded by the Victorian Government and assessed against Department of Health and Human Services standards, whilst services funded through CHSP for the over 50s age group is will ultimately be assessed against the proposed Single Aged Care Quality Framework. Therefore multiple funding sources translates into additional administrative burden for organisations (due to different standards and processes) and can be difficult for consumers to understand what they can expect from the organisation providing these services under two different standards.
- Large Victorian ACCOs are likely to have to comply with at least 70 pieces of legislation, including Commonwealth and State Acts pertaining to (1) being a company, co-operative or association, (2) how organisations in general must function and (3) the specific functions of the organisation. Specifically, in 2013-14, Rumbalara Aboriginal Co-operative held 48 separate agreements with 12 agencies for services to be delivered. This arrangement required 409 reports against 46 of these agreements.
- On average, VACCHO Members organisations have nine accreditations in areas such as housing, child care, child protection, disability, primary health (against Royal Australian College of General Practitioners standards), overarching organisational accreditations (e.g against ISO 9001 or Quality Improvement Council (QIC) Health and Community Service Standards) , and aged care.

In addition, organisation statements in the proposed standards - are not always clearly aligned to stated organisational requirements: i.e. it is unclear whether a provider's successful achievement against the requirements will actually demonstrate achievement of the organisational statement – the organisation statement needs to be highly consistent with organisational requirements.

## ***12. Are the draft standards measurable?***

- Yes, always
- Yes, mostly
- Yes, sometimes
- No
- Don't know

### ***Why? Do you have any suggestions about how they can be improved?***

VACCHO cannot determine whether the standards are measureable as there is insufficient detail included in the Consultation Paper. There is a lack of detail specifically around how the standards would be measured, the measuring process and outcomes. It is not clear which parts of the standards is intended to be measured (ie. the consumer outcomes, organisational statements and/or requirements).

We assume the standards will be measurable, given they appear very similar to existing standards. However, VACCHO does not believe that all elements of the existing standards have been effectively measured in the past. For example, VACCHO believe many 'mainstream'

organisations do not adequately meet current standards of being culturally appropriate to Aboriginal consumers. VACCHO is not aware of any action being taken to address failure of organisations in meeting these standards. On this basis, VACCHO assumes that the current process is not effectively measuring/addressing non-compliance with the existing standards (particularly around cultural safety) and has concerns this will continue under the new standards, particularly if cultural safety is not embedded throughout the framework..

To ensure that the need for culturally safe service is taken seriously by all providers. VACCHO recommends that it is made clear that each of the requirements under the standards are weighted equally – including Organisational requirement 1.2 “Each consumer’s identity, culture and diversity is respected.” (we presume this is your intention, as there is no discussion of weighting in the paper). Requirement for culturally safe service provision will benefit Aboriginal people and a range of people belonging to ‘special needs’ groups (as classified under the Aged Care Act (1997)

Also, the language of the organisation requirements needs to be very clear, consistent and explicitly defined, so that each requirement can be audited consistently across organisations. We note the new draft standards appear to be based on the National Standards for Disability Services. We are concerned by reports that that framework was not found to be easily or consistently audited by third-party auditors in a national recognised certification program.

Some requirements are not expressed in absolute terms – how is it intended to measure ‘optimise’, ‘maximise’, ‘minimise’ and ‘sufficient’ for example?

There appears to be a substantial amount of measurement required. It will be important to understand both the ways in which measurement effort will be spread across the assessment body and organisations, and the cost and the cost-recovery arrangements, before being asked to endorse the Standards. We have particular concerns about the unnecessary administrative burden this may place on Victorian ACCOs (since for the majority, aged care is only one of a multitude of services they provide), and we address this matter in greater detail in our response to the Commonwealth’s second discussion paper (Options for Assessing Performance Against Aged Care Quality Standards).

### ***13. Are there any gaps in the draft standards? If so, what are they?***

Yes

No

The most significant gap in the draft standards is the absence of any mention of Aboriginal and Torres Strait Islander people or their specific needs. This is inconsistent with the approach of the Australian Government in other sectors (such as COAG National Indigenous Reform Agreements, *Closing The Gap*) and State and Territory Governments which acknowledge the need for Aboriginal-specific services in policies and legislation in areas such as Child Protection, Human Services and Justice systems. Government policy is explicit about the need to improve the health and wellbeing outcomes of Aboriginal people with almost all other government funded services acknowledging the need for Aboriginal people to receive services in a culturally appropriate manner in order to provide equitable access and equitable outcomes.

Other significant gaps include:

- (a) Lack of a standard specifically addressing cultural safety. Aboriginal people recognise culture as a source of strength, resilience, happiness, identity and confidence. It is vital that cultural safety is practiced and embedded amongst all aged care services to ensure better outcomes from services and their consumers. Cultural safety should also be extended to other diverse group such as people from CALD backgrounds and LGBTI people. Cultural safety is not adequately reflected by the proposed standards. We also note the relationship between ‘quality of life’ (which is promoted throughout the

standards) and cultural safety – that is, an individual’s culture will influence their view of what constitutes quality of life and how this is best maintained and enhanced.

There are two options to embed culture in the standards:

- (1) (preferred) inclusion of a separate cultural safety standard following the precedent set by the Victorian Government’s Department of Health and Human Service’s one standard accreditation framework,
  - (2) (2) each standard to contain requirements that explicitly state the requirements for providers to address the cultural needs of consumers in the way that the standard is applied. We recommend the addition of a separate cultural safety standard, as this more adequately reflects the extent to which cultural safety must be embedded in all services activities (not only at specific points of specific standards) and should be a mandatory requirement for all organisations.
- (b) Lack of standard addressing ‘access to affordable local services for all Australians’ – noting the immense evidence of Aboriginal people being more likely to access (and receive equitable outcomes from) services delivered by ACCOs and the poorer economic opportunities experienced by many Aboriginal Australians – compromising their ability to pay ‘for profit’ services. A larger proportion of Aboriginal consumers cannot pay fees to access aged care services. Services must be affordable and economic barriers should be removed to ensure Aboriginal consumers are not disadvantaged by limiting their right to access quality aged care services.

The Department currently acknowledges this need through funding Aboriginal organisations (and others) to provide accessible services to consumers, however this is not reflected in the draft standards. Further consideration must be made to a separate standard on access, to ensure that access to services and support is fair, equal and transparent, especially in the context of rationed services, expected financial contributions by the consumer, and removing barriers to accessing services.

We note the Victorian Department of Human Services’ Access and Equity Framework 2013-17, which acknowledges the State Department’s responsibility for supporting disadvantaged Victorians and provides principles of access and equity. The aged care standards need to include a similar requirement to support the principles of access and equity, which will require aged care services to build an understanding of organisational diversity, better identify discriminatory practices and improve services to better meet the needs of diverse communities.

As the achievement of standards and maintenance of accreditation will continue to be a requirement for entry to the Commonwealth-subsidised aged care market, the expectation is that the standards, rather than the ability to pay, will drive quality improvement.

- (c) Lack of information on comparability/consistency with standards from other similar government funded services (such as health and disability services). Consistency across these areas of government (not just within aged care services alone) provides an opportunity for unnecessary burden on organisations to be reduced. For example, in 2014 in Victoria, 15 ACCOs were required to meet at least four sets of accreditation standards, five had ten or more program areas subject to accreditation, and two had ten distinct sets of accreditation standards to meet (Silburn, K., Thorpe, A., Carey, L., Frank-Gray, Y., Fletcher, G., McPhail, K, and Rumbalara Aboriginal Cooperative, 2016)

#### **14. Is the wording and the intent of the draft standards clear?**

- Yes, always
- Yes, mostly
- Yes, sometimes
- No
- Don't know

#### ***Why? Do you have any suggestions about how they can be improved?***

The wording of the draft standards is difficult to interpret due to a lack of detail.

The use of the word 'consumer' is dehumanising and gives the impression of one who is making a choice to purchase a desirable item – rather than someone who is in a position of need for aged care services that support them to live with dignity and respect. 'Consumer' implies choice and control are a 'given' however choice and control does not always exist for 'consumers' who are financially and socially disadvantaged.

Use of the wording 'aged care organisations' reflects the lack of consideration given to organisations whose primary business is not aged care services. For example, ACCOs primarily provide health and human services, whilst providing aged care services as a small component of their overall services.

With regard to clarity of wording and intent, in general the 'rationale and evidence' as set out in the consultation guide is clearer than the wording of the associated standard. VACCHO agrees with concerns expressed by the National Aged Care Alliance (NACA) that the reader needs to go back and forth between the standard outcome statements and the organisational requirements and the explanations in the consultation guide to fully understand what's meant by some terms or to understand how some concepts have been presented for the sake of brevity.

We have also received feedback from Aboriginal service providers on the need for 'plain language'/Plain English versions of service documentation for use both in meeting service needs of staff who may have varying levels of literacy and to meet the information needs of Aboriginal clients who require staff to 'interpret' service jargon. This applies both to Aboriginal service personnel and clients who speak English at home/as a preferred language as well as to those who speak English as a second (third or fourth) language.

#### **15. Are any draft standards or requirements NOT relevant to the following services? If so, please provide details below**

- Residential care
- Home care
- Commonwealth Home Support Programme services
- Transition care
- National Aboriginal and Torres Strait Islander Program services
- Multi-purpose services

- Innovative care services
- Short term restorative care services

We understand that the National Aged Care Alliance (NACA) has made comments about providing transitional supports for Aboriginal providers funded under the NATSIFACP services. We support NACA's position that whilst it is agreed that Standards 3, 4, and 5 should only be applied to organisations providing personal and clinical care, lifestyle support and/or services in a service setting, we are concerned about the extent to which these standards may be applied to NATSIFACP service settings which have previously not been held accountable to accreditation standards. Significant transitional arrangements are likely to be needed to bring NATSIFACP providers to a similar level of understanding with other more traditional areas of aged care as part of the move to a single aged care quality framework. This may include targeted NATSIFACP training and transitional / mapping explanations between current and future states for these providers.

## ***16. Do you have any specific suggestions in relation to draft Standard 1: Consumer dignity, autonomy and choice? If so, what are they?***

With regards to standard 1.2:

- a) the statement "Each consumer's identity, culture and diversity is respected" is insufficient. The standard must make specific mention of Aboriginal and Torres Strait Islander people (either as a separate standard or at standard 1.2)
- b) this requirement is insufficient to ensure 'mainstream' organisations provide services that are inclusive and culturally appropriate for Aboriginal and Torres Strait Islander consumers. The standard must be strengthened to ensure 'mainstream' organisations are held accountable for respecting the culture and identity of Aboriginal consumers.
- c) As there is a requirement for services to demonstrate respect for each consumer's identity, culture and diversity as part of standard 1, there is a need for the service to identify the identity of the consumer. All aged care services must therefore be required to ask and record whether a consumer is Aboriginal or Torres Strait Islander - which is standard practice across most other government services. In addition to this data being held centrally for reporting purposes, there is a need for communication processes to be established so all carers and service delivery staff are aware of the person's Aboriginal identity to ensure services are provided in a culturally appropriate way.
- d) It does not include sufficient detail about the aspects of culture that should be demonstrated. For example, the standard should compel organisations to respect an Aboriginal consumer's decision to return to country as part of the end of life journey. Currently aged care funding packages do not cover the costs of a funeral and any unspent funds from the packages are required to be returned to the Department. In order to demonstrate cultural understanding and respect for each consumer's culture, end of life care as part of aged care funding packages should be extended to cover funeral arrangements and return to country if the consumer desires.
- e) While there is a need for specific mention of Aboriginal consumers and cultural safety requirements across all standards, it is particularly important for this standard. This is because this standard is about 'consumer choice', which for Aboriginal people is one part their right to self-determination.

Whilst supportive of the focus on consumers choice, the wording of this standard raises the question of whether the consumer understands the standard and the 'choices' available to them – and what is the obligation of an organisation to support the capacity of the consumer to make an informed choice (for example the obligation for 'mainstream' organisations to ensure information is communicated in culturally appropriate ways that is comprehensible for

Aboriginal consumers, by involving local Aboriginal people in the development and or delivery of information material, Aboriginal designs on brochures/policies, use of cultural brokers or interpreters etc). Materials to support consumers to make a choice must be language appropriate, such as using clear, jargon free language for Aboriginal people. This is a necessity for all Aboriginal people, including those who speak English as a preferred language and those who speak English as a second language or not at all.

With regards to standard 1.5b – concerns about ‘timely’ information being provided to consumers, and the lack of detail and risk of misinterpretation: for example would 1 day, 3 days or a week be considered ‘timely’?

## ***17. Do you have any specific suggestions in relation to draft Standard 2: Ongoing assessment and planning with consumers? If so, what are they?***

This standard needs to explicitly reference cultural safety. We reiterate:, effective service delivery for Aboriginal people is not possible without culturally safe assessment and planning processes. The effectiveness of ongoing assessment and planning will require all organisations to have cultural understanding and develop a relationship of trust with the consumer. The standard must be clearer on this aspect to allow for accountability in the review process.

The following amendments and additions to standards 2.1 and 2.2 are recommended:

Standard 2.1: “Ongoing partnership with the consumer and/or their family and carer in assessment of their care and services” should be amended to include reference that tailored information and other supports are provided to enable active participation of consumer and their family/carers in the assessment and planning processes.

Standard 2.2 “Assessment and planning” should be amended to note that these must be undertaken in a culturally safe manner which supports active participation by the consumer and their family/carers.

In mainstream services, priority should be given to the culture of Aboriginal people with regards to their planning, in particular end of life planning (as already occurs in ACCOs). Clarification is required for the term ‘advance care planning’ (standard 2.2f). End of life planning should also incorporate both pre and post life care, to ensure Aboriginal people can carry out their cultural obligations and wishes both prior to and after passing away, for example returning to country prior to death and dying and being buried on country. At the individual’s request, end of life planning should include funerals . This is consistent with the Aboriginal definition of Health in which death is conceptualised as an aspect of the cycle of life:

“Health is “not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life.”

(National Aboriginal Health Strategy (1989))

Care and assessment planning must be undertaken with staff who are culturally appropriate to the individual. For instance, in many cases it would be culturally inappropriate for a female staff member to discuss an end of life plan or other components with a male Aboriginal Elder. We note that in some cases this may influence decisions such as staff rostering, to ensure the timely and culturally safe development and review of care plans (and delivery of services) Where possible the consumer should be the ‘lead partner’ in their own culturally safe planning/assessment process.

## ***18. Do you have any specific suggestions in relation to draft Standard 3: Delivering personal care and/or clinical care? If so, what are they?***

With regards to standard 3.6 – there may be an issue around confidentiality in particular where services are co-located and where organisations are delivering multiple services. The statement ‘critical information is shared within the organisation’ may assume the organisation is solely delivering one type of service, in this case aged care services, and therefore sharing this information is considered appropriate. However, this is not the case for Victorian ACCOs (and some other organisations) where clients may access an array of services and it is not necessarily appropriate for information to be shared across all service areas. Therefore the standard must be reconsidered to acknowledge this scenario and include mechanisms to protect the consumer’s information and how this is shared.

For Aboriginal people, consideration needs to be given to the definition of ‘relevant others’ as family may not always fall under this definition and/or ‘others’ considered relevant by the individual may fall outside the definition of family used in the non-Aboriginal context.

The intention of the wording ‘consumer’s preferences’ may not currently be achievable, particularly the preferences of Aboriginal consumers to use culturally appropriate services and particularly in regional and rural settings. Aboriginal services may not exist within the consumer’s community and/or mainstream services may not meet the consumer’s needs in a culturally informed way. This highlights the need for the standards to clearly require ‘mainstream’ providers to be held accountable for operating in a culturally safe way.

## ***19. Do you have any specific suggestions in relation to draft Standard 4: Delivering lifestyle services and supports? If so, what are they?***

As noted above, Aboriginal consumers may not be able to act on their preference to use culturally appropriate services and supports (which can be particularly lacking in regional and rural areas) as there is currently a lack of culturally appropriate mainstream services and/or Aboriginal organisations providing aged care to engage Aboriginal consumers. The new standards must therefore require increased cultural competence of mainstream organisations to increase Aboriginal peoples’ access to services, and increase the effectiveness of services and care received.

Standard 4.1.b and 4.2.b need to be amended to provide clarity that it is the choice of the consumer that determines the definition of “the consumer’s wellbeing and quality of life” (4.1.b) not the service provider, and that it is the consumers choice which “social and personal relationships” are maintained (4.2.b). The role of the service provider is to support the consumer to understand and manage any risks associated with the consumer’s choice (this concept is stated in Standard 1.4, however we feel needs greater clarity here). A real-life example from one of our Member ACCOs is of an Elder who choose to share his house with his nephews, despite the fact that they treat him in a way that could be expected to negatively impact on his health and wellbeing. The Elder fully understands the consequences to his health, however he has made an informed choice to maintain this living arrangement, due to cultural responsibilities to extended family members.

## ***20. Do you have any specific suggestions in relation to draft Standard 5: Service environment? If so, what are they?***

The wording of standard 5 does not take into account the capacity of not for profit residential facilities, particularly those funded through the NATSIFACP, to resource necessary upgrades to their facilities.

VACCHO Members charge low/no fees, to ensure that their aged care services remain accessible to Aboriginal consumers, despite widespread financial disadvantage in Aboriginal communities. Consequently, 'service environment' of these facilities relies to a greater extent on Government funding than does the 'service environment' of those organisations which are able to levy (substantial) fees from their clientele.

In effect, the capacity of these NATSIFACP funded residential facilities to meet Standard 5 is dependent on the level of Government funding they receive. For example, one of our Member Organisations applying to the Department for over \$600,000 for essential maintenance to buildings, however the Department approved funding of only \$40,000 for equipment. It is unclear whether this ACCO will be penalised during the quality assessment/review process for failing to conduct these renovations which they were not adequately funded to undertake.

In responding to this standard we have noted that this standard applies to "residential care, respite care and day therapy centres". In the case that this standard is extended to other service environments, such as Planned Activity Groups which are often held on-site at ACCOs, we note that this situation (where the ACCO is dependent on government funding to maintain service environment, and there have potential to be penalised during the quality assessment/review process for failing to conduct renovations that they were not adequately funded to undertake) could arise for more of our Member ACCOs.

Currently many community based organisations, including Victorian ACCOs, are subject to a cycle of grants and short term funding cycles – all of which affects the longevity and ability to undertake long term planning and creates a level of uncertainty around the ability to continue to operate and deliver services. Longer term funding agreements would assist organisations in their long term continuous improvement, including planning/budgeting for service environment improvements.

## ***21. Do you have any specific suggestions in relation to draft Standard 6: Feedback and complaints? If so, what are they?***

It is known from other sectors (such as police, consumer affairs, ombudsman and legal services) that there is a reluctance for many Aboriginal clients to make complaints – which can be due to inappropriate complaints processes, fear of consequences, lack of understanding of rights, or a belief that no action will be taken. This information is not available for aged care sector specifically, because there is not a requirement for the Aboriginality of a client to be recorded. However it is likely that this reluctance may be exacerbated in the aged care sector due to impaired cognitive function of some consumers, dependence on carers and fear of repercussions from raising a complaint. Standard 6 therefore requires mechanisms to encourage and support Aboriginal clients to make complaints and alleviate fears of repercussions and retribution. We recommend ways to achieve this include:

- Recommendation for complaints to be addressed by a specific Aboriginal independent body such as an 'Aboriginal Aged Care Complaints Commissioner' or Aboriginal staff employed by the Aged Care Complaints Commissioner. A strong precedent in this area is the Victorian Commission for Aboriginal Children and Young People. The Aboriginal Commissioner provides advice to government and service providers about policies and practices that will promote the safety and wellbeing of Aboriginal children and young people. It is a crucial role to ensure Victoria's out of home care system is monitored and the interests of Aboriginal children and young people are promoted.
- Promote greater awareness of complaint escalation levels and innovative ways to make complaints that do not rely entirely on written methods. (Noting there are significantly higher literacy issues in Aboriginal communities). There is also a need to ensure there is access to clear, appropriate and readily available information about the Complaints Commissioner and complaints processes.



- 'Mainstream' services must be able to demonstrate that they have culturally appropriate mechanisms for taking feedback and complaints.
- The organisation requirements should include ensuring privacy and confidentiality when a consumer seeks this in making a complaint, and providing for consumers to make an unidentified complaint if they wish, as the notion of consumers feeling safe to make complaints is not picked up in the requirements.
- Greater emphasis must be placed on ensuring consumers' awareness of their right to (culturally safe) third-party support and how to access this as part of their induction/orientation/welcome to the service, so they know where to find support when they need it, independently. Current mechanisms all seem weighted towards the consumer approaching the service provider, which can present barriers to Aboriginal (and other) consumers.

VACCHO recommends the following words be added to standard 6.3 – to include 'with a trusted third party'. This suggestion is on the basis that many Aboriginal clients in aged care services have requested the support from ACCOs to advocate on their behalf to resolve issues or raise a complaint. Not all consumers have access to the internet, nor do they have the ability to use the internet or ability to read. Therefore, a culturally safe advocacy environment needs to be established to support those who require advocacy support.

VACCHO's Members have indicated older people in their communities demonstrate a lack of knowledge and understanding of their rights and entitlements as recipients of aged care services. In particular, rules governing service provision in relation to Home Care Packages can appear to be complex for consumers to understand. VACCHO are aware of mainstream services trying to attract Aboriginal clients who are not always informed about their rights and the funding amount available through the package allocated to them. This practice and lack of information needs to be addressed and considered as part of a feedback and complaints standard. Whilst it is a requirement that service providers give information to consumers about their rights and responsibilities, there is an additional need to ensure that information has been understood by the consumer and this goes beyond handing out a pack of information and having the consumer sign to acknowledge they have received this.

Also, as previously mentioned, we have received feedback from Aboriginal service providers on the need for 'plain language'/Plain English versions of service documentation for use both in meeting service needs of staff who may have varying levels of literacy and to meet the information needs of Aboriginal clients who require staff to 'interpret' service jargon. This applies both to Aboriginal service personnel and clients who speak English at home/as a preferred language and as well as to those who speak English as a second (third or fourth) language.

## ***22. Do you have any specific suggestions in relation to draft Standard 7: Human resources? If so, what are they?***

Standard 7 and Standard 8 (in particular) need to be consistent with relevant standards from other sectors (ie. health and disability) as the requirement to meet different standards for Human Resources and Organisational Governance to different parts of government is one cause of unnecessary burden on organisations – particularly organisations like Victorian ACCOs who are delivering multiple services in addition to aged care. For example, on average, VACCHO Members organisations have nine accreditations in various areas, whilst some larger ACCOs such as Rumbalara Aboriginal Co-operative have 22 separate accreditations for the variety of services types they offer.

With regards to standard 7.2, mainstream services need to ensure that their workforce is culturally appropriate and skilled and/or employ Aboriginal workers to meet the standard of interacting with Aboriginal consumers in a way that is culturally appropriate, respectful and considerate.

The reference to qualifications 7.2b i problematic, as some roles(e.g. laundry workers) require on-the-job training rather than qualifications, and there is currently no consensus on whether qualifications, when they are mandated, should be acquired pre-employment or within a specified period after gaining employment. In particular, our Members have noted it is often difficult to recruit Aboriginal staff who have pre-existing qualifications in aged care service provision. VACCHO recommends standard 7.2b be updated to include qualifications “and training”.

Mandatory reporting of staff who have abused/assaulted a consumer should also apply in the age care service (as it applies in the disability sector). This should be included as an organisational ‘requirement’ for this standard.

With regards to standards 7.3 – 7.5, aged care services such as Home Care Packages can make up a small part of ACCHO services in comparison to other services being delivered, therefore the level of attention and workforce support and development is not always given adequate resources. Consideration should be given to the requirements of the level of skills and qualified workforce relative to the level of care and services and level of funding available to the organisation.

### ***23. Do you have any specific suggestions in relation to draft Standard 8: Organisational governance? If so, what are they?***

VACCHO strongly advocates for a ‘Recognition of Prior Accreditation’ process. This should particularly apply to ‘organisational standards’ (and may also apply to some ‘service standards’). The current system sees Victorian ACCOs being repeatedly assessed against similar but slightly different criteria - for example, Finance and Governance are covered in mandatory organisational accreditations such as those undertaken against International Organisation for Standardisation (ISO) ISO 9001 standards and Quality Improvement Council (QIC) Health and Community Services standards. Finance and governance standards are also included as part of other accreditation frameworks (and are proposed as part of these single aged care quality standards). This creates significant unnecessary administrative burden on Victorian ACCOs.

As previously noted, Standard 7 and Standard 8 (in particular) must also be consistent with relevant standards from other sectors (ie. health and disability) as the requirement to meet different standards for Human Resource and Organisational Governance to different parts of government is one cause of unnecessary burden on organisations – particularly organisations like Victorian ACCOs who are delivering multiple services in addition to aged care.

In addition, Standard 8 must recognise the different organisational governance models employed by Aboriginal community controlled organisations (which are grounded in evidence of being most appropriate and effective for Aboriginal consumers) – and ensure standards do not make requirements that prohibit/disadvantage these arrangements. For example: ACCO boards are generally made up of Aboriginal community members who have responsibility for an array of services, not just the sole service of aged care; there can be high turn-over of board members due to the nature of fixed-term, elected boards; staff of the organisation can be on Boards (due to their unique community knowledge and understanding); and there can be an unwavering commitment to provide free services for their communities. With other aged care services, predominately for profit and privately run services, the boards are generally skills based / professionals.

VACCHO suggest for a less onerous review process with regard to organisational governance which takes into account whether the aged care service is a for profit or not for profit service (i.e. the organisation would still meet the same standard, but the process for demonstrating this should be less onerous). Consideration should also be given to whether the service provides more than just aged care services or has a multi service offering.

With regards to the wording of standard 8.1 ‘the organisation partners with consumers’ - clarification is required as to the intention and meaning. For example, is the organisation or consumer the lead partner and what are the associated responsibilities/authorities of each.

## ***24. Do you have any other comments or suggestions about the draft standards?***

Overall, VACCHO is supportive of having one set of standards against which the quality of all aged care services are measured. However, there is a lack of detail in the standards presented in the consultation guide to be fully supportive and accepting. Based on the broad information provided, it appears as if there is little difference between the proposed standards and the four existing sets of standards.

There is significant evidence that Aboriginal organisations /people are the most effective providers of services to Aboriginal consumers. This was acknowledged by the Prime Minister’s Closing the Gap Report 2017, which highlights the importance of ACCOs in providing culturally appropriate and integrated services for Aboriginal people and the essentiality of these ACCOs in closing the gap. This needs to be specifically acknowledged in the standards, along with the government’s responsibility for ensuring culturally appropriate services are provided to disadvantaged groups who do not have capacity to pay fees to access quality aged care services.

We are very supportive of the requirement for mainstream organisations to operate in a culturally appropriate way. However, we also know that this will cause mainstream organisations to seek support and partnership with ACCOs to meet these requirements (as already happens across all sectors to varying degrees). This has the potential to place a significant unfunded service burden on ACCOs.

VACCHO is keen to be involved in decisions about the level of support the government will provide to services funded under NATSIFACP to transition, given they are currently assessed against two standards, but will be assessed against eight standards in future. It appears that NATSIFACP funding recipients will experience a significant change although no justification has been provided specifically for this change.

Throughout the standards, there is reference to consumer needs. The evidence guide and explanatory material for the standards, when developed, should make clear that these are references to assessed needs, and that statements such as “I get services when I need them” refer to services in response to assessed need, delivered as and when planned and agreed with consumer.

We reiterate our earlier comments that:

- Cultural safety both specifically referring to Aboriginal people and in the generic sense (i.e cultural safety across the full range of groups defined as ‘special needs’ under the Aged Care Act (1997))needs to be firmly embedded in the proposed Single Aged Care Quality Framework. This can be achieved either by the addition of a new overarching cultural safety standard or by repeated references to cultural safety in each of 8 proposed standards. The new standards have been interpreted by some of our Member organisations (including NATSIFACP funding recipients) as a system becoming more ‘mainstream’ and less inclusive of their unique cultural identities and those of their communities.
- Standards need to be streamlined across other sectors (ie. health and disability) to truly achieve the Department’s stated objectives of increasing consistency across the aged care services and to make it easier for consumers, and their families, carers and representatives to understand what they can expect from their service, reduce red tape and minimise duplication between the standards and other aged care responsibilities and other legislation.
- Standards must ensure ‘access to appropriate, acceptable and affordable local services for all Australians’ – noting the immense evidence of Aboriginal people being more likely to access

(and receive equitable outcomes from) services delivered by ACCOs and the poorer economic opportunities experienced by many Aboriginal Australians.

- There is a need for the specific mention of Aboriginal people or their specific needs in the proposed aged care standards. This is currently lacking, and consequently is inconsistent with the approach of the Australian Government in other sectors (such as COAG National Indigenous Reform Agreements, *Closing The Gap*) and State and Territory Governments which acknowledge the need for Aboriginal-specific services in policies and legislation in areas such as Child Protection, Human Services and Justice systems. Government policy is explicit about the need to improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people with almost all other government funded services acknowledging the need for Aboriginal people to receive services in a culturally appropriate manner in order to provide equitable access and equitable outcomes.

#### This Consultation Process

VACCHO is disappointed that the process for consultation by the Department would not meet the standards you are setting for organisations regarding feedback and complaints.

We feel the Department's consultation process has been sub-standard:

- No evidence of consultation with Aboriginal consumers/organisations in the development of the proposed standards and assessment processes – despite the fact that Aboriginal organisations funded under the NATSIFACP will now be assessed against 8 standards and may consequently experience significant changes and periods of insecurity to the services they provide
- Online survey tool is restrictive in the responses users can provide, including a restricted text format.
- Inadequate opportunity for a face to face consultation process
- Response time insufficient to respond in a constantly changing reform environment with numerous other Australian Government consultation processes occurring simultaneously that affect VACCHO and our Member Organisations - such as the Productivity Commission's National Disability Insurance Scheme Costs Issues Paper, and the Implementation Plan Advisory Group Consultation for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
- Consultation guide is framed directly at 'aged care providers' and does not acknowledge organisations that provide a variety of services, such as ACCOs – which does not appear consistent with the Commonwealth's stated intention of encouraging new/different service providers to 'enter the market' for the provision of aged care.

In view of the issues raised above, VACCHO is formally requesting that we (including our Member Organisations) be consulted with on the set of standards and options for assessment, and in having a role in finalising this process and in developing education and guidance materials. We are not satisfied with only being able to make an online submission via tightly structured survey questions.

We welcome further discussions with you and thank you for the opportunity to provide a submission.

# ***Options for Assessing Performance – options paper***

## ***1. What is your email address?***

NoeleenT@vaccho.org.au

*Note this information will not be published.*

## ***2. Are you answering on behalf of any organisation? Is so, please provide your organisation's name.***

✓ Yes

On behalf of Victorian Aboriginal Community Controlled Health Organisation Incorporated. This submission was developed as a result of a series of consultations with VACCHO staff and 7 of its Member Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The ACCOs are Gippsland and East Gippsland Aboriginal Co-operative, Ramahyuck District Aboriginal Corporation, Rumbalara Aboriginal Co-operative, Aboriginal Community Elders Services Incorporated, Njernda Aboriginal Corporation, Gunditjmarra Aboriginal Co-operative, and Mallee District Aboriginal Services.

## ***3. Do you give consent for your submission to be published in whole or in part?***

Yes

✓ No

## ***4. What role best describes you? Please select all that apply***

Aged care consumer, including family and/or carer

Aged care service provider

Aged care worker/professional

Aged care advocate

Peak body – consumer

✓ Peak body – provider

✓ Other – please specify below

VACCHO has been the peak body for Aboriginal Health in Victoria since 1996. VACCHO plays a unique and significant role in Aboriginal health and wellbeing. VACCHO support, represent, advocate for, and negotiate on behalf of our 30 Member ACCOs (23 full members and 7 associate members). 21 of our Member ACCOs offer aged care services funded by the Commonwealth Government. All 21 offer services funded under the Commonwealth Home Support Program (CHSP), whilst some are approved providers and manage Consumer Directed Care (CDC) Home Care Packages (such as Rumbalara Aboriginal Co-operative, Gippsland and East Gippsland Aboriginal Co-operative, Dhauwurd Wurrung Elders and Community Health Services) and some offer residential aged care services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) (such as Rumbalara Aboriginal Co-operative and Aboriginal Community Elders Service). In this submission the word “Aboriginal” refers to both Aboriginal and Torres Strait Islander peoples.

**5. Do you identify with any special needs groups, or, does your organisation provide support or services to any special needs groups? Please select all that apply.**

- 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
- People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

**6. Where do you live, or, where does your organisation operate? Please select all that apply.**

- NSW
- VIC
- QLD
- WA
- SA
- TAS

ACT

NT

**7. What is your location, or, the location where your organisation operates. Please select all that apply.**

Metropolitan

Regional

Rural/Remote

**8. If you are an aged care service provider, please select all the types of care your service delivers.**

Residential care

Home care

Commonwealth Home Support Programme services

Transition care

National Aboriginal and Torres Strait Islander Program services

Multi-purpose services

Innovative care services

Short term restorative care services

**9. If you are an aged care service provider, which option below best describes the size of your organisation?**

N/A

Small

Medium

Large

Very large

**10. What are the features of the existing assessment and monitoring process that should be retained?**

On-site visits

On-site visits by assessors are the most effective and accurate mechanism for assessing performance and the least onerous for organisations. On-site visits allow assessors to consider factors in the service that cannot always be adequately described in written form.

On-site visits by assessors should be retained as this allows assessors to see first-hand how the service operates and the service can demonstrate how the standards are being met.

On-site visits allow assessors to experience any cultural differences that services may demonstrate. On-site visits also provide an opportunity for open dialogue between the assessor and service which assists to build rapport.

#### Self-assessment tool

The current service self-assessment tool is useful, both in terms of providing a structure to review progress between visits and to guide preparation before a site visit. Regular self-assessments can also provide a living mechanism to ensure up-to-date information about performance is available. However, the self-assessment tool should be used only for the purposes of continuous improvement of the organisation and not be submitted to the Department or Quality Agency (the reasons for this are discussed at the next question).

#### Verbal feedback

The verbal feedback session following the site visit is also extremely helpful and provides 'immediate' feedback to site staff who have been involved in the visit and who might not read a formal written report. A number of our Member Organisations have previously advised that 'service jargon' can be difficult to interpret, and verbal feedback adds significant clarity to the written documentation.

#### Application of a cultural lens to services that are responsive to lifestyle choices and needs of Aboriginal people

The current NATSIFACP standards and associated assessment mechanism acknowledge and enable services to be extremely responsive to the lifestyle choices and needs of Aboriginal consumers, regardless of the settings/locations in which care is being provided. This enables the older person to meet their familial obligations and to retain their connection to country, wherever possible. The new standards and their assessment must apply a cultural lens to the operation of both NATSIFACP funded facilities and services and other ACCOs which are providing aged care services tailored to the needs of Aboriginal people to ensure that they continue to meet the cultural needs of Aboriginal consumers and consequently enhance their health and wellbeing.

## ***11. What are the features of the existing assessment and monitoring process that need to be changed?***

#### Recognition of other and prior accreditation

Relevant accreditation from other areas must be recognised. This is particularly relevant to Victorian ACCOs who currently require accreditation for a range of Commonwealth and state funded health and human services. On average our Member ACCOs have 9 accreditations each to meet with some of our Members having up to 21 or 22 accreditations. The types of accreditation can include housing, primary health care, overarching, financial audit, child care, just to name a few. If standards are common to a range of accreditation processes, there is a need to recognise prior accreditation in these areas. For example, Rumbalara Aboriginal Co-operative and Gippsland and East Gippsland Aboriginal Co-operative are each required to meet 22 accreditation standards. Potentially these organisations may have their finance and governance standards reviewed and re-reviewed as many as 22 times due to the crossover of areas within their accreditation frameworks – each of which, while largely similar, has its own nuances and focuses which require attention from the organisation.



Meeting accreditation standards becomes overly burdensome on ACCOs, as well as being resource intensive in staff managing the assessment processes. These pressures are emphasised amongst the ACCHO and not for profit sectors as funding is not always provided for management level of staffing to manage the accreditation.

Consideration of prior accreditation (whether it be for aged care services or other service areas or whole-of- organisation accreditation) should also take into account the time frames in which organisations have recently been accredited, for example if an organisation was accredited 2 years ago versus 6 months ago, this should influence the nature of the assessment and monitoring process.

#### Desktop self-review

The desktop self-review should not be submitted to Department/Quality Agency, it should be a document used internally for continuous improvement processes only. The current requirement to submit to the Department/QA means there is an incentive to report everything as “green light”, which can inadvertently become a deterrent to organisations recognising and addressing areas that need improvement.

#### Assessment reports

With regards to accreditation service providers, there is a need for confidentiality agreements between the providers and respective organisation to ensure assessment reports are not provided to the Department of Health. Given the Department only requires a Certificate of Accreditation it is unnecessary for the report to be provided and this should only be kept for internal purposes.

#### Less onerous review process for ‘not –for- profit organisations’

While ACCOs (and other not for profit organisations) should meet the same quality standards as ‘for profit’ service providers, the review processes should be less onerous – in recognition of the limited resources these organisations have to devote to review processes (by virtue of not charging consumers and restrictions on government funding that impact on sustainability of organisations). Support should be provided to ACCOs and other not for profit community service organisations to participate in review processes – either by less onerous review requirements or by providing resources to the organisation to participate.

#### Culturally aware and competent assessors

The primary preference of VACCHO is for Aboriginal people/organisations to conduct the assessments. At a minimum, assessors must be required to undertake appropriate Aboriginal cultural safety training/ and demonstrate the capacity to apply an Aboriginal cultural safety lens to the assessment process

Culturally safe assessors who have a thorough and culturally relevant understanding of ACCOs, and their unique service models, will assist in the review of ACCOs. One example of where a lack of understanding of ACCO service models has incorrectly resulted in negative assessments is a VACCHO Member Organisation who charges no fees to any of its clients in recognition of widespread financial disadvantage in their community, being penalised in the assessment process for not having a documented fee policy (when there was no risk of a client being accidentally charged a fee).

Culturally safe assessors will also ensure mainstream organisations are held accountable for providing culturally appropriate services. We do not believe the current system has properly held organisations to account for not acting in a culturally safe manner. Assessors must be culturally appropriate and skilled in order to properly assess whether aged care services are culturally appropriate for Aboriginal people.

Aboriginal people/organisations must lead the development of the specific requirements that will be assessed as ‘culturally competent’ and the mechanisms for making this assessment.

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Consumer engagement and involvement in the assessment processes are essential and new methods to achieve these are required. Consideration must be given for culturally safe mechanisms to engage Aboriginal consumers, their families and care givers. This will require whole-of-community engagement and provision of tailored information, and may also require involvement of a 'trusted third party' – an independent advocate who can act as a cultural broker.

## ***12. Which option do you prefer?***

- Option 1
- Option 1 with Option 3
- Option 2
- Option 2 with Option 3

In considering the preferred option, there is insufficient detail and clarity presented between Options 1 and 2 to make a definitive decisions. All of our Member organisations that we consulted with shared the same view, and we also witnessed other organisations on the webinar conducted by the Department of Health raising the same issues.

However, from our interpretation of the wording of the Consultation and Options Papers, VACCHO's current preference is Option 1. We note this position may be different if we were adequately consulted and informed about the proposed changes.

We support Option 1 on the basis that:

- a) VACCHO believe residential aged care services present significantly higher risks than home – based care, and therefore each service should be subject to different processes. This ensures the most vigilant and continuous quality approach is targeted at the highest risk services.
- b) Organisations and consumers are familiar with current assessment arrangements which is particularly important in an environment experiencing many reforms – and in meeting the Department's stated aim of greater consumer awareness. Currently consumers feels confused by the ever changing service environment, for example, VACCHO members' indicated community confusion over changes to Aged Care and introduction of the NDIS.
- c) No compelling evidence is presented in the Consultation Paper for a significant change to the status quo.

Option 2 is not supported on the basis that it has the potential to inadvertently disadvantage ACCOs and other not for profit community organisations. Option 2 may disadvantage these organisations on the basis that they may be incorrectly deemed to be of a higher risk because of their organisational governance structures and multiple services, and therefore be subject to more onerous/burdensome review processes. For example:

- The Boards of ACCOs (and some other organisations) are responsible for the governance of organisations who deliver a wide range of services, often with aged care services making up a relatively small part of the organisation. As a result of the wide ranging nature of services, boards have a wider range of expertise - this may influence an incorrect assessment of risk by virtual of the governance structures not including specific 'aged care expertise'.
- ACCHO Boards are generally elected for short terms periods (often 2 to 3 years). This has the potential for ACCHO Boards to be incorrectly assessed as 'unstable' or lacking continuity.

To be clear, the above governance structures are absolutely appropriate for ACCOs and are proven effective. However there is a risk these culturally appropriate processes will be misinterpreted by assessors and therefore the organisation will incorrectly be deemed a higher risk and therefore incorrectly subject to more onerous review processes – when ACCOs (and other not for profits who do not charge fees) have the least capacity to devote staff to assessment and review processes.

Option 2 may also inadvertently disadvantage smaller organisation who deliver a small number of services, compared to larger organisation who deliver major services, as larger organisations have greater capacity to dedicate resources to meet accreditation standards. Option 2 may be considered too onerous for small organisations who do not have the same level of ‘back of house support’.

Further we see a risk in option 2 of large, mainstream organisations being incorrectly identified as lower risk (by virtue of their different governance arrangements and sole focus on aged care), and therefore being incorrectly subject to less stringent assessment and review processes.

We note that Option 2 does not clearly specify whether the risk is to the client or the organisation. For instance, it could be argued that community care clients are at a higher risk than residential care as there is not the same level of contact between the organisation and the client. If Option 2 was to proceed, further clarity and detail on this matter is required

Option 3 – VACCHO have no comment as the nature of the services delivered by ACCHOs within Victoria does not include services categorised as ‘low-risk’ and therefore this option do not apply to our Member organisations.

### ***13. Please provide details of any other options that we should consider.***

All the proposed options appear to involve assessment of meeting minimal standards, rather than the level to which these standards are being met/exceeded. VACCHO recommends there are ratings given through the assessment process to each standard – such as not met, met, exceeded, outstanding, etc. The benefit of this rating system (compared to a yes/no accreditation system) includes:

- a) Greater motivation to organisations to strive to achieve higher ratings, rather than just being compliant
- b) Allows better informed consumer choice – through greater comparability across organisations
- c) Organisations will have greater insight into areas of focus for continuous improvement
- d) Trends/emerging issues across multiple organisations can be more quickly identified
- e) Assisting to break the myth that the not for profit sector (including ACCHOs) are not performing to a high standard

We note that the Quality Innovation Performance (QIP) process already recognises organisations or services who consistently go above and beyond to implement and embed quality improvements.

**14. Will your preferred option/s maintain appropriate safeguards for consumer? Please explain your answer.**

Yes. By continuing to have the most rigorous review of the highest risk types of care (residential care) and by improving and streamlining the current accreditation and quality review processes for all types of care will ensure appropriate safeguards are maintained for the consumer.

**15. Will your preferred option/s decrease the regulatory burden on aged care organisations? Please explain your answer.**

Yes. By recognition of accreditation from other relevant sectors, and less onerous review processes for not for profit organisations who provide multiple services other than aged care will decrease the regulatory burden on aged care organisations. ACCOs will still be required to meet the same quality standards, however different processes for review and assessment are recommended.

**16. Do you have any other comments or specific suggestions about the matters discussed in the Options Paper?**

The overall focus and intention of assessment and review processes (regardless of which option is chosen) must be on continuous improvement. It should not be a 'carrot and stick' approach to compliance.

Assessment processes (and standards) should be streamlined across relevant sectors (such as health, aged care and disability), to truly meet the Department's stated objectives of reducing red tape, minimising administrative duplication and ensuring greater consistency of services.

VACCHO Members charge low/no fees, to ensure that their aged care services are accessible despite widespread financial disadvantage in Aboriginal communities. VACCHO strongly believes that ACCOs (and other not for profit organisations who charge limited or no fees and therefore rely, to a greater extent on government funding) should have less onerous review and assessment processes, however should meet the same quality standards as other aged care providers. This recognises the limited resources these organisations have to devote to review processes (by virtue of charging consumers low/no fees and restrictions on government funding that impact on sustainability of organisations)

Further, we note that ACCHOs (and other not for profit organisations who rely on government funding) will rely on government funding assistance in order to meet accreditation/quality review standards - for example to meet the 'service environment' requirements at Standard 5. For example, one of our Member Organisations applying to the Department for over \$600,000 for essential maintenance to building, however the Department approved funding of only \$40,000 for equipment. It is unclear whether this ACCO will be penalised during the quality assessment/review process for failing to conduct renovations for which they were not adequately funded to undertake.

In addition, culturally appropriate resources must be provided to assist ACCOs, in interpreting any new standards and assessment processes regardless of which assessment option is chosen. These could include but are not limited to an interpretive guide of each of the standards, or a storyboard communication tool to assist ACCHOs to demonstrate how they are meeting the standards through the assessment process.

We emphasise the need for culturally appropriate and safe approaches for Aboriginal people to ensure their involvement as consumers in quality assessment processes and specific community

engagement processes to engender dialogue about the purpose of aged care quality assessment and its relevance to the care of Elders.

We are very supportive of all mainstream organisations being required to demonstrate through the assessment process how they operate in a culturally appropriate way for Aboriginal consumers. However, we also know that this will lead to mainstream organisations seeking greater support and partnership with ACCOs to assist them in meeting these requirements (as already happens across all sectors to varying degrees). This has the potential to place a significant unfunded burden on ACCO's staff resources.

#### NATSIFACP

We are seeking further justification of the considerations behind the decision to move from NATSIFACP quality review processes, to one standard process that applies to aged care services governed by the Aged Care Act (1997). The existing system specifically acknowledges the need for different processes for some services to Aboriginal consumers, however there is no detail about why the Department no longer deems this necessary.

NATSIFACP funding recipients deliver services in a culturally appropriate manner to Aboriginal consumers. By introducing an assessment process against a single set of standards that fail to adequately acknowledge cultural diversity and cultural respect, this puts all services at a greater risk of not adequately providing a culturally appropriate service to Aboriginal consumers. VACCHO requests that the Department ensure that Aboriginal people continue to receive services in a culturally appropriate way by adopting standards that reflect culture, respect and diversity.

If services funded under the NATSIFACP will potentially move from a process of being reviewed/accredited against two standards to one reviewed against eight standards, the Department has not indicated the level of transitional support and funding for organisations to move to the new Framework. It is critical that NATSIFACP-funded organisations are supported to prepare for the implementation of the new standards and that future quality assessment processes are conducted in a manner that takes into account the cultural safety and specific cultural needs of Aboriginal and Torres Strait Islander clients and staff. The Department must provide adequate transitional support in order for the transition to a new single set of standards to be successful and continue to provide vital community services to the Aboriginal and Torres Strait Islander population.

There is a lack of information in the options paper about which assessment processes would be applied to NATSIFACP services, particularly those delivering residential support services in regional and remote locations where there are limited culturally appropriate residential care services available to local Aboriginal people.

Our Member organisations who are both NATSIFACP funded services and also provide aged care services under the Aged Care Act (1997) (and are therefore assessed against the Home Care Common standards) have indicated that the proposed single set of standards would not be a significant change from current arrangements. However we are aware of many other NATSIFACP funded aged care services operated by remote and regional Aboriginal organisation who have never had to face such stringent requirements.

#### Consultation Process

VACCHO is disappointed that the process for consultation by the Department would not meet the standards you are setting for organisations regarding feedback and complaints.

We feel the Department's consultation process has been sub-standard:

- No evidence of consultation with Aboriginal consumers/organisations in the development of the proposed standards and assessment processes – despite the fact that Aboriginal organisations funded under the NATSIFACP will now be assessed against eight

standards and may consequently experience significant changes and periods of insecurity to the services they provide

- Online survey tool is restrictive in the responses users can provide, including a restricted text format. ‘
- Inadequate opportunity for a face to face consultation process
- Response time insufficient to respond in a constantly changing reform environment with numerous other Australian Government consultation processes occurring simultaneously that affect VACCHO and our Member Organisations - such as the Productivity Commission’s National Disability Insurance Scheme Costs Issues Paper, and the Implementation Plan Advisory Group Consultation for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
- Consultation guide targets ‘aged care organisations’ and does not acknowledge organisations that provide a variety of services, such as ACCOs – which does not appear consistent with the Commonwealth’s stated intention of encouraging new/different service providers to ‘enter the market’ for the provision of aged care.

In view of the issues raised above, VACCHO is formally requesting that we (including our Member Organisations) be consulted with on the set of standards and options for assessment, and in having a role in finalising this process and in developing education and guidance materials. We are not satisfied with only being able to make an online submission via tightly structured survey questions.

We welcome further discussions with you and thank you for the opportunity to provide a submission.

## ***Disclaimer***

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