Submission template

Discussion paper:

Future reform – an integrated care at home program to support older Australians

Submissions close on 21 August 2017

Instructions:

- Save a copy of this template to your computer.
- It is recommended that you read the relevant pages in the discussion paper prior to responding.
- You do not need to respond to all of the questions posed in the discussion paper.
- The numbering of the questions in the template corresponds to the numbering in the discussion paper.
- Please keep your answers concise and relevant to the topic being addressed.
- Upload your completed submission on the Consultation Hub. Alternatively, if you are experiencing difficulties uploading, you can email your submission to: agedcarereformenquiries@health.gov.au

Thank you for your interest in participating in our consultation.

Tell us about you

What is your full name?

First name ***Noeleen***

Last name ***Tunny***

What is your organisation's name (if applicable)?

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

What stakeholder category/categories do you most identify with?

☐ Commonwealth Home Support Program[1] service provider	☐ Peak body – consumer
☐ Home Care Package service provider	☐ Peak body – carers
☐ Flexible care provider	☐ Peak body – provider
☐ Residential aged care service provider	☐ Seniors membership association
☐ Aged care worker	☐ Professional organisation
☐ Volunteer	☐ Disability support organisation
☐ Regional Assessment Service	☐ Financial services organisation
☐ Aged Care Assessment Team/Service	☐ Union
☐ Consumer	☐ Local government
☐ Carer or representative	☐ State government
☐ Advocacy organisation	☐ Federal government
	☒ Other VACCHO is the peak body for the health and wellbeing of Aboriginal people in Victoria and also represents 30 Members, the majority of whom are multifunctional services focussed on improving the health and wellbeing of their local community. A significant proportion of VACCHO Members provide aged care services.

Where does your organisation operate (if applicable)? Otherwise, where do you live?

☐ NSW	☐ SA
☐ ACT	☐ WA
☒ Vic	☐ NT
☐ Qld	☐ Tas
☐ Nationally	

*May we have your permission to publish parts of your response that are **not** personally identifiable?*

[1] Includes Home and Community Care Providers in Western Australia

☒Yes, publish all of my response

☐No, do not publish any part of my response

Please note: the word "Aboriginal" in this submission refers to both Aboriginal and Torres Strait Islander peoples. The word "Indigenous" will only be used if this is part of a formal title or quote.

Section 2. Reform context

2.3 Reforms to date

Comments

We would welcome your views and feedback on the February 2017 *(Increasing Choice)* reforms.

Refer to page 6 of the discussion paper

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body for Aboriginal health and wellbeing in Victoria and also represents Aboriginal community controlled organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of our members and to advocate for issues on their behalf and we welcome the opportunity to respond to the Commonwealth Department of Health's discussion paper "Future reform – an integrated care at home program to support older Australians".

The numbers of Aboriginal and Torres Strait Islander people over the age of fifty is increasing rapidly, and the health status of this group is poorer than the general Australian population[i]. Increase in the number of elderly people in Aboriginal communities will impact on all VACCHO members irrespective of whether members are providing medical and nursing care to older people or the full suite of aged care services.

VACCHO recognises the positive and negative aspects of the *Increasing Choice* reforms. The *Aged Care Approvals Round* (ACAR) was an ineffective and inequitable mechanism for allocation of aged care packages and its discontinued use represents a significant decrease in 'red tape' for both Government and providers. However, the reliance on a standardised assessment process and lack of an adequate monitoring process linked to an effective 'safety net' poses a major risk to equitable access and service outcomes for Aboriginal people and other 'special needs groups' listed in the Aged Care Act (1997).

In relation to vulnerable Aboriginal people, screening and assessment processes:

- Do not evidence cultural safety: There is no mandatory requirement for (robust) cultural safety training for My Aged Care (MAC) call centre staff, Regional Assessment Services (RAS) or Aged Care Assessment Teams (ACAT), nor is there a mechanism to connect Aboriginal people with assessment staff who are themselves Aboriginal.
- Do not address the impact of Stolen Generation policies and intergenerational trauma on the willingness of Aboriginal people to connect with Government Services

Some ACCO providers of aged care report working directly with their local RAS and ACAT in order to bypass barriers to Aboriginal peoples' access to culturally safe aged care assessment, including:

- Community members' lack of access to/lack of confidence using the internet and/or lack of access to telephone
- MAC contact centre staff 'cold calling' the consumer when they do not have a worker or other advocate to support them through screening and assessment processes
- Duplication of assessment/requirement for the client to retell their story
- Disrespectful/culturally unsafe attitudes displayed towards Elders by MAC staff
- Cultural inappropriateness of asking 'personal' questions over the telephone

Feedback from VACCHO Membership also indicates that consumers do not have sufficient knowledge of the aged care system and current reforms to enable them to exercise informed choice

> "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)

> "There is not enough information on packages for the clients to understand them".
>
> (ACCO B)

In addition, there does not appear to be any systematic way to identify and address inequitable access or service outcome issues, should the move to a market based aged care system fail to provide adequate services. The 'safety net' provision for vulnerable consumers lies in the legislated capacity for the Minister to intervene where inequities have been identified in the distribution of Home Care Packages. The Department of Health is yet to explicate the process which will inform the Minister's response where inequities have been identified, in particular:

- the criteria that will be used to determine the need for Ministerial intervention
- the process for developing the criteria for intervention
- governance/oversight and monitoring mechanisms in relation to the analysis of client access and outcome data
- strategies under consideration to address any inequities identified

The Aged Care Act 1997 acknowledges Aboriginal people as one of a number of groups who may require additional support to access aged care services. To date, involvement of Aboriginal communities and their representative organisations in consultation and reform co-design processes has been extremely limited. VACCHO strongly supports greater inclusion of both Aboriginal consumers and service providers in working groups which will assist the Commonwealth in co-designing the next stages of the reform.

Section 3. What type of care at home program do we want in the future?

3.1 Policy objectives

Question

Are there any other key policy objectives that should be considered in a future care at home program?

Refer to page 9 of the discussion paper

A future care at home program should:

- **Acknowledge and respect the diversity of older people.** This requires concrete action to embed cultural safety in all aspects of the aged care system and fosters inclusion of groups with special needs, including Aboriginal people. VACCHO commends steps taken by the Commonwealth Department of Health to co-design an Aged Care Diversity Framework and an initial suite of Action Plans will addressing Aboriginal communities, Culturally and Linguistically Diverse (CALD) communities and Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) elders, respectively
- **Ensure equity of access and outcome for all service users**, regardless of cultural background, geographic location and socio-economic status.
- **Provide transparency and accountability to community and service providers**. This requires a robust mechanism to collect, analyse and report on access and service data and the capacity and commitment to adjust processes (e.g. assessment processes, accreditation processes) in response to findings when necessary.

  "Elders have a voice, (and are) being heard" (ACCO I)

- **Support and empower consumers to exercise informed choice**. This must encompass, but is not limited to provision of consumer information that is culturally appropriate and disseminated by culturally appropriate mechanisms and access to culturally appropriate support to navigate the aged care system. This also pre-supposes that there are culturally appropriate options available for Aboriginal people:

  "Culturally appropriate services that give our Elders Self-determination"
  (ACCO O)

Section 4. Reform options

4.2 An integrated assessment model

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

Refer to page 12 of the discussion paper

Issues that must be addressed in order to ensure effective and equitable Aged Care Service assessments for Aboriginal people include:

- Accessibility of assessment: There is a need to provide ongoing resources for mechanisms which connect vulnerable Aboriginal people with the assessment process ('system navigators'), given evidence indicating that eligible Aboriginal people are less likely to access aged care assessments than eligible members of either culturally and linguistically diverse communities or the general Australian population[ii]. Effective navigation mechanisms can be provided by:
    - Providing ongoing funding to Aboriginal Community Controlled Organisations (ACCOs) that currently provide 'navigation' support for older clients, on an informal, unfunded basis; and/or
    - Expanding programs such as Victoria's Access and Support program which assists vulnerable clients to access aged care services.
- Accuracy of assessment: standardised assessment processes which lack of cultural safety and which fail to account for lack of trust arising from Stolen Generation Policies and intergenerational trauma, impact on the willingness of participants to share information on their health and support needs. This compromises the accuracy of the assessment.

> "(ACCO) 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 e.g the person is unsteady on their feet. The client is not disclosing enough to get what they need or are entitled to, especially if they've had dementia – they may even forget they've had contact"
>
> (ACCO F)

- The following actions are needed to fully address this issue:
    - Review of the National Screening and Assessment Form (NSAF) from a cultural safety perspective – as there was minimal Aboriginal input into the development of this tool.
    - Mandatory cultural safety training for MAC call centre staff and for RAS and ACAT assessors, this training must be substantial and 'place based' – tailored to the cultural protocols of local communities, with the potential for "cultural champions" within assessment teams to receive additional training.
    - Aboriginal retention and recruitment strategies to increase the number of Aboriginal staff employed by MAC, RASs and ACATs and/or
    - Brokering assessment staff from ACCOs who are Aboriginal or who have cultural expertise and/or
    - Within MAC, development of an Aboriginal 'hotline' analogous to that provided by Centrelink
    - Resourcing to enable 'trusted intermediaries' to attend the assessment and provide support to the older person. Individual communities should be consulted to identify the trusted intermediary/intermediaries. In many instances, the trusted intermediary will be an ACCO staff member who has formed a trust relationship with the community and/or individual consumers.
    - Development of robust monitoring to ensure the efficacy of processes which embed cultural safety (e.g. monitoring the percentage of Aboriginal clients who were assessed by an Aboriginal or ACCO assessor)

In the interim, one ACCO provided an example of the process they currently follow to ensure culturally safe assessment for Elders which bypasses MAC entirely:

- The ACCO has established productive working relationships with their local RAS and ACAT
- With the consent of the client, the ACCO liaises with the RAS/ACAT to flag the need for an assessment and submits completed Service Coordination Tool Template (SCTT) form to the assessment agency, providing context and client background and reducing the need for the client to retell their story
- Initiation of the client record, screening and assessment is conducted by the RAS or ACAT, face to face with the Elder
- The Elder is accompanied and supported throughout the assessment process, by an ACCO worker with whom they have an established relationship

There are also additional, more generic modifications to existing assessment processes which would prevent 'special needs' or vulnerable consumers from 'falling through cracks' in the service system, These include:

- Appropriate linkage processes/protocols which enable assessors to connect vulnerable clients to specialist providers
- Monitoring mechanisms to ensure that assessment/re-assessment is timely
- Data modelling and system-wide monitoring of the allocation of packages in relation to population size, geographic allocation of packages and client need (e.g. Aboriginal clients are known to be more likely to have complex health and support needs. This should be reflected in the proportional allocation of level 3 and level 4 aged care packages)

Click here to enter text.

4.3.1 New higher level home care package │ 4.3.2 Changing the current mix of home care packages

Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

Refer to pages 12 – 14 of the discussion paper

VACCHO supports the introduction of a new higher package level or, alternatively, increased funding within the current package levels. As previously noted, Aboriginal people aged over 50 years are more likely to have poorer health than the general population[iii]. The higher incidence of complex and chronic care needs in this group, and the necessity to provide services which meet the varied cultural needs of different Aboriginal communities, can increase the complexity and costs of quality service provision, especially for mainstream providers

VACCHO supports the National Aged Care Alliance in its call for a review of the number, mix and gaps between levels of packages, to be undertaken by the Commonwealth department of Health in collaboration with the aged care sector, including providers who work specifically with special needs groups.

4.4.1 Changing the current mix of individualised and block funding

Question
Which types of services might be best suited to different funding models, and why?

Refer to pages 14 – 15 of the discussion paper

Question
What would be the impact on consumers and providers of moving to more individualised funding?

Refer to pages 14 – 15 of the discussion paper

VACCHO concurs with statements made in the *Future reform – an integrated care at home program to support older Australians* discussion paper that some services to vulnerable consumers, population groups with specific needs and in locations where demand is low are better supported by block funding.

Block funding mechanisms such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NASTIFACP) supports viability and capacity of niche providers servicing small dispersed populations, such as Victoria's Aboriginal communities, even where there is limited potential to develop economies of scale.

It is the right of Aboriginal consumers to choose a community controlled provider of aged care. There is also 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.

In addition, ACCO providers are directly accountable to their communities through elected boards of management and have clear incentives to address the unique cultural and other needs of their communities. In the absence of sustainable service provision by ACCO providers, there are limited commercial incentives for mainstream providers to tailor services to small, dispersed groups of Aboriginal clients with relatively complex care needs in communities where socioeconomic disadvantage is widespread. These communities have culturally distinct needs and may be located in rural, regional and even in metropolitan areas.

Cultural acceptability is an important determinant of Aboriginal people's use of needed services[iv]. Many vulnerable Aboriginal clients choose services provided by ACCOs even if this requires them to by-pass several mainstream service providers in their geographic area.

A move to more individualised funding is intended to increase consumer choice and control, but for Aboriginal consumers may act to reduce the viability of smaller, niche providers and deny them the potential to choose culturally safe aged care from their local ACCO.

For larger ACCOs that can maintain aged care services with marketised funding, a move to activity-based payments still acts to limit the ACCO's capacity to undertake sector development activities that foster working relationships with mainstream services which increase cultural safety for Aboriginal clients

> "Our (ACCO) staff act as (unpaid) educators to mainstream providers, including residential care providers who struggle to provide a culturally safe environment"
>
> (ACCO A)

> (ACCO identifies assessors who appear more culturally sensitive from the local assessment agencies) "have them come to our Elders' support groups so the clients get to know them (before they need an assessment)"
>
> (ACCO E)

ACCO providers also expressed concern over the effect of individualised funding on staff retention and the increased casualisation of their aged care workforce. Development of ongoing trust relationships are vital for maintaining services' engagement with vulnerable clients:

> "Some clients only want to work with one worker (and won't work with anyone else)" (ACCO C)

Question
Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

Click here to enter text.

4.5.1 Refocussing assessment and referral for services

Questions
Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed?
If so, what considerations need to be taken into account with this approach?

Refer to page 16 of the discussion paper

There is strong, widespread support amongst Victorian Aboriginal aged care providers for restorative/reablement intervention preceding assessment for ongoing support. This was considered to be a strengths-based approach to service provision that supports Self-determination by older Aboriginal people and complementary to the Active Service Model (ASM) that has been a feature of Victorian Home and Community Care (HACC) services for a number of years (and is now reflected in the way that CHSP is implemented in Victoria). Elements central to the success of 'preliminary' restorative/reablement interventions include:

- Timely, clinically appropriate accurate assessment of the mental, physical and disability needs of the older person at the beginning of the process and at the conclusion of the process, to evaluate outcomes
- Restorative/reablement interventions must be holistic:
    - Restorative interventions must be culturally safe and address both mental physical needs of the older person
    - Design and delivery of the restorative intervention must address the individual's need in the context of supports provided by family and community – which may be inadequate or absent

Providers noted that restorative care also provides a useful mechanism to identify and scope the range of needs that a consumer may have, should they require ongoing services. Consequently, data generated during the process of monitoring/evaluating outcomes of the episode of restorative care must inform/be integrated into any subsequent assessment for ongoing supports, when these are required by the consumer.

Question
How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

Click here to enter text.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Questions
How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?
For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Refer to pages 16 - 17 of the discussion paper

Victorian ACCO aged care providers promoted the benefits of Victoria's Active Service Model (ASM) in promoting both mental health and independence of older people and noted the ways that they had embedded this in service provision, e.g.:

> "We have Active service model entrenched in Social Support Activities. Elders who can walk, (with the aides like walkers and sticks) walk to a major street to be picked up for activities. On some activities participants take part in making their own food or assist with making of food for others they all really enjoy the time standing around chatting while they create their meal".
>
> (ACCO F)

Providers also noted the need for ongoing monitoring and review and active case management to ensure that services remain responsive, to the needs of vulnerable clients in particular. From an Aboriginal perspective, the development of trust relationships are an integral part of this process. Resourcing an organisation's capacity to provide this is an investment in the long term effectiveness of the service and the capacity of the individual to live independently.

In addition, connection to culture has been demonstrated as a protective factor for the health and wellbeing of Aboriginal people[vvi]. There is a need to expand the evidence base which underpins aged care funding decisions to include evidence on the nature and scope of supports which enhance the capacity of older Aboriginal people to live independently in their communities. At present anecdotal evidence suggests that Aboriginal consumers frequently face opposition from mainstream service providers in relation to supporting cultural activities integral to the older person's social and emotional health and wellbeing (e.g. return to Country).

Research into the cultural, emotional and spiritual needs of older Aboriginal people and how these needs are best addressed should inform policy decisions. An example of work currently being done in this area is the South Australian Health and Medical Research Institute's (SAHMRI) "What keeps you strong?" project which has a focus on the ways that cultural safety can be embedded into provision of aged care services.

Question

How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

As previously noted there has been minimal consultation with Aboriginal communities about their aged care needs or how these could best be met. VACCHO acknowledges the Commonwealth Government's development of a Diversity Framework and associated action plans as basis for ongoing dialogue and activity that will enable Aboriginal people to participate in co-design of future reforms and provide feedback on their effectiveness after implementation has taken place.

ACCO aged care providers identified current features of their service provision that ensure flexibility and effectiveness of care provided to community members. These include:

- Development of relationships with assessment agencies (Regional assessment services [RAS] and Aged Care Assessment Teams [ACAT]) to ensure the individual is supported through assessment process, and assessment outcomes are followed up
- Use of community and cultural knowledge to support holistic assessment of individuals' circumstances and their service responses (e.g. providers' discussed the ways in which they had adjusted fees for CHSP service for clients holding home care packages taking into account family financial circumstances and client social, emotional and physical needs)
- Assertive outreach to ensure that clients receive services ("we don't just knock five times" (ACCO B))
- Client advocacy to assessment agencies and mainstream providers of aged care

Grant based funding currently provided through CHSP and NATSIFACP enables this flexible service provision, which is vital to Aboriginal and other vulnerable special needs population groups.. Activity based/fee-for-service funding models do not support this level of flexibility. The funding model which underpins the proposed integrated Home care model must include block funding to enable these activities, or alternatively, the NATSIFACP could be extended to regional and metropolitan areas.

There is also a need to empower Aboriginal communities' engagement with the aged care system. This will require, but is not limited to:

- Use of existing communication channels and culturally appropriate mechanisms to provide information to communities and their representative organisations on proposed reforms, consumer rights, and navigation of the aged care system
- Development of advocacy capacity within communities and their representative organisations
- Culturally safe support for individuals and families in accessing and navigating the aged care system

- Click here to enter text.

4.6.2 Accessing services under different programs

Question

Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Refer to page 17 of the discussion paper

Click here to enter text.

Questions

Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

Refer to page 17 of the discussion paper

ACCOs that responded to this question commented on the extreme shortage of high level packages and indicated that access to CHSP support is a practical necessity to meet the assessed needs of individuals with complex health issues, whose current low level package provides insufficient resources to meet their service needs. They did not suggest a need to define criteria for this group of consumers to access CHSP services but did note that they are not automatically notified when a client who is accessing/seeking to access CHSP supports is also concurrently receiving supports funded from a home care package. This communication issue needs to be addressed, because it is both a potential drain on CHSP resources and a potential source of service duplications.

4.8.1 Supporting specific population groups

Question

How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

Refer to page 19 of the discussion paper

A range of factors that will enable more equitable access and service outcomes for Aboriginal people have been discussed in depth previously in this submission. These include:

- Mechanisms to support the individual to engage with the assessment process (e.g. resource support for 'system navigation' provided by ACCOs; expansion of Victoria's Access and Support program)
- Increased cultural safety of the assessment process (more Aboriginal assessors, mandatory cultural safety training)

- Maintenance of block funding to support the viability of niche providers of aged care services, such as ACCOs. This could include the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). NATSIFACP funds providers, located in predominantly rural and remote areas, to deliver a mix of residential and home care services in accordance with the needs of the community. This enables Government to address difficulties associated with servicing 'thin markets' in remote areas. Limiting NATSIFACP to rural and remote areas fails to take into account that 'thin markets' also exist for culturally distinct, small dispersed and/or socioeconomically disadvantaged communities in regional and metropolitan areas, as mentioned in sections 4.4.1 and 4.6.1

Additional measures which would enable equitable provision of services to Aboriginal people include:

- Investment in the viability of specialist services - including ACCO business systems (ITC and human resource capacity), where CDC models have already been introduced. CDC and other individual entitlement schemes increase the administrative burden on service providers. Niche providers of Aboriginal aged care may not have the ITC systems to manage this impost effectively, nor the human resources to deal with the administrative burden, where ITC is deficient.
- Investment in the capacity of 'trusted intermediaries' (which is likely to include but may not be limited to ACCO staff) to link the consumer with services at the completion of assessment, so that no one 'falls through the gaps' in service systems. Access to support of the trusted intermediary may be episodic, but must not be time-limited. At present, ACCOs provide navigation and advocacy support to older community members on a predominantly unfunded basis. This includes but is not limited to:
    - Support during the assessment process;
    - Advice and assistance to mainstream providers to increase the cultural safety of their services
    - Advocacy to mainstream service providers on behalf of clients (e.g. querying invoices, contacting case managers)

  This funding must also be suffient to enable full geographic coverage within each state/territory jurisdiction. For example, Victoria's highly effective Access and Support program funds workers who provide culturally specific support to a range of vulnerable populations. Aboriginal Access and Support workers are not evenly distributed across Victoria. Workers report being contacted by Aboriginal community members from outside their region and responding to the cultural imperative to meet the needs of the older person.

  > "I can't report those hours but I'm going to do that work because they're my Elder"
  >
  > (ACCO B)

  This also creates a distorted picture of need as there is no mechanism to formally record underservicing in areas that do not have an Aboriginal Access and Support worker, and the full extent of work undertaken by the worker goes unrecognised

- Investment in culturally appropriate communications and ongoing dialogue, to empower communities and individual consumers to participate in co-design processes and to exercise informed choice in relation to aged care services
- Continuation of investment in sector support and networking which enables effective advocacy at both the individual and systems levels
- Provsion of resources to support ongoing participation of Aboriginal communities and community-controlled organisations in the co-design of aged care systems and processes
- Investment in data modelling, and monitoring of service data and development of robust governance mechanisms for data analsys. This will enable equity of both access and service outcomes for Aboriginal people (as outlined in section 4.2 of this submission); This must include analysis of data generated by MAC, but should also include additional data sources e.g. Aged Care Complaints Commission, Assessment agencies as well as Aboriginal

communities and ACCO aged care providers willing to collaborate in the data collection and monitoring process as 'sentinel sites'
- Development and trialling of 'Safety net' provisions for vulnerable consumers.

4.8.2 Supporting informed choice for consumers who may require additional support

Question
What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

Refer to page 19 of the discussion paper

As previously noted, there is a need for:

- Invest in the capacity of 'trusted intermediaries' (which will include but may not be limited to ACCO staff) to link the consumer with services at the completion of assessment, so that no one 'falls through the gaps' in service systems
- Invest in culturally appropriate communications and ongoing dialogue, to empower communities and individual consumers to exercise informed choice

4.10 Other suggestions for reform

Question
Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

Refer to page 20 of the discussion paper

Prospective changes to care at home services, and those implemented before 2017 represent a paradigm shift for providers, particularly small specialist providers. "Future reform – an integrated care at home program to support older Australians" discussion paper does not address issues related to systemic advocacy, coherence of the service environment or sector development, which are necessary to ensure that:

- All consumers can access exercise choice over a broad range of service types, even those consumers with complex need and those who experience socioeconomic disadvantage or tyranny of distance
- Vulnerable consumers don't 'fall through cracks' in the service system

Consequently VACCHO recommends the Commonwealth:

- Collaborate with the service sector in the co-design of sector support and change management mechanisms.
- Continue investment in sector support activities which enable ongoing systems advocacy

Also, as previously noted, these aged care reforms move service provision towards a market based consumer driven system. The need for, and role of a safety net to ensure equitable service provision to vulnerable consumers has often been mentioned, but has yet to be articulated. The following must occur as a matter of priority:

- the development and implementation of this safety net;
- development of a mechanism to monitor equitable access by and service provision to vulnerable consumers.

Section 5. Major structural reform

5.2 What would be needed to give effect to these structural reforms?

Question
Are there other structural reforms that could be pursued in the longer-term?

Refer to page 21 of the discussion paper

Click here to enter text.

Section 6. Broader aged care reform

6.1.1 Informal carers

Question
How might we better recognise and support informal carers of older people through future care at home reforms?

Refer to page 22 of the discussion paper

There is a need to improve the accessibility of existing carer services for Aboriginal people. This can be achieved by:

- Implementation of Aboriginal employment and staff retention strategies within Commonwealth funded agencies such as Carelink centres
- Partnering arrangements between Commonwealth funded agencies and ACCOs

Better access to (culturally appropriate) advocacy services and home visiting services have also been suggested by ACCO service providers as necessary supports for informal carers.

Anecdotal evidence suggests that informal care relationships in Aboriginal communities are extremely complex, and it is not uncommon to find an older person who is the recipient of Government funded aged care supports themselves providing informal care to an elderly partner, adult children with mental health or substance abuse issues and/or grandchildren, including grandchildren with a disability.

> "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 (give) payments (for aged care services). They have other priorities, like feeding the grandkids"
>
> (ACCO A)

There is a cultural imperative for older Aboriginal people to place the needs of family ahead of their own individual needs. One of the foci of the current aged care reforms is to ensure that "consumers contribute(ing) to the cost of their care where they can afford to do so"[vii]. In the context of Aboriginal culture, older people first met the needs of their families and can only afford to pay for the cost of care if they have funds to spare after family needs are met. The dual roles played by older Aboriginal people who are both recipients of aged care supports and providers of informal care must be recognised and identified during the assessment process. Given the enduring impact of Stolen Generation Policies, this is likely to require the involvement of a culturally safe, 'trusted intermediary'.

VACCHO also recommends that the Commonwealth undertake broad-based research into the impact of complex informal care relationships in Aboriginal communities which includes but is not limited to:

- Delivery of aged care supports (e.g. delivery of planned activity groups or transport for Elders who have informal responsibility for grandchildren)
- Interface between service systems, including service systems at different levels of government (e.g. Commonwealth Aged care and State-bsed foster care)
- Impact of informal care relationships on elder abuse and/or self neglect by the older person

6.1.2 Technology and innovation

Question
How can we best encourage innovation and technology in supporting older Australians to remain living at home?

Refer to page 22 of the discussion paper

Click here to enter text.

Question
What are the existing barriers, and how could they be overcome?

Refer to page 22 of the discussion paper

Click here to enter text.

6.1.3 Rural and Remote areas

Question
How can we address the unique challenges associated with service delivery in rural and remote areas?

Refer to page 22 of the discussion paper

VACCHO supports the allocation of block grant funding to rural providers and other providers operating in thin markets, as previously indicated in this submission.

In recognition of the higher costs of service provision in rural and remote areas, rural ACCO providers indicated a particular need for:

- Higher unit prices on delivered meals
- Increase in the Viability supplement
- Adequate/increased fuel subsidies and transport subsidies, and more specifically
- Increased funding to cover the higher cost of client transport

VACCHO supports the need for a 'cost of care' study to scope the cost of care in regional rural and remote areas, and consequent adjustment in subsidies and supplements in accordance with evidence produced by this research.

Question
What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

Click here to enter text.

6.1.4 Regulation

Question
How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

Refer to page 23 of the discussion paper

In our submission to the Commonwealth on the Draft Aged Care Quality Standards-consultation paper (April 2017), VACCHO strongly advocated for a 'Recognition of Prior Accreditation' process. This should particularly apply to 'organisational standards' across the aged care, health and disability sectors. Many Victorian ACCOs have a cooperative structure and offer a range of different health and community service types, accredited against a range of different service frameworks. Consequently, Victorian ACCOs are 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 the proposed single aged care quality standards). This creates significant unnecessary administrative burden on Victorian ACCOs.

6.1.5 Aged care and health systems

Question
What are some examples of current gaps or duplication across the aged care and health systems, and how could these be addressed?

Refer to page 23 of the discussion paper

VACCHO's Member ACCOs are predominantly co operative in structure and offer a range of services to their local communities, Services vary across the membership but will often include primary health care, aged care, housing, and disability services. This structure lends itself to the provision of 'wrap around' services which have the capacity to address gaps in the aged care and health systems. This model also serves to highlight the lack of interface between health and aged care at the systems level and need for coordination across systems:

> "a person receiving aged care services can be in a terrible state of health but (creation of) links to health care relies on the health system. Care workers deliver aged care and aren't necessarily linked to providing aged care"
>
> (ACCO E)

ACCO aged care providers also noted particular gaps in relation to:

- Transition care: Transition care is not sufficiently flexible to address changes in the level of the older person's support needs, whilst post acute hospital care fails to address personal care issues such as medication management. Post acute care should be aligned with restorative care funded by the Aged care service system to address this gap.
- Hospital Discharge planning and aged care assessment/re-assessment: where hospitals discharge an individual without assessment of their support needs, review organised by MAC may take up to two weeks to occur, and some aged care assessment agencies will not conduct assessments for clients whilst they are in hospital.
- Mental health service provision for older clients receiving aged care services
- Disjointed/multiple funding sources for client transport (e.g transport funding can also be accessed through Primary Health Network Integrated Team Care funding)

These difficulties are amplified by differences between State health systems for consumers who live in border areas (e.g. Albury and Wodonga).

There is also a need to explore the development of links between client data records in the health and aged care systems respectively.

Any further comments?

Other comments

Do you have any general comments or feedback?

Question 6.1.5 focusses on gaps between the health and aged care service systems, but does not ask for information about gaps within the aged care service system itself. ACCO participants in this consultation process flagged the following as issues in need of attention:

- Barriers to respite care for socioeconomically disadvantaged people currently receiving supports funded by a home care package: consumers are not permitted to fund their respite care from their package but may not be able to afford both the cost of their rent and their respite care simultaneously
- Consistent and timely access to home modification
- Timely access to mobility aids and equipment for consumers accessing support from CHSP

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