

Aboriginal and Torres Strait Islander Long Term Care Submission

Productivity Commission Inquiry into the Care of Older Australians

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Photographs from Positive Image Series IV Taken by: Lynton Crabb
People in photos are from: Yarrabah Aboriginal Community; residents of Yarrabah Aged
Person Hostel, and Fred Leftwich Rest Home

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QATSIACN members:- James Canuto, Elizabeth Warren, Anna Harrington, and Paul Johnson

This submission draws on international perspectives on Long Term Care (LTC) in developing countries, and aims to provide a practical framework and **shared understanding** of current and future issues for Aboriginal and Torres Strait Islander populations using a holistic, all of life approach to successful ageing.

Special consideration is given within the Aged Care Act and Regulations due to viability issues, geographic location and dispersion, income profile, and diversity of Aboriginal and Torres Strait Islander cultures and populations. Aboriginal and Torres Strait Islander cultures are different to mainstream Australian culture.

However, these special considerations are not translated effectively through government policy and processes, despite the introduction of Remote and Indigenous Service Support (RISS), "Closing the Gap" budget initiatives, Indigenous Economic Development Strategy, and Indigenous Remote Service Delivery (IRSD) Traineeships in Aged and Primary Health Care Services.

The existing funding, acquittal process and quality monitoring requires Aboriginal and Torres Strait Islander aged care service providers to already demonstrate capacity despite operating with populations and communities that have limited resources and poor outcomes across most areas, such as economic, workforce, education, social, cultural and health.

There are many Aboriginal and Torres Strait Islander communities that currently do not have their long term care identified or met.

Aboriginal and Torres Strait Islander aged care services have nearly 100% concessional occupancy leaving no opportunity to generate interest, or profits for future funds or venture capital to maintain buildings or equipment.

As evidenced through industry practice Aboriginal and Torres Strait Islander aged care services provide cultural safety, holistic person centred care, in a home like environment that is an integral part of the local community. Personnel are resilient, friendly, dynamic, and creative some times operating on minimal budgets with simple equipment to meet demanding care ratios.

A widely utilised strength of Aboriginal and Torres Strait Islander aged care services is, families and informal carers, are often employed by services. This wage compliments their centrelink entitlements so they can have adequate income, whilst still participating in the workforce. These family members and informal carers are provided with training and other work environment systems such as, workplace health and safety, and infection control information. Some of these family and informal carers re-enter the workforce on a full-basis because of this employment opportunity, it eases the transition back to work.

There is already much evidence of what is working well and could be enhanced. Some of the previous and current evidence includes: previous pilot position of Training and Resource Officer for Indigenous Aged Care Services (TROIACS); established networks; innovative programs such as, "The Troopy" Respite Program; and research projects such as: Kimberley Indigenous Cognitive Assessment (KICA) trial and validation throughout Australia; Queensland Institute of Medical Research Indigenous Dementia Research; and Prince of Wales Medical Research Institute - Koori Growing Old Well Study.



Funding, Planning, and Support

Aboriginal and Torres Strait Islander aged care services receiving direct commonwealth funding have limited service support, specifically on-site. Home and Community Care (HACC) funded Aboriginal and Torres Strait Islander service receive systemic support and advocacy opportunities on an on-going basis through local, regional and national networks funded by state and commonwealth funding agreements, such as National Aboriginal and Torres Strait Islander HACC Reference Group, and State/Territory disability service planning meetings.

Another effective method of budget analysis, growth funding and demographic analysis is through minimal data set collection which occurs through HACC networks in a considerate consultation process as opposed to a competitive funding round such as Aged Care Approval Round (ACAR) for direct commonwealth funded services.

HACC funding still requires best value for money justification through contractor/service acquittal, and application process for further/replacement capital, growth funding for extra service provision or additional allocations.

Despite these differences in funding application processes most services access multiple funding sources, some services access as many as five different funds, for example, Aged Care Funding Instrument (ACFI) residential monthly acquittal; ACAR further allocation or capital funding; HACC Minimum Data Set and growth/capital funding; state disability funding; traineeship funding, and more.

Other Aboriginal and Torres Strait Islander flexible funded services have minimally negotiated agreements and recurrent operational budgets. Previous to RISS there was no opportunity to access capital funding.

Multi purpose services are at risk of being institutional or too clinical because of workloads in an acute setting, building design or personnel not having long term care work experience/background. Another risk factor for multi purpose services not being culturally safe nor meeting care recipients holistic care needs is their management systems are operated by state government departments which reduces empowering opportunities for their local community.

For stand alone, not-for-profit services the workload of several different acquittal processes is ineffective financially, and for personnel time management. Other quality assurance processes place additional strain on operational practice, negating the original intent of the quality cycle, that is, sustainable in-house improvement. This overwhelming workload can lead to management burn out, high staff turn over, decreased job satisfaction, which may impact of care recipients' care.

The methods of quality reporting, monitoring and outcome development are too narrow in their focus, and very reactive. In order for a more effective quality assurance process, there needs to ongoing proactive support in line with the reality of poor outcomes across Aboriginal and Torres Strait Islander communities.

Quality funding outcomes should be developed in line with holistic, sustainable community development and other key government strategies such as "Closing the Gap". Then ongoing regular support should be provided to assist in meeting these outcomes.

Ongoing regular strategic and operational management support is key to maintaining quality care for care recipients; improving viability; and

sustainability of long term care services for Aboriginal and Torres Strait Islander populations.

There are also service delivery areas which are currently unfunded such as: cultural liaison services; language interpretation; social or welfare services; and other extra services. Operational managers often need to translate Western management systems to suit local communities with out assistance and are developing creative means of service delivery in isolation without regular support. Nor is this good evidence base of "what works" or better practice models captured and shared amongst networks effectively or through academic peer-reviewed research.

Developing positions which provide regular ongoing support for strategic and operational management offers a career pathway and also ensures corporate knowledge of effective management systems is not lost in case of management turn over. Providing regular ongoing support is an intermediate measure as local sustainability improves.

Revenue Raising

Due to time spent on acquitting several different funding allocations, time poor management are struggling to adequately source value adding projects or revenue raising opportunities.

Identification and long term plans for revenue raising is part of a business plan model which includes holistic sustainable community development.

Some examples may be: using a fully equipped kitchen which is purpose built for residential/community care to brokerage meals to school tuck shops; or corporate sponsored training, and/or equipment provided on-site, such as peritoneal dialysis machines and training, or urinalysis education posters; resources/strengths being identified; or small grants applications.

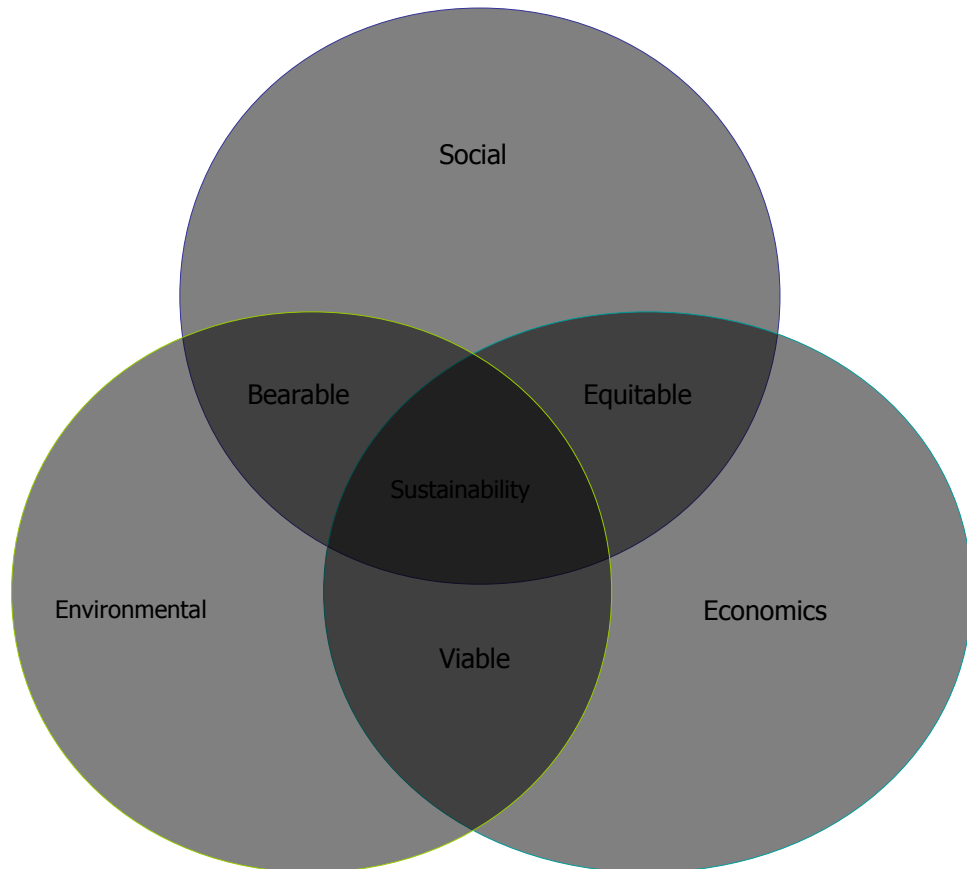
Currently corporate organisations do minimal visits to Aboriginal and Torres Strait Islander aged care service in rural and remote areas, urban centres have greater access to training or promotional materials. Even in urban centres, Aboriginal and Torres Strait Islander aged care services have less contact with corporate organisation and resource material is not culturally safe.

If state/territory health services have corporate organisations on large contracts as preferred suppliers they could stipulate a social responsibility indicator within their agreement: To provide some Aboriginal and Torres Strait Islander culturally safe health promotional material or training.

Another revenue raising opportunity is supporting intergenerational contact and providing opportunities



Ecological Economics



for care recipients to spend time with children. There are many other possible opportunities across all outcomes.

Previous financial benchmarks and unit cost analysis were based upon numbers out of context of social determinants and environment/Land/Country, where the aim was viability. Future funding, resource allocation, policy direction, outcomes and investment should be based on **ecological economics. To assist Aboriginal and Torres Strait Islander communities to be sustainable.**

Consultation and Informed Choice

Localised strategic and operational planning solutions should provide information and discussion about different long term models of care, better practice options, current outcomes (strengths and weakness), funding sources and policy, projected demographic trends, epidemiological transition, macro-societal transitions, economic development using ecological economics, fiscal explanation, in the context of mainstream industry trends.

The consultation should happen in simple language for local networks to ensure local stakeholders can make informed choices and decisions. Local networks already know their issues and methods they are currently using, so should be the key point for consultation.

Long term care as defined by World Health Organisation refers to the provision of services for persons of all ages who have long-term functional dependency. But for Aboriginal and Torres Strait Islander populations this definition should be changed to include a common cultural belief, **local long term care solutions** means a holistic, all of life approach to successful ageing which ensures functional interdependency. We need to work together.

Local long term care solutions could use current government departments and agencies, better practice solutions from existing government strategies, existing Aboriginal and Torres Strait Islander Networks, and other research.

Aboriginal and Torres Strait Islander Networks, include but not limited to: Queensland Aboriginal and Torres Strait Islander Aged Care Network (QATSIACN) – Aged Care Queensland Incorporated (ACQI); New South Wales Aboriginal Community Care Gathering Group; other state Aboriginal and Torres Strait Islander Aged Care Networks; National Aboriginal and Torres Strait Islander Dementia Advisory Group (NATSIDAG) - Alzheimer's Australia; Aboriginal and Torres Strait Islander Ageing Committee – Australian Association of Gerontology (AAG); National Aboriginal and Torres Strait Islander HACC Reference Group; Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN); State Government Aboriginal and Torres Strait Islander Older Person Representatives; National Congress of First Peoples; The National Institute of Contemporary Medicine (NICM) and more.

Holistic Long Term Care involves:

- Primary health that focuses on successful ageing especially chronic disease management (including dementia) using multigenerational strategies;
- In-home community aged care services;
- Centre based community aged care services;
- Respite (in home, centre based, residential, and short trips);
- Residential long term care services (transitional, rehabilitation, ongoing care provision, dementia, and palliative care)
- Local council infrastructure planning or town planning (for example, environmental, land care, energy use, mobility access, human resource management, transport locally and regionally, and workplace health and safety)
- Sustainable adaptable housing for multigenerational living which takes into account changing care needs.

Some Key Areas

Cultural Perspectives (Making Families and Communities Strong)

- Current focus due to funding arrangements is on individual care recipients. Care and service delivery plans are developed and implemented based on this, however due to poor outcomes for both care recipients, staff, operational management and strategic management, service models need to include outcomes that will help develop functional interdependence. Interdependence is not only about individual care recipients but the care recipients within their communities and Country/Land. For Aboriginal and Torres Strait Islander communities this is difficult due to funding constraints and poor outcomes, interdependence may be dysfunctional. Adding to this, operational managers and staff are not being given support or systems from specialists such as: mental health measures within human resource management for isolated practice; access to training about holistic community development; or sociology paradigms of functional interdependence despite them implementing creative solutions instinctively. Personnel are providing solutions in an adhoc manner with minimal assistance, or evidence base but to ensure sustainability personnel with this exceptional skill base should not be overlooked and undervalued. Networking opportunities and peer support needs to be provided in an ongoing manner to avoid isolated practice. Peer support includes, validated research, access to Aboriginal and Torres Strait Islander better practice information.
- Long term care is an invaluable area of service provision for holistic, sustainable community development for its economic, workforce contributions but mainly for its cultural and social importance. Older people and people with disabilities add to the communities' humanistic qualities such as: showing patience; caring; sharing; intergenerational knowledge transfer; culture and wisdom past down from generations; and an accountability measure. If Aboriginal and Torres Strait Islander care provision is within mainstream services, cultural safety is not guaranteed due to dominate cultural practices overtaking care recipient preferences. This is detrimental to individuals, especially for those with dementia or palliative care concerns, but it is also detrimental to Aboriginal and Torres Strait Islander greater community. Continued possible degeneration of traditional Aboriginal and Torres Strait Islander culture may result in further macro-societal transitions.
- More efficient discharge planning from acute service will reduce the strain on existing acute services, follow up, discharge planning that interfaces with local and regional acute services especially for



chronically ill patients with longer recovery times. Being back in communities aids recovery, when patients are in a more culturally safe environment that can cater better for personhood outside clinical environments. If long term care services have greater scope (transitional, and rehabilitation) there are more opportunities for career pathways and development and opportunities to draw personnel.

- More care recipients accessing services will improve viability through bulk purchasing arrangements with contractors and reduce unit costs for service provision.
- Improving access and recognition of traditional medicine, such as healing centres, and local bush herbal remedies. Revitalization movements are drawing on traditional medical knowledge to develop integrated modern and traditional health care projects. In some instances modern medical workers return to their communities and learn traditional ways, incorporating these into current practice. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals.
- Continue strengthening support and recognition of family and informal carers through service delivery plans, policies and procedures/processes.
- Further recognition of caring and raising of grandchildren.

Transport

- Locally most aged care services provide transport however, these are limited to work times and service delivery plans. Access to public transport within communities may need to be considered further.
- Capital purchases funding guidelines need to consider geographic location and multi-purpose scope of service provision. Given the additional costs of vehicles which may travel on unsealed roads, and be purpose built for wheel chair access or for people with decreased mobility and ensuring safety belts and seats for young disabled, sometimes funding applications are rejected because of the high costs of fitting out vehicles to meet these considerations.
- When people with poor mobility or wheel chair bound need to travel by boat or plane, at times there is no equipment or lifting devices. Better local town planning with commercial services is necessary.
- Travelling to meet health needs is always first priority given the current funding model, however care recipients may have other preferences that enhance their personhood and humanity, such as maintaining their role relationships, spirituality, and connection to Country.

Workforce

- Planning for current and future workforce assistance to set up traineeships and career days with high schools, and tertiary institutions or registered training organisations.
- Upskilling and ongoing, support for workforce to meet care recipients care needs, epidemiological trends, and scope of service provision.
- Career development/pathways, and position development based on time motion scoping, epidemiological trends, and scope of service provision using business development models that are in line with holistic, sustainable community development and **local long term care solutions**. Workload should consider job satisfaction to ensure recruitment and retention of workforce, that is reduced stress, burn out, and not increase already demanding workloads.
- The importance of support services is often overlooked by the clinical model of long term care provision – for example: gardener and maintenance personnel can offer simple environmental control options for reducing dust, and climate cooling, as well as being great opportunities for social interaction with care recipients while doing preventative maintenance on capital and equipment, sustainable and more efficient use of money based on ecological economics.



Building, and Equipment Infrastructure

- Due to climatic differences across Australia often depreciation rates are different without adequate climatic control for example, electronic equipment are at greater risk of failing in dusty areas with no sealed roads or computer functioning in rooms with poor ventilation or no airconditioning.
- Preventative maintenance measures are costly and are not properly considered within funding arrangements due to geographic location, climatic conditions, and may be retrofitted due to certification requirements.

Recommendations:

- Consult with Aboriginal and Torres Strait Islander Communities at a local level to develop 5 – 10 year successful ageing plans. These **localised long term care solutions** will improve viability through effective, flexible strategic and operational planning. These long term solutions should be funded and acquitted against outcomes (based on

local community needs) and accounting principals, one local streamlined process.

- One size does not fit all
- Provide regular and ongoing, strategic and operational, training and support to implement **localised long term care solutions** in Aboriginal and Torres Strait Islander communities using an empowerment model of informed consultation.
- Use the data available to analyse chronic disease levels, hospital separation, age, geography, service mapping, talking with traditional owners, service recipients, local health workers, aged care coordinators/managers, council members, and acute service providers to discuss current outcomes and future demographic trends for both care recipients, workforce, infrastructure and environmental/land care resources (such as, solar energy, chemical use) as a basis for developing **localised long term care solutions**.
- Outcomes are dependant upon community preferences to meet holistic, sustainable community development, but may include: care recipient satisfaction; access and uptake of service; workforce development (including choosing work hours to suit local climate, child care services, cultural obligations); social – role relationships; environment/land care; spirituality; and culture.
- Provide networking opportunities to discuss development of outcomes, share better practice, or present research. For example, site visits; regional workshops; advocacy bodies, e-mentoring; or funding Australian Indigenous Health Infonet to act as clearinghouse for Aboriginal and Torres Strait Islander Ageing Research and Information.

The premise of social determinants is the interface between institutions and the communities they serve.



Additional Comments

Having read through the submission I can't help but agree with a lot what is said about basically the report states that the current aged care system we are part of, is overloaded, resource poor, slow and cumbersome and with little client focus and clearly intent on managing the program/project.

This approach only adds to our people's dependence on others, page 5 mentions that our people culturally already know how to look after our aged but we have given this role to agencies who in turn are subject to the above, managing risk and not client service.

If we want to give greater care to our aged, we need to revisit our former cultural obligations to the aged at community level and fully utilise CDEP and train CDEP workers to be aged care workers as part of their participation agreement with Centre Link.

In doing so we increase the number of people required and we can have as many workers as community require, reduce the need for non Aboriginal people in our communities and slow ineffective agencies and we manage our own health and wellbeing our cultural obligation and role we used to play. Lester Coyne

Simple, clear solutions which if supported with a long term view are necessary for holistic sustainable community development, the key is functional interdependence/outcomes for programs. But these should be developed by the local traditional owners, key community members and other stakeholders (like youth leaders). For example, linking outcomes between local service providers, local nursery to supply produce and plants to aged care service.

Current focus is on viability in the financial marketplace of growth economy, our population basis is stable, so the economy should reflect a sustainable goal and be based on sustainable concepts for long term outlook, projections, and outcomes. The current myth is that small, rural and remote community are non-viable, this is the opposite, some goods do need to be bought or outsourced, but there is potential for much saving with long-term investment in workforce training, and other infrastructure such as, management systems and material infrastructure (material infrastructure that will depreciate, savings in other areas should cover the costs of depreciation over time). Freight and transport being the largest cost for basic products which could be made or produced on-site.

For long term care services, which provide, food, shelter, and other basic needs, better localised solutions are needed to develop workforce; and infrastructure/organisation support. Food and energy are the two largest expenses for long term care, apart from personnel/wages component. Some localised solutions may include better utilisation of game produce to reduce the largest expense for long term care, food. Solar/wind turbine installed and maintained locally will reduce energy cost. The cost saving could then be reinvested into personnel training, recruitment and retention as well as investment capital infrastructure. The capital infrastructure costs also need to be reconsidered, local resources/building materials, such as clay, water, and wood using thermal mass to reduce air-conditioning costs in arid/extreme conditions, we are using a false economy again. Should be teaching young builders about new technical sustainable building materials, and building practices. This is often a cheaper building process given the ratio of building in remote communities to metropolitan areas, due to freight costs and outsourced building material and inefficient building design for climate the original cost is over 6 times more expensive than metropolitan buildings as well as being an on-going

high maintenance expense (if building material needs to be replaced, and air-conditioning/electronic temperature control installed).

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