



Australian Government

**Department of Families, Housing,
Community Services and Indigenous Affairs**

**Submission to
The Productivity Commission Inquiry
Caring for Older Australians**

**From the Office of Indigenous Policy Coordination,
Department of Families, Housing, Community Services and
Indigenous Affairs**

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1. Introduction

The Office of Indigenous Policy Coordination welcomes the Productivity Commission's Draft Inquiry Report, *Caring for Older Australians*. Our submission in response to the Draft Report addresses the aged care needs of Indigenous Australians, the Indigenous aged care sector, key issues facing Indigenous workforce development, and further research findings on Indigenous mobility and migration. The material provided below may be useful in the finalisation of the report.

Firstly we would like to strongly emphasise the high level of need for specialised aged care services for Indigenous Australians in Remote Australia. This issue not only affects the clients but also the providers, who face problems with attracting and maintaining an appropriately skilled and experienced workforce, and issues managing the infrastructure where mainstream funding models are not effective due to economies of scale.

We support the findings of the Draft Report that address the current and future needs of Indigenous aged care, specifically:

- The care needs of older Aboriginal and Torres Strait Islander peoples are substantially higher than those of older non-indigenous Australians.
- Challenges relating to cultural appropriateness, geographical isolation, English language proficiency, and greater needs for assistance confront providers delivering care services to many Indigenous people.
- Australia's older Indigenous population is projected to grow more rapidly than Australia's total older population.

We also support the Draft recommendations from Chapter 9:

Draft Recommendation 9.1

The proposed Australian Seniors Gateway Agency (draft recommendation 8.1) should cater for diversity by:

- ensuring all older people have access to information and assessment services
- providing interpreter services to convey information to older people and their carers, to enable them to make informed choices
- ensuring that diagnostic tools are culturally appropriate for the assessment of care needs.

Draft Recommendation 9.2

The proposed Australian Aged Care Regulation Commission (draft recommendation 12.1), in transparently recommending the scheduled set of prices for care services, should take into account costs associated with catering for diversity, including:

- providing ongoing and comprehensive interpreter services (either within facilities or through telephone translators) for clients from non-English speaking backgrounds
- ensuring staff can undertake professional development activities which increase their cultural awareness.

Draft Recommendation 9.3

The Australian Government should ensure that remote and Indigenous aged care services be actively supported before remedial intervention is required. This support would include but not be limited to:

- the construction, replacement and maintenance of appropriate building stock meeting quality standards for service delivery

- clinical and managerial staff development, including locally delivered programs and enhanced use of technology assisted training
- funding models that are aimed at ensuring service sustainability and that recognise the need for the building of local capacity to staff and manage such services over time.

The Office of Indigenous Policy Coordination suggests that the Productivity Commission's Inquiry should consider in its final report:

- The current situation in the Indigenous aged care sector. While there have been numerous services established, services in remote Australia require more assistance to maintain their infrastructure and skilled workforce.
- Indigenous population projections should allow for Indigenous mobility patterns as outlined in the research conducted by the Centre for Aboriginal Economic Policy Research (CAEPR).
- The Indigenous labour force in rural and remote Australia is increasing, and that this increase represents a significant opportunity to train Indigenous aged care workers, and ultimately raise the standard and level of Indigenous aged care services in rural and remote Australia.

2. The Indigenous Aged Care Sector

Nationally, there are:

- 29 Aboriginal and Torres Strait Islander Flexible Aged Care services
- Approximately 30 residential aged care facilities with a majority of Indigenous clients
- Approximately 300 Indigenous-specific Home and Community Care (HACC) services.

Within these 300 services, an estimated three-quarters (74%) of the workforce are Aboriginal and/or Torres Strait Islander. In addition, at least 1% of the workforce in mainstream HACC services are Aboriginal and/or Torres Strait Islander. Almost half (48%) of Indigenous-specific services are in remote areas, 34% are in rural areas and 18% are in metropolitan areas. This is in contrast to mainstream HACC services, 61% of which are in major cities and a further 24% are in inner regional areas¹.

The Aboriginal and Torres Strait Islander Aged Care Workforce

A National Institute of Labour Studies (NILS) survey estimated that Aboriginal and/or Torres Strait people make up 1-2% of 207,381 direct care workers in aged care. NILS also reported that 2.3% of staff in a random sample of community services identified as Aboriginal and/or Torres Strait Islander. This would suggest that the size of the Aboriginal and Torres Strait aged care workforce is somewhere between 2,000 and up to 4,000 people.

In comparison, the number of Indigenous people working in the health sector outside of aged care is approximately 4,900. Depending on the actual numbers the Indigenous aged care workforce represents between 29% and 44% of the broader Indigenous and aged care workforce. Additionally, of the 1,300 plus Indigenous nurses in the health sector, over 20% of these nurses work in aged care. Therefore, aged care makes up a significant proportion of the Indigenous health sector workforce overall. This makes it even more important to focus on strategies to ensure staff have the necessary support to develop relevant skills.

¹ HACC MDS Bulletin 2008-09 – **Note that the distribution of services is based on client numbers.**

3. Caring for Older Indigenous Australians

There are an estimated 65,000 Aboriginal and Torres Strait Islander people over the age of 50. This represents the target group who are eligible to access aged care if a support service is needed.

Older Indigenous Australians today are more likely to require a higher level of care at a younger age, compared to the non-Indigenous population, due to higher rates of chronic diseases such as respiratory and cardiovascular disease, diabetes, and early-onset dementia. Social and emotional factors also impact on overall health outcomes of older Indigenous Australians.

With the appropriate training, aged care workers are well placed to improve chronic disease management of care recipients, through facilitating access to health services such as the 50+ Indigenous health check, to enable better chronic disease management and follow-up care.

Statistics suggest the workforce in Indigenous-specific HACC services has significantly lower skill levels in aged care than the mainstream workforce. Additionally, scoping of Indigenous community aged care services in the Northern Territory has demonstrated that the workforce lacks core skills in personal care, first aid, assisting clients with self medication, basic client assessment and referral, mental health, alcohol and other drugs, and advocacy.

To provide care that adequately meets the complex needs of Aboriginal and Torres Strait Islander care recipients, both on a physical, social and emotional level, there is a critical need to build and support a highly skilled and culturally competent workforce.

4. Workforce Development

Since 2007, the Department of Health and Ageing has undertaken research and consultation with the Aboriginal and Torres Strait aged care sector to identify the key issues faced by this workforce. A number of forums for the sector have been held over the last four years, including:

- the Aboriginal and Torres Strait Islander HACC and Community Care Urban Workshop, Adelaide, 2008;
- the Northern Territory Aboriginal and Torres Strait Islander workforce development workshop, February, 2009;
- Workshops for Northern Territory Aged Care Coordinators in Darwin and Alice Springs, May - June 2010.

Through this time, the National Aboriginal and Torres Strait HACC Reference Group have also been a key consultation point.

The first barrier to attaining a qualification is access to training. The majority of the workforce is located in regional and remote areas², therefore sending staff to training courses in metropolitan areas may not be possible if there is a lack of funds and staff to back-fill positions in small services.

² Gevers Goddard Jones (2007) *Mapping of the National Aboriginal and Torres Strait Islander HACC Workforce*.

The training needs of Indigenous workers are another factor. Recent Vocational and Educational Training sector research demonstrates that many Indigenous learners, especially those in remote locations, take longer periods of time to complete training than non-Indigenous learners. Research has also found that while high rates of Indigenous people participate in Vocational and Educational Training, completion rates are relatively low³.

Moreover, aged care training for this workforce must address literacy and numeracy needs. Geographical, seasonal and cultural factors all influence the training outcomes and overall career progression of Indigenous workers to a greater extent than the non-Indigenous workforce.

5. Indigenous Workforce Development

There are some key factors necessary to support development of the Indigenous aged care workforce.

These factors include:

- Conducting training programs on a regional basis and on-site on communities – supporting learning and development in the community in which care is being delivered.
- Taking a pathways approach to training, which means progressing from work readiness to job-specific skill training, progressing from lower to higher qualifications, and also supporting the development of skills that are transferrable to other sectors, such as health.
- Providing literacy and numeracy support.
- Offering training to school leavers and carers, as a pathway into aged care and to improve care at home for care recipients.
- Developing training resources that are culturally appropriate and suitable for learners with low literacy levels to support effective and consistent training.

6. Aboriginal and Torres Strait Islander-specific vocational training projects

The Department of Health and Ageing is supporting a number of Aboriginal and Torres Strait Islander-specific vocational training projects nationally. It is expected that these projects will go some way towards increasing the number of community care workers with aged care qualifications, and improving the quality of care for Indigenous care recipients.

7. Indigenous Employment

Since 2007, the Department of Health and Ageing has rolled out five initiatives to increase Indigenous employment in aged care following reforms to the Community Development Employment Projects (CDEP) program. Aged care now accounts for over one-fifth of the 3,200 jobs funded under the Northern Territory Jobs Package and the National Jobs Creation Package.

The Department of Health and Ageing additionally provided funds to employ and train over 700 Aboriginal and Torres Strait Islander workers in aged care in every State and Territory.

³ N. Rea, J. Messner & C Gipey (2008) *Desert Knowledge CRC: The Character of Aboriginal Training Pathways: A Local Perspective*; S. Gelade & T. Stehlik (2004) *Exploring Locality: The Impact of Context on Indigenous Vocational Education and Training Aspirations and Outcomes*.

The vast majority of these positions are in HACC services. Out of the 29 Aboriginal and Torres Strait Islander flexible aged care services in Australia, 22 are funded for Indigenous employment under one of these measures.

8. Indigenous Population Growth

The Draft Report makes use of broad population projections and demographic data provided by the ABS. FaHCSIA suggests that the draft inquiry report may also want to consider an examination of the Indigenous Population Project research. The Indigenous Population Project is being conducted by the Centre for Aboriginal Economic Policy Research (CAEPR) at the Australian National University, and is a joint Commonwealth, State and Territory funded research program

Specifically, **CAEPR Working Paper No. 55 – Indigenous Temporary Mobility: An Analysis of the 2006 Census Snapshot (Biddle & Prout; 2009)** proposes that:

- Local area population counts and estimates are crucial inputs for guiding future investments into policy planning and processes. However, population mobility in general, as well as large numbers of visitors to particular areas, place additional demands on resources and those providing essential services.
- The Indigenous Populations Project research stresses the importance of examining the robustness of census measures (of temporary mobility) and analysing the spatial and demographic complexities that underwrite them.
- The 2006 Census of Population and Housing indicated that 6.8 per cent of the Indigenous population were enumerated away from their place of usual residence. While relatively low, this figure was over 50 per cent higher than that of the non-Indigenous population (4.3%).
- Overall, findings from the Indigenous Populations Project analysis suggests that the census data should be further complimented by analysis that identifies the full range of factors that drive and shape Indigenous temporary movement. This was particularly the case for net temporary flows into and out of an area, with very little difference across Australia by Indigenous population share, standard categories of remoteness, location type, or State/Territory.

The Productivity Commission's Report highlights that "Communities with special needs are growing" (Chapter 3, pg 45). It also recognises that the growth in groups that are likely to have distinctly different needs will affect the relative demand for different types of services, and that it is important to recognise that some older people may have several special needs and be counted in more than one group. However, the research from the CAEPR Indigenous Populations Project also suggests that "visitors to an area also place significant demands on local infrastructure' and that the Census data may not fully reflect the concept of the "service population". A service population includes any and all individuals who may be expected to access a particular service. The service population is therefore larger than the resident population of a particular locale (Prout 2008a). It is a particularly useful concept in relation to highly mobile populations where the distinction between 'visitor' and 'resident' can be problematic."

- Analysis of temporary mobility using the census involves comparing the snapshot picture of where people happened to be on the night of the census (their place of enumeration) with where they identify as their place of usual residence. As Bell (2004) notes, such

analyses cannot capture the duration, frequency, periodicity or seasonality of temporary movements.

- The census identifies relatively high rates of temporary mobility amongst the Indigenous population. While there are a number of data quality issues from the census that are particularly important when considering Indigenous temporary mobility, an eclectic, largely ethnographic literature, describes frequent short-term movements amongst many local Indigenous populations (see for example Beckett 1988; Birdsall 1988; Hamilton 1987; Peterson 2004; Smith 2004; Young & Doohan 1989). According to Prout (2008a) a range of considerations shape the temporary movements of Indigenous Australians including: familial circumstances and obligations, ceremonial practices and duties, seasonal variations, the need and desire to access mainstream services and opportunities, and interaction with the mainstream legal system.
- From a policy perspective, these population movements have several specific implications, including:
 - adapting services to the needs of changing population compositions;
 - providing continuity of service delivery;
 - managing the effects of large population influxes and exoduses on social and physical infrastructure in source and destination locations; and
 - redressing the ongoing alienation of mobile Indigenous people within the mainstream service sector (Prout 2008a: 2).
- Taylor (1998) demonstrated distinct regional patterns to Indigenous temporary mobility. He found that regional areas were net recipients of temporary residents, and rural or remote areas experienced net absenteeism
- Other studies also describe older people as frequent movers (Birdsall 1988; Morphy 2007b; Smith 2002). Whilst they may be pillars of their community and firmly associated with particular locales, they can also be regularly on the road attending to social and ceremonial obligations, acting in advisory or managerial capacities, or travelling between home and specialist health services (see for example Coulehan 1995; Prout 2008b). On the basis of these ethnographic findings, and in the absence of existing statistical analyses, Prout (2008a) speculates that the age/mobility curve would be flatter for the Indigenous population than for the non-Indigenous population.
- Temporary mobility can have significant impacts on population size at both source and destination locations at a particular point in time, particularly when large groups of individuals gather or leave certain places for ceremonial or social gatherings. There are also more constant, smaller flows of individuals and families between locales to access services and market opportunities in larger settlements, and in the reverse direction, to visit family and country, or escape the negative aspects of life in large towns and cities (Prout 2008a). The net balance of these outward and inward flows calls into question the adequacy of Estimated Resident Population counts as the primary basis for funding and resource allocation.
- In contrast to the non-Indigenous population, the geographies that shape measured Indigenous temporary movements do not align consistently with census geographies.
- The extension of the post-enumeration survey to remote Aboriginal communities for the first time after the 2006 Census revealed the potential extent of these problems. Having analysed the undercount in their recent baseline regional analysis of 2006 Census data, Taylor and Biddle (2008) concluded that in many areas the 2006 Census might be more

appropriately conceptualised as a sample of the Indigenous population rather than a census of the whole population.

- Taylor (1992: 88) notes, ‘... the census definition of population movement presents an essentially static picture of what is intrinsically a dynamic situation’. Of course, the census was not designed to capture these dynamic population flows. However, the question of what is measured, and therefore statistically ‘visible’, using conventional instruments such as the census, is not merely incidental here. It has fundamental and far-reaching implications for policy makers.
- There is clearly a pressing need for standardised and culturally informed quantitative data about the volume, frequency and flows of Indigenous temporary movement at comparable spatial scales. Such measures would provide a contextual framework into which the small but growing body of localised, qualitative case studies of mobility can be situated. They are also arguably essential to the tasks of justly and efficiently allocating resources—including social services and physical infrastructure—for Indigenous populations.
- The most significant finding to emerge from the analysis is that while many patterns of measured non-Indigenous temporary mobility are clearly illuminated by the standard census categories of geography, the same cannot be said for the Indigenous population. Indeed findings suggest that the census is comparatively limited in the task of elucidating even the geographical factors that drive and shape Indigenous temporary movement. This was particularly the case when the net effect of temporary flows into and out of an area were considered, with very little difference across Australia by Indigenous population share, standard categories of remoteness, location type or State/Territory.
- Ultimately, building a sound evidence base for policy making, that thoughtfully considers Indigenous temporary mobilities, will require that researchers, policy makers and Indigenous populations reach beyond convention, negotiate and embrace innovation in quantitative methods and data development, and extend the parameters of what constitutes evidence.

Issues Specific to Indigenous Health Care from CAEPR WP 41/2008 (Prout; 2008)

“At a more localised level however, Aboriginal itinerancy is interpreted by some health service providers as a factor which considerably mitigates against effective service delivery and improved health outcomes for Aboriginal people. Frequent mobility is often associated with sporadic, indifferent and/or apprehensive engagement with public health services, resulting in service discontinuity, resource wastage, and poor health outcomes.” (Prout; 2008; 13)

“A number of service providers described the difficulty in establishing post-care contact with patients who are highly mobile. They may have no permanent address for correspondence. They may not be contactable to make necessary follow-up appointments. In each case, Aboriginal mobilities are understood to fragment the effective delivery of health services which endeavour to improve their health outcomes. Service providers can quickly form the conviction that their work is essentially futile.” (Prout; 2008; 14)

“... health services in Australia are being increasingly withdrawn from rural and remote areas and concentrated in larger urban centres.” (Prout; 2008; 15)

“Many people who suffer ill-health, particularly the elderly, either feel compelled or wish to access health services and must make difficult decisions about leaving their communities and country to migrate toward larger regional and urban centres. This is often a troubling choice,

particularly for elderly people who may serve important roles within their community and/or feel highly uncomfortable at the prospect of moving to a new, potentially unknown place. However, a number of interviewees noted an influx of Aboriginal people into Geraldton from more outlying areas such as Mt Magnet and Meekatharra, citing health considerations as the primary motivation for population change. Such changes are commonly the product of a need to access dialysis treatments. The Australian Aboriginal population has one of the highest diabetes rates in the world.” (Prout; 2008; 15)

9. Appendix A: References and Notes Regarding Data Sources

The most recent statistics on the entire aged care workforce come from two key sources: the 2006 Census of Population and Housing, and the census and survey of the aged care workforce which was conducted by the National Institute of Labour Studies (NILS) in 2007. The NILS Survey was tailored to the aged care sector, and therefore provides the most detailed data on the workforce at hand.

A third data source which is specific to the Aboriginal and Torres Strait HACC workforce is the Gevers Goddard Jones (GGJ) mapping project, which for the first time looked at the size and characteristics of this workforce.

However these data sources still do not represent an accurate picture of the Aboriginal and Torres Strait aged care workforce. The statistics are likely to underestimate Aboriginal and Torres Strait Islander workforce participation, as Indigenous-status is typically under-reported across major surveys. Therefore one of the key challenges facing the provision of aged care to Indigenous Australians is a lack of accurate data on the Indigenous workforce.

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