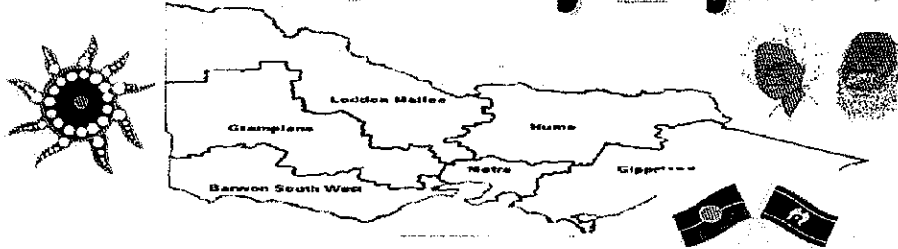


Victorian Committee for Aboriginal Aged Care & Disability



March 15, 2011

Inquiry into Caring for Older Australians
Productivity Commission
GPO Box 1428
Canberra City
ACT 2601

agedcare@pc.gov.au

Dear Commissioner,

Caring for Older Australians Public inquiry

The Victorian Indigenous Committee for Aged Care and Disability welcomes the opportunity of providing input to the Productivity Commission's inquiry following the release of its comprehensive draft report.

There are a number of key concerns that the Aboriginal and Torres Strait Islander (ATSI) Communities have and these are outlined in our detailed responses to the recommendations. However, there a number of fundamental issues that include

1. Ability to interface this draft report with the Commonwealth initiative of "Closing the Gap"
2. Access to aged care assessment and services in the regional and remote areas
3. Understanding that the services required for the ATSI population is significantly more complex chronic conditions and significant disabilities in a much younger population than in other parts of the community
4. An ongoing reluctance of the ATSI Communities in engaging in mainstream health services.
5. The substantially lower age of ATSI people accessing aged care services.

It will be most important for the Productivity Commission to fully engage not just the Health services and Community Services sectors but importantly the ATSI Communities to ensure a meaningful service model is created. The current proposal of creating "gateways" that will be able to deal with the breadth of requirements in the aged care sector and in particular the ATSI aged and disability sectors is flawed. Local access, tailored to the requirements of the population is critical.

The ATSI Communities need to be fully engaged with this process which currently has been distant and run in a methodology that accentuates the requirements for a central bureaucracy and not the delivery of services to the minority and disadvantaged. These are the types of issues that 'Closing the Gap' is endeavouring to address.

Please find attached our detailed submission. We look forward to being able to discuss these issues in greater depth.

Yours sincerely

Lena Morris
Chairperson
Victorian Committee for Aboriginal Aged Care and Disability

**VICTORIAN INDIGENOUS COMMITTEE FOR
AGED CARE AND DISABILITY**

RESPONSE

to the

PRODUCTIVITY COMMISSION DRAFT REPORT

JANUARY 2011:

CARING FOR OLDER AUSTRALIANS

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INTRODUCTION

The **Victorian Indigenous Committee for Aged Care and Disability** (VICACD) undertook statewide consultation with their members prior to conducting a workshop to discuss and review the **Productivity Commission Draft Report January 2011: *Caring for Older Australians*** ("Draft Report") and provide this response to the Productivity Commission.

We note that the Draft Report identified specific cultural needs and issues for our Communities and those of us providing services to our Communities:

"Many Indigenous Australians have different attitudes towards the elderly and the roles of family care giving compared to non-Indigenous Australians. Culturally important issues in the delivery of aged care services to Indigenous people include:

- *not wanting to leave their community to receive care services*
- *the communal nature of many Indigenous cultures which can act as a disincentive for individuals to participate in the formal delivery of aged care services as workers*
- *Indigenous people generally preferring intimate personal contact to be delivered by people of the same skin group and gender. This may increase care costs, especially where there is a relatively small service size. "* (*Caring for Older Australians Jan 2011, 9.3 p 282*)

However it is unclear to us that the recommendations within the Draft Report address these and others. In particular we would like clarification of how the recommendations fit with Closing the Gap strategy and policies.

We feel concerned that our Aboriginal and Torres Strait Islander (ATSI) Communities will be disadvantaged if required to enter the care system through the 'Gateway', which does not obviously provide culturally specific pathways and access.

We have identified specific issues and queries throughout the Draft Report and they are outlined below relating to the recommendations. We feel that they require your urgent consideration prior to finalising your report.

VICACD RESPONSE TO DRAFT RECOMMENDATION 4.1

- How will our ATSI Community members navigate the Gateway? Older Australians from special needs groups generally do not access formal pathways and they often perceive these as intimidating services.
- Where is the continuity for ATSI services if assessed at these Gateways and then referred to other agencies?
- Rural and remote areas will still be disadvantaged if they cannot access a Gateway in their local town and have to wait for a visiting Gateway service or access a Gateway over the phone. It appears that people residing in rural and remote areas may be further marginalised.
- Co-payments as set by Government limits service providers in being flexible about fees charged to ensure equity of access for all consumers and potential consumers, in particular, special needs groups such as ATSI.
- Case Managers currently meet recommendations from this report
- What is an informal Carer and what training would be provided to these carers?
- It is not defined who it is affordable to. The Indigenous Australian some times cannot afford food let alone paying for Aged Care.
- We do not understand what incentives can be used to ensure the efficient use of resources. What resources? Who are these incentives for? The Government, the Organisation, the older person? What would the incentives be?
- the nature of new government roles can put a strain on the connectedness that we have among us when working within our Aboriginal Community aged care team. The recommendations do not allow for our connectedness.
- The additional pressures of providing quality care and encompassing technical expertise can blur common goals we seek for our Aboriginal Community. The recommendations do not appear to support the training and education required to achieve the goals.

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.1

- Co-contributions could mean people on a limited income will go without services. Older persons on a limited income sometimes will not prioritise or access some services if they have to contribute to this service even if not accessing the service proves detrimental to their health and well being. Not accessing a service could be more costly as a person's health may deteriorate which will impact on hospital and residential admissions and the need for further services.
- Some Aboriginal people will not see a GP unless the GP bulk bills therefore co-contributing towards the cost of services will not necessarily work in our Communities.
- Why have separate policies for the High and Low economical standard for older people within Australia. Is this paper directed at the care of the older person only according to their financial position?
- The Australian government should adopt separate cultural policies for aged care.

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.2

- Each Service Provider should be able to assess whether consumers can contribute to services.
- How can you have a more equitable funding regime when the distribution of wealth is not equitable?
- It has been proven that the safety net for prescriptions does not work for a lot of ATSI people as they still sometimes cannot afford to buy their prescribed medication as evidenced by the need for the Qumax program and the program that replaced Qumax. How will a Safety Net for services work if people don't have the money to pay until they reach the Safety Net? This includes the socially and financially disadvantaged special needs group of which some Aboriginal people are included.
- Need more information on Limited means. They have limited means because safety net have failed them. Public funding, I have to go to private health funding to get the service that I need and I not using age care facilities. The ratio of contribution needs to be reassessed. Clients have to hand over 80% of their pension to be considered for age care facilities or a facility. Then on top of that, all assets are then taken into consideration. Our community members don't have 80% to hand over.
- Ensure that all older Aboriginal needing care and support have access to person – centred services that can change as their needs change.
- If we keep a bond for care and we stay at home do the family get paid for it?
- Choice of service delivery if they pay bond – what can they get?
- Having a bond – where's the trust?

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.3

- We would not support the removal of regulatory restrictions on numbers. In doing this, facilities may choose not to have low care places and only target high care clients due to funding being paid to the facilities. This will set standards between facilities of where clients may live creating high and low facilities, not allowing the client choice.
- Aged Care is not a football draft. Facilities should not be allowed to trade off 2 low care placements for 1 high care bed.
- Tendering arrangements creates contempt. This will depend on the funds available to facilities to tender in line with other organisations that have more substantial funds available.
- We require culturally appropriate aged care facilities around our Communities.

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.5

- Should be allowed as it lowers the income test for the client. We are concerned about the cost to the client to draw on the bond.
- Aboriginal operated accommodation with staff that are trained and connected with the Communities.

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.6

- There is merit in a bond scheme, but we strongly disagree with using the sale of their primary residence.
- What arrangements are there if age pensioners are not home owners?
- Is the Bond flexible, that is, can we use to set need based items (food vouchers and fuel cards etc), instead of home care?

VICACD RESPONSE TO DRAFT RECOMMENDATION 6.9

- If Gateways are to be accessed by phone how can a comprehensive financial assessment be conducted in a sensitive and culturally appropriate manner?
- Our clients can't afford to pay their rent let alone have it removed from them before they get their pensions.
- Aged care means test would create a different service level. Aged care regulation needs to be for all and is equal.

VICACD RESPONSE TO DRAFT RECOMMENDATION 8.1

- The Gateway and associated assessments could limit people accessing Aged Care Services, particularly ATSI people, if a culturally appropriate service is not provided.
- Levels of assessment mean if health needs change then people are going to have to have another assessment rather than the ongoing monitoring/contact provided by case managers.
- Who would be responsible for informing the Gateway service that a person's health needs have changed?
- Older Australians would find this Gateway more of interference than an asset to them. Where will the Gateways be? What about the small outreach areas that Case Managers currently travel to?

VICACD RESPONSE TO DRAFT RECOMMENDATION 8.2

- Individuals already have options for accessing approved service providers. These options will still be only as good as what services are available in the individual's locality.
- Assessed need? This assessment would only be as good as the assessor conducting the assessment. It may take several or many visits with Aboriginal people to gather comprehensive information, even to a trusted and familiar worker.
- If the Government sets a scheduled price for each service then approved service providers lose the flexibility in charging fees. This will create further inequity in people accessing services, as those that will struggle to fund services may choose not to access these services. This may impact on future use of accessing Aged Care Services.
- Isn't RIAC working?
- The Older Australian would have already paid for the approved range of services, during the assessment of Sec 6.2, and would this come under the use of resources for the faculties to manage? Wouldn't these scheduled prices continuously rise at the cost of the Client?
- Not only aged care advocacy services but also flexible system of care provisions, home and community care and residential aged care services.

VICACD RESPONSE TO DRAFT RECOMMENDATION 8.3

- What criteria will there be for ATSI organisations to access the case mix payments? We are not necessarily trained but we do provide palliative and end of life care services.

VICACD RESPONSE TO DRAFT RECOMMENDATION 8.4

- Agencies are already set up and running and have a good track record – example: Rumbalara Aged Care and Disability Services.
- Who and how is the need for block funding. How do we access?

VICACD RESPONSE TO DRAFT RECOMMENDATION 9.1

- These Gateways sound like they are going to be another primarily “Mainstream Agency” which may minimise the ATSI people accessing the Gateways. People are not “one size fits all” and when the Commission talks about providing choice of service providers for older Australians where is the choice about accessing agencies if there is one Gateway for older people to access?
- Isn't this meant to be already in place? What interpreter service is required within our Communities? To be culturally appropriate, community members need to be employed in this area not a textbook expert.

VICACD RESPONSE TO DRAFT RECOMMENDATION 9.2

- If the heart isn't in it then it doesn't matter how many professional development activities a worker participates in to increase cultural awareness, it won't reflect in the worker's interaction with special needs groups including ATSI people.
- Wrong attitude. Money for Training for Professional Development will not work. People have to want to do the job and the role rather than just to get the Qualifications.
- Placed in cultural facilities.

VICACD RESPONSE TO DRAFT RECOMMENDATION 9.3

- Doesn't HACC already cover this?
- We do not understand this. The items listed are the outcomes, how do we get to those outcomes? There is a great difference between itself between locations and there is definitely a difference between communities in the Cities and Rural areas not to mention Remote areas. Therefore, how can these outcomes be reached?
- Placed in cultural facilities.

VICACD RESPONSE TO DRAFT RECOMMENDATION 10.1

- Not only professional and technical expertise but also cultural correctness.

VICACD RESPONSE TO DRAFT RECOMMENDATION 10.2

- The target age group is main stream. Our Communities target age group is 15-20 years younger.
- We agree the standard of housing should be all the same so that any older person regardless of functional limitations should be able to live in any building designed for an older Australian, (including the indigenous Elder 50 yrs+).
- If at 65+ the aids and different types of disability should be auto standards not means tested.

VICACD RESPONSE TO DRAFT RECOMMENDATION 10.3

- A strategic policy framework for rural, housing and care take.

VICACD RESPONSE TO DRAFT RECOMMENDATION 11.1

- If ATSI carers choose not to access Carelink and Respite why will they access Carer Support Centres?
- A lot of ATSI care recipients have multiple and ever changing informal carers and it can be hard to identify a primary carer. Therefore the needs and services may change without notice depending on who is providing the care.
- Will the Gateways be able to monitor this and adjust services accordingly assuming that each carer notifies the local Gateway?

VICACD RESPONSE TO DRAFT RECOMMENDATION 11.3

- Stop over-regulating services so workers don't have to spend so much time on admin duties which may mean they can participate in training to consolidate and increase their knowledge and skills.
- Make education and training courses fiscally viable for smaller organisations
- Smaller organisations may have trouble replacing and back filling staff who are attending training. So when staff are back in the office they then have a back-log of work to attend to.

OTHER VICACD RESPONSES TO DRAFT RECOMMENDATIONS

- Where are these Gateways going to be located? The Draft Report states they will be located regionally. For people who live outside of where these Gateways will be located, how will these Gateways be accessed? If it is a visiting service then people will have to wait and then there may be a wait list. If it is by phone then phone assessments are not a good way of conducting an assessment for ATSI people. A lot of information is received by visiting ATSI people sometimes over a period of a few visits as it may take time to establish a rapport with the person. Generally ATSI people don't respond to personal and intimate questions by someone they don't know and at times prefer to go without a service rather than answer questions.
- Are these Gateways going to be the only way aged Australians can access services? If so then the reasons above will inhibit ATSI people accessing/receiving services?
- Smaller service providers have limited resources so while it is good that service providers are held accountable for service delivery it becomes increasingly hard to keep up with all the changes in relation to regulatory/funding bodies i.e. Introduction of Community Care Common standards (HACC, ACP & NRCP), changes to Quality Reporting cycle (annual quality improvement plans as opposed to three yearly) & now these recommended changes.
- If co-contributing to services is not flexible to accommodate people with limited finances then this recommendation will create a bigger inequality in service delivery.
- Majority not minority.
- This Draft Report does not meet Closing the Gap strategies.
- One stop shop. Will this work for indigenous communities especially if one stop shop is Centrelink? It does not work well at present and indigenous clients do not access Centrelink at the present and will not in future.
- Cultural appropriate policies (we don't feel this is in the recommendations report).
- Elders who have to access the one stop shop will be disadvantaged if they are in rural or remote areas. Example: may not have the finances for transport, telephone calls, etc.
- Choice of care and life.
- Every individual deserves the same care as others. However the report still misses cultural appropriate needs.
- Interpreter services need to include indigenous languages (dialects) in rural and remote Australia. Indigenous people have trouble understanding mainstream jargon.
- If we have to up-skill to meet flexible service delivery then do we get better pay?
- Set fees for services may not be appropriate for indigenous people as they may require different staff for different tasks. Example: male worker for personal care and female worker for home care due to men's and women's business.
- What consideration was taken into account regarding inequalities that indigenous people face today when developing the report.

OTHER VICACD RESPONSES TO DRAFT RECOMMENDATIONS

- Should the report have separate policies for indigenous people?
- One stop shop – if they employ indigenous people to do indigenous assessments how will this work? Example: if one stop shop only has two indigenous people to be assessed in a week what does the worker do?
- Rural and remote communities one stop shop if employing indigenous workers – how can they help their community with the current privacy laws?
- Indigenous communities are not likely to add input to government policies.
- There is currently cultural awareness training in place for mainstream services but how appropriate and effective is it?
- Cultural awareness is different for every community (training would be required in every community as different needs, expectations and values).
- One stop shop – Indigenous Elders may think that this concept is a good thing not realising what the options and outcomes are about. What happens if they want to go back to the old system?