Level 2 Winlow House 75 Woods Street
GPO Box 3180 Darwin NT 0801
phone: 8982 1111
freecall: 1800 812 953
fax: 8982 1112
email: info@dcls.org.au
website: www.dcls.org.au
abn: 42 840 626 724

DARWIN COMMUNITY LEGAL SERVICE

AGED CARE PROGRAM REDESIGN: SERVICES FOR THE FUTURE

Submission to Royal Commission into Aged Care Quality and Safety, Consultation Paper 1

Darwin Community Legal Service (DCLS) has a specialised Seniors Rights Service providing advocacy support for older persons across the Top End of the Northern Territory. Our previous submission to the Royal Commission into Aged Care Quality and Safety focused on the gaps and inequity in the provision of Aged Care Services experienced by older people in the Northern Territory and in particular Aboriginal people in remote communities.

A redesign of the system is imperative. While most people would assume that the system providing essential services to older people would be designed to prioritise those most in need and to deliver equitable access to services, the reverse is true.

DCLS supports the principles and many of the recommendations outlined by the Royal Commission in this paper. For those in remote areas, those who are Aboriginal and Torres Strait Islander, and those who are disadvantaged the following principles are particularly important:

- Provide equity of access, regardless of location, means of background
- Deliver care according to individual need
- Support older peoples' informal care relationships and connection to community
- Support effective interfaces with related systems, particularly health and disability

INFORMATION, ASSESSMENT, AND SYSTEM NAVIGATION

For those wanting to access aged-care services, asymmetry of information is a significant barrier. Face to face support and advocacy and accessible information delivered in an appropriate way are all important in overcoming this barrier.

The development of a supported decision-making model would assist people accessing appropriate care models and may relieve some of the burden on the system by preferencing care needs on the basis of the older person's wishes within a rights-based framework. The model would ideally involve independent advocacy and formal recognition of friends, family and community in provision of support.

Access to the system is currently through the Aged Care Assessment Team (ACAT). While they do travel to remote areas this capacity needs to be expanded as travel to remote depends on reaching a minimum number of assessments, meaning assessments can be delayed for months.[1] The recent announcement to put ACAT services out to tender is likely to further disadvantage those in remote areas and with complex needs, as well as splinter what is currently an integrated service with the health system.

[1] https://www.dcls.org.au/wp-content/uploads/2019/05/Submission-to-the-Royal-Commission-on-Aged-Care-Quality-and-Safety-final_.pdf , p15

System navigators, care co-ordinators, advocates and family and friends are unable to link people to services where the services do not exist. A stepping-stone or foundational approach would support basic needs such as, basic infrastructure[2], housing, () food security, and health services as part of an integrated care system and as necessary pre-cursors or preventative measures.

DCLS supports:

- A shift to face to face support in addition to the use of online and phone channels.

CARE STREAM

The application of the reasonable and necessary approach in NDIS has not led to any consistency – it is seemingly based on arbitrary assessments well removed from the needs of the client. Nor has it led to any assessment of what is reasonable and necessary in the circumstances, hence the provision of wheelchairs designed for suburban pathways in remote areas because what is deemed reasonable and necessary in one place is assumed to apply to another.

The combining of services, such as aged and disability services, and their resourcing in a place-based, place responsive model is more likely to assist in providing appropriate solutions that go some way to overcoming issues around lack of services and economies of scale. Block funding for these services, often delivered by a multi-functional or integrated community service provider, will enable services to be delivered most efficiently and are better able to tailor needs to the communities they service. Rather than delivering through silos, investment should be in integrated support. Co-operation and collaboration between services should be resourced to provide more efficient and effective service delivery, particularly where there is market failure.

The care co-ordination or case management model, as part of a transactional care system, is not accountable to the client for the expenditure from their care package, or to government for the public monies allocated, and so quality and expertise varies widely. It is also limited to aged care and so is a coordination model operating in isolation.

A market-based system tends to exclude small local organisations that are best placed to deliver appropriate services, and to ignore the participation and contribution of community members and families.

Where services are available, they are overwhelmingly urban-based and staff unskilled/under skilled in dealing with the complexity of the problems and the cultural diversity of remote populations. Older Aboriginal patients from remote locations often find themselves bound to towns, unable to return home because of lack of services. Separation from family and country adds to generational trauma and further reduces their health and wellbeing.

DCLS supports:

- Support for effective interfaces with related systems, particularly health and disability
- Expanded restorative services.

[2] e.g. all-weather roads, access to mobile coverage and internet services, reliable water supplies, sanitary services, electricity

Funding Model

The Consumer Directed Care model, based on individual subsidies, creates a significant administrative burden, diverting resources away from direct care. It threatens the sustainability of services in areas with small numbers of clients, or where clients are highly mobile. This impacts particularly on remote areas and communities where services are often provided by Not-for-Profit organisations and it is hard to recruit and retain staff. The uncertainty of funding for ongoing employment, infrastructure and equipment threatens the viability of the service. Block funding models, such as those used under the Aboriginal and Torres Strait Islander Flexible Aged Care Program, should be adopted as the standard funding model for remote communities.

Generally older people in remote areas are not allocated home-care packages, because - while they may be assessed as having particular needs - the services are not available. Where home care packages are allocated, these often go unspent because the services are simply not available for purchase.

The packages do not cover essential items fundamental to the wellbeing of older people in the Northern Territory (NT), particularly in remote communities where health and therapeutic services are largely unavailable. The use of home care packages to purchase food and household goods such as washing machines, fridges, mattresses and blankets would dramatically improve the environmental health and quality of life for those living in poor conditions in overcrowded households.

DCLS supports:

- Flexible service models.
- Funding and service models that meet the challenges of thin markets such as block funding.
- Mechanisms that allow for government response or intervention in cases where there is an identified risk to sustainability of a care provider and a shortage of local services.

Coverage of actual costs

The real costs of services to remote areas or areas where there are thin markets are not reflected in the packages. For example, in a remote service environment a significant proportion of the package may be used to pay for travel or freight. The cost of accessing services in the NT also may require provision for interpreters and for carers/family to accompany the older person. Appropriate benchmarking, that takes into account the real cost of accessing services, needs to be applied to packages.

DCLS supports:

- Funding to meet the differential costs of service provision

Recognition of caring responsibilities

Informal (or unrecognised) carers are vital to supporting older people in the NT. One in four Aboriginal and Torres Strait Islander people aged 15 years and over provide care for a person with a disability, a long-term health condition, or old age. In the general population this figure is less than one in ten. The provision of care increases with remoteness (34% providing care).[3]

However, because of the lack of services, the difficulties of negotiating carers' allowances or other forms of support, and the assumption, particularly amongst Aboriginal communities, that there is a duty to support your elders, there is little formal recognition of this role. In fact, carers often incur penalties, such as the terminating of CDP payments because of their unavailability for work, despite the valuable role that they play in caring for a family or community member. Vital roles in supporting older people, such as in monitoring dialysis administered at home, are not considered active caring and not recognised for the purposes of a carer's payment.

The role of community and family members in providing support where no services exist should be formally recognised, with investment in capacity building and provision of resources, remuneration and respite.

DCLS supports:

- Expanded and improved access to respite
- Assessments which consider the needs of the carer as well as the person needing care.

Cultural wellbeing and appropriateness of services

Aboriginal people want to die on country. Country is important to their identity and authority. The strength and the respected role of elders on country is an antidote to the scourge of elder abuse.[4] However elders are often prevented from returning to country because of the lack of services and overcrowded and sub-optimal housing. Investment in visitor accommodation or respite facilities, such as the Apwere Mwerre Visitor Park in Alice Springs, helps support return to country by facilitating regular visits to service centres. It also takes pressure off overcrowded town camps.

Institutionalised responses are not the answer in the NT, particularly given the experience of the Stolen Generation and those forced to live in missions. Culture, family, and connection to country need to be considered when designing service provision. Capital investment should therefore be focused on increasing community housing stock, particularly in remote locations, otherwise the impact of any care is necessarily limited.

One size does not fit all. Culture, intergenerational trauma, lack of basic housing and sanitation, and barriers to accessing services should be addressed by responsive services that reflect the diversity of needs. Place-based community-controlled solutions, such as

[3] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey 2014-15*, and *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*

[4] Productivity Commission, *Overcoming Indigenous Disadvantage, Key Indicators 2016.*

Aboriginal Community Controlled Health Organisations, have been shown to deliver outcomes for those who are most disadvantaged through a model that delivers services face-to-face in their community, by people who speak their language and understand their culture and their circumstances.

DCLS supports:

- Action to address communication and other barriers (including geographic barriers, lack of essential services, environmental infrastructure, generational trauma)
- Enhancing the understanding of the role of intersectionality, culturally safe care and trauma informed care.
- Flexible, adaptable and culturally safe models.
- Place based models focusing on local need
- Increasing systemic accountability

PROVIDER OF LAST RESORT – MANDATING A SAFETY NET

This is the most crucial recommendation to address need and inequity in the current system. The gap in service provision should not be allowed to continue. It is a travesty that, in relation to aged care and essential services for older people, we mirror the American health care system – i.e. that health and wellbeing is only for those who can afford it.

In locations where competition and choice can't deliver, the Commonwealth Government must underpin universal access for disadvantaged Australians. Government must use its purchasing power and resources to ensure services are available and accessible, and to drive appropriate standards. The complexity of service delivery in the NT and the extent of disadvantage require more than mere per capita spending equity with other jurisdictions. The gap in the wellbeing, of Aboriginal Australians particularly, will not be closed if numbers are the only drivers.

DCLS supports the concept of integration of services across aged and disability. The provider of last resort could support the intersection of aged care and disability, with multi-disciplinary, one-stop shops, particularly in remote communities where few services are available. This requires appropriate investment and collaboration between the aged care sector and the NDIS, where the provider of last resort for thin markets has been promised but not delivered.

DCLS supports:

- Ensuring there is a provider of last resort to address issues of market failure

QUALITY REGULATION

The risk of imposing quality standards uniformly without appreciating the operational context is that service viability is threatened - locations with limited services may end up with none. This has already happened in the early childhood sector, where quality standards imposed on childcare services in remote areas resulted in the closure of many of these services.

In profitable market segments providers will be able to invest in improvements. Where costs are high, economies of scale low, services and infrastructure poor, and skills and expertise limited, quality is likely to decline. Delivery of services in these areas is often abandoned by the market to the not-for-profit sector and government providers. Without additional financial support from government to support transition, capacity building and compliance, these services must either rely on cross-subsidisation from more profitable sectors or implement charges/charge higher prices and thereby restrict access to services.

Immediate and sustained compliance with national quality standards by these services is not realistic under the current funding regime. Development plans that set realistic goals for improvement should be in place to assist organisations in areas where there is limited service delivery. These need to be accompanied by a block funding model and additional resources to build capacity.

DCLS supports:

- Pathways for attraction and retention of an appropriately skilled workforce to maintain service delivery in rural and remote areas.