

Wheatbelt Aboriginal Aged Care Framework Research Report

Final

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Wheatbelt Development Commission



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- Community members and CEOs of Local Government areas across the Wheatbelt
- The team at the Wheatbelt Development Commission and in particular; Wendy Newman, Lauren Clarke and Grant Arthur

About the authors

Doug Faircloth; Director

Doug has been the Lead Consultant and Director for this project. Doug directed the Central East Wheatbelt Aged Care Solution project and the Wheatbelt Integrated Aged Care Solution project of which this project is an adjunct. Doug participated in the community consultations across the Wheatbelt lending his firsthand experience of community and service provider responses to Aboriginal Aged Care across the Wheatbelt.

Doug has led a number of other projects that have had a significant emphasis on developing culturally responsive services in conjunction with or directed to Aboriginal people. These include:

- Therapeutic Residential Care Evaluation (Out of Home Care) DHS Victoria
- Foster Care in Context: An Evaluation of the Foster Care Communication and Recruitment Strategy - Centre for Excellence in Child and Family Welfare

- Glen Innes Seven Council; 10 year Aged and Disability Plan and 10 year community services plan

In addition for more than ten years Doug has played a mentoring and supportive role in the Shepparton based community service charity Rad.Com. Rad.Com has extensive grass roots relationships and flexible service responses that focus on Aboriginal people. These responses have been developed in conjunction with the Aboriginal people who are being supported.

Sue Faircloth; Consultant

Sue participated in the consultations and in developing the report framework.

Sue enacts the role of Special Needs Resource and Liaison for the Verso team. In this capacity she has participated in an array of information sessions and cultural awareness forums including:

- Aboriginal Knowledge Forum, Moreland Community Health Service
- Beyond the Veil
- Indigenous Awareness Forum
- Lands Council Forum, Glen Innes-Severn
- PICAC Conference

Sue has a special interest in Aboriginal Communities and through her ongoing community research activities she has consulted with over 30 specialist ATSI community groups and agencies in WA, Tasmania, SA, Victoria, NSW and ACT during the past five years. This specialist knowledge and sensitivity has been drawn on in the development of the framework.

Alisa Chambers; Consultant

Alisa researched and wrote the document review in this framework. Research conducted included best practice models of Aboriginal care, social determinants of health, Aboriginal concepts of dementia and social, cultural and historical factors influencing Aboriginal access to services.

Alisa drew on her role in the development of NSW Statewide Renal Services Plan (2013) in undertaking the document review contained in this report.

In the completion of the NSW Statewide Renal Services Plan (2013) Alisa's contribution included:

- Stakeholder Forums and service provider consultations
- Targeted Literature Review.

About the Report

The report details the research findings that support the development of the Wheatbelt Aboriginal Framework. The report also includes a summary of a more detailed document review. The complete Document review is contained as a separate document as an appendix to this report.

This report is designed to be read as an adjunct to The Wheatbelt Aboriginal Framework.

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1 The System - Aboriginal Aged Care

1.1 Aboriginal Aged Care

Within the Aged Care system there are a number of special provisions that relate to Aboriginal and Torres Strait Islander people. Within this section these elements are addressed.

ATSI definition

Definition of Aboriginal or Torres Strait Islander person according to s51 (25) of the High Court of Australia (1983):

‘An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.’

The term ATSI is an acronym for Aboriginal or Torres Strait Islands however using the acronym to describe a person or community is considered “offensive”.

Special Needs Group

Aboriginal or Torres Strait Islander are defined as a ‘special needs group’ under the Aged Care Act 1997. “One of the objectives of the Aged Care Act 1997 is to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location. To give effect to this objective, the Act and the Aged Care Principles, among other things, designate certain people as ‘people with special needs’”

“In accordance with the Act’s objectives, the Secretary may decide, under section 12-5 of the Act that a number of aged care places will be made available to focus on the care of particular groups of people. These provisions are consistent with the aims of the Australian Government’s Social Inclusion Agenda which, in part, aims to provide a pathway to inclusion and a continuum of care.”

Age of access for ATSI people to aged care

“Conditions associated with ageing generally affect Aboriginal and Torres Strait Islander people substantially earlier than other Australians. Planning for aged care services provided under the Aged Care Act 1997 is therefore based on the Aboriginal and Torres Strait Islander population aged 50 years or older, compared with 70 years or older for other Australians.”

The Commonwealth HACC program details that Aboriginal and Torres Strait Islander people 50 years and over are able access HACC services if assessed as eligible¹. Within the broader community the access age is 65 years.

Within the Commonwealth Home Care Package Program there is no minimum age requirement for eligibility purposes. During the 2011-12 financial year, the average age of admission into a CACP, EACH or EACHD package was 81 years. For Aboriginal and Torres Strait Islander people, the average age of admission into a CACP, EACH or EACHD was 66 years².

¹ (source: <http://health.gov.au/hacc>)

² Home Care Packages {Program Guidelines, August 2013, page 20

National Indigenous Reform Agreement (Closing the Gap):

“In December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to close the gap on Indigenous disadvantage. The National Indigenous Reform Agreement (NIRA) was established to set the agreed objectives, outcomes, outputs, performance indicators and performance benchmarks for Closing the Gap.

“The NIRA also links to those National Agreements and National Partnerships across COAG with elements aimed at addressing Indigenous disadvantage.”

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Details of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program include the following:

- “The Program aims to provide quality, flexible and culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and community. Services funded under the Program can deliver a flexible mix of residential and community based aged care services that can change as the care needs of the communities vary. Communities are encouraged to participate in all aspects of service provision from planning through to the operation of services. There are currently 29 services funded under the Program with the majority located in very remote or remote areas.”³
- “The flexible services operate outside the regulatory framework of the Aged Care Act 1997.”⁴
- “The Quality framework for the National Aboriginal and Torres Strait Islander flexible aged care program (2011), developed with the support of service providers, includes a set of quality standards, and a process for monitoring achievements against the standards designed to assist service providers to continuously improve their services.”⁵
- The Rumbalara Aboriginal Elders Facility (see section 6.4) report that the funding levels in this program are not consistent with and lower than subsidies paid to Residential Aged Care Providers⁶

Remote and Indigenous Service Support (RISS) Program

“Providers of aged care services for difficult-to-service populations face particular challenges in service provision. These challenges can include issues around operating small services which may be remote from professional assistance and support, higher infrastructure and supply costs and difficulties in attracting and retaining staff.

“The RISS Program assists aged care services operating in remote areas, and those providing care for Aboriginal and Torres Strait Islander Australians, by making available a range of professional and capital support.

“The program includes a panel of organisations chosen to provide capacity building, professional assistance and guidance (including emergency assistance). Panel expertise covers care delivery, including quality of care, governance and management, financial management and locum relief. In 2009-10, funds of over \$1

³ <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-qual-frame-atsi-aged-care.htm> accessed 10/12/13

⁴ [http://www.health.gov.au/internet/main/publishing.nsf/Content/3E4B4C18ADFD99BBCA257BF0001DC575/\\$File/Info%20Sheet%202019_MAR13%20WEB.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/3E4B4C18ADFD99BBCA257BF0001DC575/$File/Info%20Sheet%202019_MAR13%20WEB.pdf) accessed 10/12/13

⁵ <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=1605> accessed 10/12/13

⁶ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program is block funded in a similar manner to MPSs and with similar flexibility however subsidy levels are lagging behind the management of ever increasing complex support needs

million were provided under the support program, along with \$2.2 million in emergency support.

“The program also provides capital works support for residential and community-based aged care providers in remote areas, and to those providing care to Aboriginal and Torres Strait Islander people anywhere in Australia. The RISS Capital Infrastructure and Support program assists services to maintain and build infrastructure, including staff accommodation, to facilitate the provision of quality aged care. In 2009-10, \$2.4 million was provided for the construction or purchase of staff accommodation, and the provision of essential maintenance, repairs and upgrades.”

The program has been rolled into the Aged Care Service Improvement and Healthy Ageing Grants Fund 2011 however the focus through this program continues to support the needs of remote Aboriginal and Torres Strait Islander communities.

Community Care bias in the NT (planning ratios)

Consistent with consultations within Aboriginal Communities Home Care Packages are delivered in proportionately higher amounts in the Northern Territory than in other jurisdictions. The operational Community Care Packages in the Northern Territory are 365% higher than the National average. The proportion of Aboriginal and Torres Strait Islanders is 26.8% of the overall population. This compares to the National average of 2.5% and an average in the Wheatbelt of 4.7%.

The finding is that the Commonwealth is willing to support the particular needs of Aboriginal and Torres Strait Islander people including their choice to age in the community. In the Northern Territory this has been translated into providing additional packages well above the planning ratios.

1.2 Aboriginal Housing

National Partnership Agreement on Remote Indigenous Housing

Under the National Indigenous Reform Agreement, ‘Healthy Homes’ is one of seven inter-connected ‘building blocks’ – or priority action areas – that underpin the Closing the Gap strategy agreed by the Council of Australian Governments (COAG).

The Australian Government has committed \$5.5 billion over ten years to 2018 under the National Partnership Agreement on Remote Indigenous Housing to address:

- Significant overcrowding
- Homelessness
- Poor housing conditions
- The severe housing shortage in remote Indigenous communities

Funding is being provided to the States and Northern Territory over 10 years to 2018 to:

- Deliver up to 4,200 new houses and rebuild or refurbish around 4,876 existing houses in remote Indigenous communities around Australia
- Deliver employment-related accommodation in regional areas to enable Indigenous people from remote communities to access training, education, employment and support services

- Provide Indigenous employment opportunities through a 20 per cent local Indigenous employment target over the life of the program for new housing construction.

The Indigenous Home Ownership program

Indigenous Business Australia (IBA) aims to contribute to closing the gap between Indigenous and non-Indigenous home ownership rates, and make buying a home a realistic choice for Aboriginal and Torres Strait Islander individuals and families.

On 1 July 2012, IBA's Home Ownership Program (HOP), and Home Ownership on Indigenous Land (HOIL) Program were integrated into a single Indigenous Home Ownership program.

IBA will continue to assist Indigenous Australians to achieve home ownership within the property market where they live.

Through a package of concessional housing finance and after-care support, IBA assists eligible customers to:

- Purchase an established residential property
- Purchase land and/or construct a new home
- Make essential improvements to an existing home

Indigenous Housing and Homelessness Policy, Practice and Research Network

The establishment of the Indigenous Housing and Homelessness Policy, Practice and Research Network has been funded by the Australian Government, in support of their commitment to Closing the Gap between Indigenous and non-Indigenous Australians.

AHURI is forming a network of organisations with an interest in Indigenous housing and homelessness policy, practice and/or research that works collaboratively to:

- Effect an improved transfer of research evidence into policy development or practice change
- Identify gaps in research evidence and share in the responsibility of investing in such research
- Share policy and practice experience of what works and why
- Create opportunities for peer-to-peer critique of policy, practice and research.

Aboriginal Housing Policy Manual - Remote and Town Based Communities 2013

Western Australia, as a party to the National Partnership Agreement on Remote Indigenous Housing (NPARIH), has agreed to implement public housing like standards of property and tenancy management in nominated remote and town based Aboriginal communities.

To enable this to happen, Western Australia introduced a legal framework for the management of housing on Aboriginal land which came into effect on 1 July 2010. This framework enables the Department of Housing to negotiate Housing Management Agreements (HMAs) with Aboriginal Communities. Importantly, HMAs does not create an interest in the land but establish arrangements to ensure adequate protection of housing assets. This includes the implementation of rent collection, asset protection, and tenant support and governance arrangements consistent with public housing standards that will improve housing standards and underpin sustainable housing outcomes for the residents in remote Aboriginal communities.

2 Demographic Review

The ABS Census 2011 details the population of Aboriginal people living in the Wheatbelt. The ABS acknowledges that the data may be understated. Issues that may impact on the data's accuracy include differing family structures and health issues leading to people moving between different locations more frequently than the broader community. Another issue cited is a lack of trust of Government Departments and officials due to bad experiences and history.

Based on these considerations some caution should be taken regarding this data although it does form a useful framework for considering demand. As a counter point to the rider regarding the ABS data Verso sought clarification from community forums conducted across the Wheatbelt regarding this data. Anecdotal evidence gathered through these forums highlighted two issues; confirmation of the mobility of Aboriginal people across the Wheatbelt and in most cases an agreement that the data appeared to be correct regarding the numbers of older people.

To analyse and capture the diversity of the Wheatbelt eight sub-regions investigated⁷. The sub-regions are:

- Avon Regional Organisation of Councils (AROC): Chittering, Dowerin, Goomalling, Northam, Toodyay and Victoria Plains LGAs
- Central Coast and Central Midlands (CC&CM): Dalwallinu, Dandaragan, Gingin, Moora and Wongan-Ballidu LGAs
- Dryandra: Narrogin Town & Shire, Pingelly, Wandering and Wickepin LGAs
- 4WDL: Dumbleyung, Lake Grace, Wagin, West Arthur, Williams and Woodanilling LGAs
- Roe Regional Organisation of Councils (ROEROC): Corrigin, Kondinin, Kulin and Narembeen LGAs
- South East Avon Voluntary Regional Organisation of Councils (SEAVROC): Beverley, Brookton, Cunderdin, Quairading, Tammin and York LGAs
- Wheatbelt East Regional Organisation of Councils (WEROVC): Bruce Rock, Kellerberrin, Merredin, Westonia and Yilgarn LGAs
- North Eastern Wheatbelt Regional Organisation of Councils: Koorda, Mt Marshall, Mukinbudin, Nungarin, Trayning and Wyalkatchem LGAs

The latter two regions have been combined and considered together as the Central East Aged Care Alliance (CEACA).

Age distribution of Aboriginal Populations in Wheatbelt

Area	ATSI 45+	% ATSI Total	ATSI 55+	% ATSI Total	ATSI 65+	% ATSI Total	ATSI Total	% Total Pop
4WD & Lakes	25	20.7%	18	14.9%	11	9.1%	121	2.2%
AROC	173	20.0%	80	9.2%	24	2.8%	865	3.9%
CEACA	105	22.4%	56	12.0%	19	4.1%	468	4.7%
Central Coast &	158	25.2%	99	15.8%	32	5.1%	628	7.3%

⁷ Additional and comprehensive demographic data was developed in individual needs studies developed for each Local Government with the sub-Regional data as part of the CEACA and WIACS projects

Area	ATSI 45+	% ATSI Total	ATSI 55+	% ATSI Total	ATSI 65+	% ATSI Total	ATSI Total	% Total Pop
Cent. Midlands								
DRYANDRA	141	21.4%	75	11.4%	26	3.9%	660	7.9%
ROEROC	36	22.1%	28	17.2%	9	5.5%	163	4.3%
SEAVROC	122	28.2%	67	15.5%	26	6.0%	432	7.7%
Wheatbelt	783	22.9%	433	12.7%	154	4.5%	3,422	4.7%
WA	12,933	18.6%	6,243	9.0%	2,324	3.3%	69,664	3.1%

Source: ABS Census 2011

Population projections

Australia wide the number of older Aboriginal and Torres Strait Islander people 55 years and over is projected to more than double, from 40,000 in 2006 to between 82,000 and 86,000 in 2021⁸

In 2001 the ABS calculated the life expectancy gap at 17 years with life expectancy for Aboriginal and Torres Strait Islander men being 56.9 years and for Indigenous women, 61.7 years⁹

In 2011, the ABS calculated life expectancy at birth for Aboriginal and Torres Strait Islander men at 67.2 years (11.2 years less than for non-Indigenous Australian men) and at 72.9 years for Aboriginal and Torres Strait Islander women (9.7 years less than for non-Indigenous women)¹⁰

Although these are National figures it can be assumed that the same holds true for Western Australia and the Wheatbelt. As the Aboriginal population ages so will the need for a robust framework of community and residential aged care specific to the cultural and social needs of the Aboriginal population. Attention must be given to those models of care that have been proven to be successful and sustainable within the constraints of Aboriginal culture. Examination of a number of these models is described within this report.

Housing/accommodation

The degree of overcrowding among Aboriginal people appears to increase with distance from Perth. Seventy-five (75%) of those Aboriginal and Torres Strait Islander people classified as homeless in the 2011 Census were in severely overcrowded conditions. The Australian Institute of Health and Welfare has identified there are 20,000 too few properties available for Aboriginal and Torres Strait Islander peoples nationally, adding to overcrowding and homelessness.¹¹

Shortages in suitable and affordable housing for the elderly, when combined with the lack of Aboriginal housing mean many Aboriginal elderly are living in cramped conditions and/or sharing accommodation in multi-generational households. The therapeutic benefit of living with family and familiar surroundings can be undone by the opportunities for elder abuse, unhygienic conditions and neglect.

⁸ ABS 2009: Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2010. Cat No 3238.0).

⁹ (ABS *Australian Social Trends 2000*, Cat. No. 4102.0; ABS *Yearbook 2008*, Cat No. 1301.0 [based on 2001 data]).

¹⁰ ABS *Australian Social Trends*, March 2011: Life Expectancy Trends Australia, [based on ABS Experimental Life Tables for ATSI Australians 2005- 2007]

¹¹ Shelter WA fact sheet. 2013

Census data (2011) reveals that Aboriginal households in the Wheatbelt have an average of 3.3 persons compared to 2.4 for all households in the Wheatbelt and 2.6 state-wide.

The 2011 study carried out by UWA, Crime Research Centre, and Advocare, “The Examination of the Extent of Elder Abuse in Western Australia” found “The percentage of reported elder abuse (abuse, neglect, family/domestic violence) cases involving Aboriginal /Torres Strait Islanders between 2005 and 2009 tripled even though the total percentage of incidents decreased.”

Family Carers

According to the 2006 Census, unpaid carers make up 11.2 % of the population across Australia. Regional differences are not large (see Table).

Regional proportion of carers and proportion of carers who were Aboriginal and Torres Strait Islander across Australia

Region	% Population who were Carers	% Population of carers who were Aboriginal and Torres Strait Islanders
Major Cities	11.0	1.0
Inner Regional	12.1	2.2
Outer Regional	11.2	4.6
Remote	9.0	2.5
Very Remote	9.1	46.8
Australia	11.2	

National Rural Health Alliance figures, 2010

However, there are carer ‘hot spots’ in a number of Remote and Very Remote areas in NT, WA and SA associated with a high proportion of the caring population in certain statistical local areas being Aboriginal.¹²

12.4% of Aboriginal and Torres Strait Islander Australians provide unpaid care and support to family and friends compared with 10.5% of non- Aboriginal and Torres Strait Islander Australians.¹³

Australia wide there has been an increase in Aboriginal and Torres Strait Islander Australians identifying as carers from 32,581 in 2006 to 45,328 in 2011.¹⁴

Aboriginal and Torres Strait Islander Australian carers are between one-and-a half and three times as likely as non- Aboriginal and Torres Strait Islander carers to need assistance with self-care, mobility and/or communication.¹⁵

Although these statistics are Australia wide it can be assumed that in Western Australia the figures are similar however it is likely that the numbers overall are

¹² National Rural Health Alliance, Fact sheets, 2010

¹³ <http://careaware.com.au/carers-resources/aboriginal-and-torres-strait-islander-carers/> accessed 300913

¹⁴ Australian Bureau of Statistics, *2011 Census of Population and Housing: Aboriginal and Torres Strait Islander Peoples (Indigenous) Profile, cat. no. 2002.0*, 2011, Author: Canberra

¹⁵ Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples 2008*, 2008, Author: Canberra

substantially larger due to the number of people who do not identify themselves as carers.

Transport

Commonwealth funding provides for free public hospital services through the Australian Health Care Agreements (AHCAs). Under these agreements the States are required to “ensure that people have equal access to public hospital care regardless of their geographic location”.¹⁶ When the PATS (Patient Assisted Transport Scheme) was introduced, control was given to the states with the perception that there would be regional flexibility. This has resulted in a fragmented program with many inequalities across states and regions including eligibility criteria, the type of transport provided, the amount of subsidy provided, and the form the transport will take.

In Western Australia PATS is funded by Royalties for Regions, and most regions provide for some form of accompanying carer or support person and their accommodation if necessary. In Western Australia a “Meet and Greet” service is provided for Aboriginal clients on arrival in major cities from remote areas.

The amount of paperwork and complexity of the application process has been seen as a disincentive for many people to access PATS funding which has resulted in many people who are eligible being either unaware of the scheme or unwilling to access it. The poor literacy levels of many older Aboriginal clients could also impact on use of this service.

The following groups of people are eligible for the Patient Assisted Travel Scheme (PATS):

- Permanent residents in a WA Country Health Service region needing to travel more than 100 km to the nearest eligible medical specialist services including a Telehealth service
- Country patients needing to travel more than 70km (each way) to access specialist medical treatment for cancer or dialysis, where the health service is unable to provide a transport service

Escorts may be approved for people with certain medical conditions, including:

- People undergoing cancer treatment
- The frail or the disabled
- People under 18 years of age.

Patients who are eligible to claim travel and accommodation under other schemes eg workers' compensation, DVA , employer funded or motor vehicle personal injury (MVPI), are not eligible to claim under PATS.¹⁷

According to the 2008 NATSISS (National Aboriginal and Torres Strait Islander Social Survey), Aboriginal people in Western Australia were more likely than non-Aboriginal people to have difficulty getting to the places they needed to. In 2008, 27% of Aboriginal people living in Western Australia reported that they sometimes or often had difficulty, or could not get to places, compared with 12% of non-Aboriginal people.¹⁸

¹⁶ http://ruralhealth.org.au/sites/default/files/fact-sheets/fact-sheet-10-patient%20assisted%20travel%20schemes_0.pdf accessed 300913

¹⁷ <http://www.wacountry.health.wa.gov.au/index.php?id=628> accessed 300913

¹⁸ Aboriginal and Torres Strait Islander Health Performance Framework 2012 Western Australia. AIHW publication

Other schemes transport schemes that may be accessed to persons who are assessed as eligible that includes:

- HACC transport as an incidental part of other HACC services or as a distinct transport service. HACC transport is available to Aboriginal Persons assessed as eligible regardless of age
- Local volunteer community transport
- COAG Closing the Gap Aboriginal Transport Scheme
- Fuel cards (\$500 per annum) that are provided to all Wheatbelt residents 65 and over
- Taxi Subsidy scheme available to persons assessed as eligible; subsidy limit \$25.00 per trip; Wheelchair Scooter users 75% subsidy of the taxi fare, up to a maximum of \$35 per trip
- Non-Emergency Patient Transport (NEPT) available to persons assessed as eligible; St John's Ambulance (70% of St John's role) and National Patient Transport
- Hospital based Voluntary Transport Program using Hospital Vehicles

Dementia

Dementia is often not recognised as a major health issue in Aboriginal and Torres Strait Islander populations despite research indicating a higher incidence of the disease in rural and remote communities. Studies conducted in the Kimberley region and North Queensland found the prevalence of dementia to be five times higher than the general Australian population. The absolute numbers of older Aboriginal and Torres Strait Islander people (55 years and over) with dementia will increase as people live longer and with the introduction of more strategic approaches to diagnosing dementia that promote information sharing, treatment and care for people with dementia.¹⁹

The health and lifestyle factors that can contribute to dementia are also contributing factors for other chronic disease and include smoking, poor nutrition, alcohol consumption, high cholesterol, blood sugar levels, and lack of physical activity. Often the need to address the chronic disease outweighs the need for dementia support and treatment and their long term dementia needs are not met. As more Aboriginal people live longer, there is the possibility of increased numbers being identified as having some form of dementia (the most common being Alzheimer's or vascular).

The Kimberly Indigenous Cognitive Assessment (KICA) is a culturally sensitive assessment tool developed for older Aboriginal and Torres Strait Islander Australians living in rural and remote areas and can be modified to allow for regional differences. Use of this tool can improve the ability of care services to correctly diagnose, identify severity, and determine care strategies for clients presenting with symptoms.

The majority of recent research has been undertaken in the Kimberly and very little has been done in urban and regional areas where the largest numbers of Aboriginal Australians live. However, one recent study of five urban and regional Aboriginal communities across NSW²⁰ found that "73 per cent of those with dementia were aged between 60 and 70, compared with non-Aboriginal Australians where the majority are over 70."

¹⁹ Alzheimer's "Dementia in Aboriginal and Torres Strait Islander Communities."

²⁰ Koori Growing Old Well Study www.neura.edu.au

The “Koori Growing Old Well” study also found that very few cases of alcohol related dementia were reported although the “prevalence of mild cognitive impairment was also high.” The study has called for the provision of dementia education and appropriate services through the Koori Dementia Care Project funded by NSW Ageing Disability and Home Care (ADHC). Verso watches with interest the instigation of education opportunities and service development in NSW with the hope the framework can be used in both the Wheatbelt and Western Australia as a whole.

Chronic Disease

Chronic diseases account for the majority of the burden of disease in Australia. Effective management of the risk factors can reduce the incidence of chronic disease, improve quality of life, increase life expectancy and reduce the need for health interventions.

As mentioned in reference to dementia, the health and lifestyle factors that contribute to dementia are also contributing factors for other chronic disease. As issues around nutrition, smoking, alcohol consumption, and lack of physical activity are addressed in relation to dementia, the incidence of other chronic disease such as diabetes, kidney disease, coronary heart disease, dental and gum disease, and respiratory illness should also decrease.

An indirect measure of access to primary care (and consequent management of chronic disease) is the rate of potentially preventable hospitalisations. These are hospitalisations that could potentially have been prevented through the timely and appropriate provision of primary care or other non-hospital services. Between 2008 and 2011 in Western Australia, in the 55-64 year age group, Aboriginal people were hospitalised at 30 times of the rate of non-Aboriginal people. Aboriginal people of all ages, requiring hospitalisation for chronic conditions in Western Australia, were hospitalised at a rate almost 20 times that for non-Aboriginal, for acute conditions at more than 3 times the rate, and for vaccine preventable conditions at more than 7 times the rate of non-Aboriginal Australians.²¹

2.1.1 Key Findings

Health/Ageing Issues and Social Needs of Older Aboriginal People Key Findings

The Key findings relating Health/Ageing Issues and Social Needs of Older Aboriginal People include:

- The need for aged care and community services for Aboriginal people often occurs at a younger age than in the general population, due in part to poorer health status and socioeconomic disadvantage
- The proportions of Aboriginal people compared to non-Aboriginal population, in Wheatbelt, are consistently above the state figures, with larger numbers in the regional centres of Narrogin (Dryandra sub region) and Northam (AROC sub region)
- The Aboriginal population is expected to double in Australia by the year 2021 resulting in an imperative for the development of an equitable and accessible Aboriginal Aged Care services in the Wheatbelt
- Lack of suitable housing is a pressing issue, not only for Aboriginal elderly but also for the general population. Higher levels of overcrowding and incidences unhygienic and/or unsafe conditions can make Community Aged Care delivery difficult

²¹ Aboriginal and Torres Strait Islander Health Performance Framework 2012 Western Australia. AIHW publication

- The opportunities for access to affordable and responsive transport for Aboriginal clients may be complicated and in some cases limiting due to;
 - the range and complexities of community and health transport programs,
 - application forms and processes for transport services that are difficult to navigate for some elders with reduced literacy levels
 - in some locations across the Wheatbelt limited options due to an absence of programs, infrastructure and volunteers
- As more and more Aboriginal people are living longer, there is a greater risk of them developing dementia. Figures show dementia is five times more prevalent in some Aboriginal populations than in the general Australian population.
- A lack of understanding about dementia and a fear of the medical system can preclude many older Aboriginals from accessing early intervention services
- There has been an increase in the numbers of Aboriginal people identifying as unpaid family carers. Many of these have health issues of their own and may need assistance with self-care, mobility or communication
- Chronic disease is the cause of most hospital admissions for Aboriginal people in Western Australia

3 Document Review

The information provided in this section is a summary of the document review that is included as an appendix to this report.

Purpose of the Document Review

A key finding in the development of the Wheatbelt Integrated Aged Care Plan is older Aboriginals in the region are not receiving the care they require.

In response to this finding research into best practice and culturally appropriate care for older Aboriginal people and the social, cultural and health issues which impact on access to appropriate services has been conducted and detailed in the document review.

The findings of the document review will be used in conjunction with the review of service models and demographics create a holistic framework that will support the development of responsive and flexible aged care for the Aboriginal population of the Wheatbelt Region.

Methodology and scope

In an examination of the aged care needs of the Wheatbelt region it was found there were populations of older Aboriginals whose care needs are not being met. These people are living in all areas of the Wheatbelt²². This document review has included an examination of Commonwealth and Western Australian policy and issues facing Aboriginal communities including:

- Aboriginal Perspectives of Health, wellbeing and ageing
- Health issues and life expectancy of older Aboriginals
- Social and cultural issues
- Models of Aboriginal aged care

Documents were scoured as a result of internet searches over multiple websites (Health, Commonwealth Aged Care etc.), reports and documents were provided by the Wheatbelt Development Commission or Western Australian Country Health Service and documents held by Verso Consulting. The appendix to this report details a register of documents reviewed.

3.1.1 Key findings

Health and Community Impacts

Healthy ageing is important to ensure the vitality and continued contribution of Aboriginal elders to their families and communities. However, Aboriginal and Torres Strait Islander people in the older age groups are less likely to report good or excellent health than non-Aboriginal and Torres Strait Islander Australians of the same age with higher proportions of Aboriginal and Torres Strait Islander people having disabilities and needing help with daily living.

Social, political, historical and economic factors have contributed to multi-generational disadvantage in the Aboriginal and Torres Strait Islander community which has impacted on health, ageing well and life expectancy. In 2011 there were

²² Aged Care Consultation undertaken by Verso Consulting as part of the CEACA and WIACS projects 2012, 2013

less than 4% of Aboriginal and Torres Strait Islander people aged over 65 years,²³ however, there is a growing number of the community who are living to over 75 years who require health and community care services to support them in older age.

An important factor for positive health and wellbeing within Aboriginal communities is the vast knowledge, guidance and vision from elders. Increasingly elders are unable to participate fully in cultural practices due in part to large numbers of the population suffering from chronic illness requiring regular treatment away from home and the lack of appropriate care services within or close to communities. Many Aboriginal groups have a deep connection with the land and the community and staying close to family to participate in essential business limits access to much needed medical and support services.

Impact of Illness

In Aboriginal culture diseases associated with ageing including dementia and chronic illnesses not only affect the person but the entire community due to the role of older Aboriginal people being the custodians of traditional stories, dance and music. Support for healthy and interdependent relationships between families, communities, land and culture is vitally important for Aboriginal and Torres Strait Islander peoples. Ill health is considered to result from an imbalance in these factors.

This view of health is vastly different to the western concept which focuses on treating the illness. Services for older Aboriginal people will need to consider this worldview.

Care options for older Aboriginal people living in rural and remote areas are limited and require development. Access to mainstream and Aboriginal and Torres Strait Islanders services can be achieved through joint planning and building partnerships between government, non-government and community organisations and should include full participation of Aboriginal people and their communities in the decision making process and determination of priorities. Positive impact can be achieved with the involvement and ownership by Aboriginal communities in the uptake of new and continuing services.

Health Issues and Life Expectancy of Older Aboriginal People Key Findings

The key findings related to health Issues and life expectancy of older Aboriginal people are:

- The need for aged care and community services for Aboriginal people often occurs at a younger age than in the general population, due in part to poorer health status and socioeconomic disadvantage
- There are many challenges around engaging older aboriginals in aged care including providing culturally appropriate care which may include language, care workers and access to services and transport
- Like older Australians as a whole, Aboriginal Australians like to be cared for in their communities, close to family and their land
- The prevalence of dementia in Aboriginal people is almost five times the general Australian population due to high risk factors including chronic disease
- A lack of understanding about dementia and a fear of the medical system can preclude many older Aboriginals from accessing early intervention services

Social and Cultural Issues Key Findings

The key findings related to social and cultural issues are:

²³ ABS, 2011

- There are a multitude of interconnected social, political, and economic factors which have had an influence on the ageing experience of Aboriginal people which contribute to poorer health outcomes and life expectancy
- Very few Aboriginal people access government support programs, particularly those in remote communities
- The provision of culturally appropriate care for older Aboriginal people by Aboriginal people is seen as a way of addressing issues of inequity in aged care and health care for Aboriginal people
- Financial, physical and emotional abuse as well as neglect of older people has been raised as an issue in some Aboriginal communities

Models of Aboriginal Aged Care Key Findings

Key findings related to models of Aboriginal Aged Care are:

- Developing best practice Models of Aboriginal Aged Care should involve research into localised information about communities and social histories as well as considering the social determinants of health and cultural perspectives and approaches to wellness, ageing and care giving in different Aboriginal cultures.
- A partnership approach with community health services, families and communities may enable this care to take place
- Building a responsive and flexible Aboriginal workforce is a key driver in the ability to provide appropriate care
- Many Aboriginal people express a desire to die in their own communities
- Flexible models of palliative care are needed to support these wishes

Approaches addressing the social, historical, biophysical and cultural determinants of health and ageing and the Aboriginal world view should be considered in the development of an Aboriginal Aged Care Plan for the Wheatbelt Region. Building partnerships with Aboriginal communities and service providers will enable increased participation both in the provision of and access to essential services for the older Aboriginal population.

4 Service Models

Verso conducted site visits and consultations with a number of organisations supporting aged care services to Aboriginal people.

Site Visits included:

- Mutkin Aged Care Services, Yarrabah, Qld
- Lyndoch Aged Care, Warrnambool, Vic
- Rumbalara Elders Facility, Shepparton, Vic
- Care Connect, Aboriginal Community Services, Doncaster, Vic
- Aboriginal Elders and Community Care Services, Adelaide SA

These sites were chosen as they represented a number of different service models. The service models are provided to ensure that planning and service delivery in the Wheatbelt can draw on a broad range of options. These options will support service design and delivery in the Wheatbelt that recognise the unique needs of Aboriginal elders in the Wheatbelt. The models also provide community members, planners and service providers with insights and to ensure that the Wheatbelt Aboriginal communities are provided with sustainable services that maximise the impact of Government funding.

4.1 Lyndoch Warrnambool

Verso visited and spoke with Lyndoch Aged Care Services Aboriginal Liaison Tony Harrison and Andrew Robertson. The Lyndoch model is a mainstream agency that supports three Aboriginal Controlled Organisations (ACOs) to deliver Home and Community Care and Home Care Packages. Lyndoch is the Approved Provider for the Home care Packages however the management and delivery of the packages is the responsibility of the ACOs.

Lyndoch Living, situated in beachside Warrnambool, Victoria, supervises Community Aged Care provision in three Aboriginal ACOs located in the Barwon South West Region. These are:

- Portland- Dhauwurd Wurrung
- Framlingham- Kirrae
- Warrnambool- Gunditjmara (Gundij)

Due to differences between the clans in the region distinct arrangements and service supports have been developed. The Aboriginal Health services deliver Aged Care services through the Home Community Care Program; Home Maintenance, Home Care, Social Support, Planned Activity Group, Respite, Personal Care, Suicide Prevention and Mental Health.

When Home Care Packages are required Aboriginal Health Services focused on these communities and Lyndoch develop a service plan in conjunction with the client. The service plan focuses on what best suits the needs of the individual.

Operational Issues

Home Care Package provision is provided through the Koori Co-ops and special interest groups Lyndoch Warrnambool Inc. being the Approved Provider. The Aboriginal Health Services that operate in the Koori Co-ops are currently working with Lyndoch to enable them to eventually stand alone.

There is a combination of non-Aboriginal and Aboriginal staff with most of the hands on people being Aboriginal and non-Aboriginal who have been in the role for a long time and who have earned the respect of their clients and co-workers.

Lyndoch runs meetings with case managers every 3 weeks to mentor and support them in the role. They discuss clients and support case managers so they are an extension of the team. It also means that decisions can be made about families that are one step removed from the workers. "Not our decision. Lyndoch makes the rules."

As in many smaller communities, work done as a family member is often not part of a package but is provided 'above and beyond' from a sense of duty. This can be a drain on staff members who are not able to have time off.

A predetermined number of packages are divided between agencies and they do their own case management. During consultation with Lyndoch it was said, however that "it is difficult to "set and leave" and expect the packages to run according to guidelines." Lyndoch provides resources to support Koori groups to manage packages according to guidelines and in the past few years the Co-ops have wanted to stand on their own feet.

There have been challenging issues with recruitment and retention of Aboriginal staff although some staff members have been with the service for many years. It has been recorded that "20% of the population of the Framlingham community has taken up the opportunity over the years to work for periods of time with the HACC program." When Lyndoch took over the supervision of the Co-op packages, no police checks had been done and employment had been very ad hoc with family members and untrained staff. Some compromises were made in order to keep continuity of staff however all guidelines are now adhered to regarding compliance.

There is a developing respect for the guidelines after a series of noncompliance issues. Lyndoch has been working with the communities to support the levels of self-determination sought by the staff while ensuring the staff have capacity and skills to comply with program guidelines. This particularly involves up-skilling staff. "The basic framework for the services was sparse." Tony Harrison (Lyndoch Aboriginal Liaison) has been meeting with groups and training staff in the use and maintenance of common assessment tools. Systems have improved and guidelines are now being adhered to by Support Workers providing services.

There are ongoing challenges and frustrations in these processes. Lyndoch report as the power base shifts in Koori Organisations, family groups and clans in the region, key staff members and can move away or resign leaving large gaps in service provision and organisational structures. "You just feel like you are making inroads, then the management changes and it all falls apart again."

Issues in family groups and clans in the area can also affect the demand for services. The participation in the aged care program in some cases can relate to perceptions of who is in a position of power and how clients may be aligned. Lyndoch report that the consequence is that take-up of the program and packages can fluctuate between services.

Advocacy around cultural awareness is also undertaken by Lyndoch. The importance of cultural events and the rationale behind leave requests - funerals etc. has been addressed and this has resulted in a more stable workforce with less absenteeism.

Lyndoch states, “Working with the Aboriginal Co-ops has given a greater appreciation of Koori culture within our own organisation’s cultural awareness.” Greater rapport is gained by working with the groups to meet Commonwealth and Government targets rather than imposing strict rules. “These are the regulations and this is how these packages can be delivered within the guidelines.”

Because of the relatively small numbers clients will often compare packages and have unreasonable expectations of what is available. “We have to explain about the personal, individual tailoring of the packages.” Lyndoch commented that, “The guidelines may need a little tinkering to keep packages relevant to Koori people.”

Finances

The Home Care Packages provided by Lyndoch are Level 2 packages. The Level 2 packages are funded at 261.66 per week. Lyndoch commented that the percentage taken out of the packages for overhead component is not generous when compared with the actual amount in the client’s hand. About 5% of the weekly fee is retained by Lyndoch to contribute to their costs.

4.2 Mutkin Aged Care- A whole of Services Case Management Model

Verso visited Mutkin Aged Care services and spoke with the Manager James Canuto and had a tour of the facility. Mutkin Aged Care is a Residential Aged Care facility that sits within the Yarrabah Aboriginal community Queensland. The Yarrabah Community is an Aboriginal controlled Local Government community.

About the facility

Mutkin is the local word for Quandong- and many can be seen growing in the area around the buildings of the Aged Care Facility.

Mutkin is a 15 bed residential facility operating in the Yarrabah Aboriginal Community (4,000 people) near Cairns in Northern Queensland. They also service 47 HACC clients in the community and three Community Aged Care Package (CACP now level 2) clients. There is a small waitlist of 2 people for residential care and 1 person for packaged care. People are supported in their own homes until a place becomes available at Mutkin rather than move them from their traditional lands.



Funding

The Mutkin Residential Aged Care Facility is funded by the Commonwealth Government under mainstream funding for residential aged care. To the year ending June 2012 Mutkin received \$661,521 of subsidies an equivalent of \$44,101 per bed²⁴.

Mutkin Aged Care services access supplementary funding from a variety of sources including; State Government, Trust funds and the National Job Creation Project as well as a number of other sources. Without accessing additional funding the facility would not survive financially. Industry commentators observe that residential aged care facilities of less than 60 beds are highly unlikely to be financially viable without the benefit of multiple funding streams and a suite of service offerings under the current funding arrangements. Mutkin Residential Aged Care Facility does not hold any bonds and it is considered that they unlikely to do so in the future.

The Approved Provider for the Mutkin Residential Aged Care facility is the Corporation of the Yarrabah Aboriginal Council. The day to day decision making is fully managed by the facility management team.

Workforce

Mutkin has 2 RNs and a number of care workers and support staff who have, either, Cert III or IV. Currently there is a person completing their final year of Aboriginal Health Worker training. Mutkin makes use of training provided by the National Jobs Creation Project (see BJs story below) and encourages young people in the Yarrabah community to participate in work experience programs.

²⁴ DSS Aged Care Services List June 2012

The Aboriginal and Torres Strait Islander rural and remote aged care training project - BJ's Story²⁵

Published: 15 February 2013.

Branton Keys (or BJ as he is known) is a 23 year old Aboriginal man from Yarrabah, far North Queensland who was recently featured in the Closing the Gap Prime Minister's report 2013.

Two years ago BJ wasn't working and wasn't sure what he wanted to do with his life.

BJ's cousins were working at the Yarrabah Aged Person's Hostel, so he started doing some volunteer work there, and also attended some of the in-service training available.

BJ found he really liked working with the older people. When he was offered an Aged Care worker position through the National Jobs Creation Program in March 2011, he accepted and became a willing and enthusiastic participant.

When BJ first started working at the Aged Person's Hostel, he wasn't thinking of a career - he simply liked looking after the older people.

However, as a reward of his passion and hard work, the Tropical North Queensland Institute of TAFE offered him training under the Aboriginal and Torres Strait Rural and Remote Aged Care Training Project (funded by the Australian Government Department of Health and Ageing).

The training is culturally appropriate, accredited and targeted to Aboriginal and Torres Strait Islander aged care workers in eligible communities in rural and remote regions of Queensland, Western Australia and South Australia.

As a result of the training project, BJ realised that he wanted to "get qualified" as he recognised this would give him a pathway towards developing a career in aged care.

BJ enrolled in the Certificate III in Aged Care as well as the Medication Skill Set course. He was a keen and committed student, and worked hard to gain the skills and knowledge he needed to become a qualified Aged Care Worker.

BJ said that achieving the Certificate III in Aged Care and completing the Medication Skill Set course has made him very proud of himself.

BJ plans to continue his training and is now in the process of completing the Certificate III in Home and Community Care.

Integrating services

As detailed in the opening remarks Mutkin also delivers integrated services that include HACC and Home Care Packages. The practice of Mutkin is to facilitate a continuum of care, ensuring that there are smooth transitions across the care continuum. Older members of the community waiting to enter the facility are provided with added community services while they await a vacancy.

Mutkin is able to provide transport in a car, or truck or a 22 seat bus for trips to Cairns for medical appointments and for use with planned activity groups. They also provide Meals on Wheels to a number of community members; the meals are prepared in the kitchen of the residential facility.

Mutkin are able to offer hydrotherapy in the adjoining pool, with a visiting physiotherapist and assisted by interested care workers. The mentoring approach of the physiotherapist is a good example of how Mutkin seeks to provide opportunities up-skill care workers wherever the situation could support this approach.

²⁵ <http://www.indigenous.gov.au/the-aboriginal-and-torres-strait-islander-rural-and-remote-aged-care-training-project-bjs-story/>

Accessed 26/09/13

Mutkin have applied to have 2 Dialysis chairs set up in the health centre located next door. One person in the facility needs regular dialysis and there are many more within the Yarrabah community who require renal dialysis. At present clients are transported in to Cairns (about 45 minutes) to attend dialysis every day (4 hours Mon, Wed, Fri and 3 hours Tues, Thurs and Sat). Setting up the health centre with dialysis chairs will relieve some of the pressure on transport as well as the necessity to have trained carers to accompany clients.

Design

The facility itself is set out in a U shape with wide verandahs and large areas of gardens and lawns. Bush grasses as well as native flowers are planted in the gardens with places to sit dotted around the garden. There are separate wings for men and women with 2 shared units for couples. Rooms have 2 doors and individual bathrooms. The central courtyard has a mosquito proof shade house with tables and chairs. It is used for activities such as craft, karaoke and morning and afternoon teas. When the site visit was conducted a group of year 10 girls from a Sydney school where winding up a program of activities they had conducted with the residents.



Design aids wellbeing

The design of the residential aged care facility aids the wellbeing of many Aboriginal people. The design of the rooms (a door accessing quadrangle and one accessing breezeway) and facility as a whole represent best practice aged care for not only Aboriginal residents but also for residents who are care leavers.

Many of the residents in Aboriginal Aged Care facilities will be facing issues around institutional living as well as issues as a consequence of culture.

Consultation with Open Place Support Services for Forgotten Australians revealed, “It doesn’t matter what the standards of care are like or where the facility is or what services are offered, it all comes to grief when people enter any type of communal living arrangement.” “Just about everything will trigger a memory and response.”

“Many care leavers are very private and it is important to remember that one size does not fit all. If they do choose to live in a community type setting there needs to be the option of choice and flexibility.”

A survey was conducted by CLAN in 2006-7, of 382 care leavers. 43% of those who responded expressed a fear of being locked in and 21% said they were afraid to lock or close doors.²⁶

Further discussion with a care leaver revealed that he “Always likes to know there are two doors in a room in case I need to get out.”²⁷

“It is not just the built environment that can cause issues but the levels of care and organisational structure as well.”

“The ideal situation for the Forgotten Australians is to have community aged care in their own home until the very last second. The decision making around types and levels of care needs to be their option. We need to have a pragmatic attitude to the built environment but a flexible attitude to care.”

4.3 Rumbalara

The meeting at Rumbalara was conducted with Felica Dean (CEO). The meeting included a tour of the site, an opportunity to meet some of the staff and several residents. Rumbalara Aboriginal Coop is an Aboriginal controlled organisation located in Shepparton Victoria. Rumbalara includes aged care, disability, community and family services, mental health and health services delivered from the Shepparton base with some services delivered to a wide geographic region that includes the Loddon Mallee and Hume regions of Victoria and the Riverina/Murray and Orana far West regions of NSW. The Home Care Packages program is delivered by Rumbalara in some locations in collaboration with other ACOs.

The site visit was conducted at Rumbalara’s Elders Facility in Shepparton Victoria. The site features integration of the aged care facility, independent living units targeted to older people and others and a community centre.

Rumbalara’s range of integrated services operated from the site visited and other sites in Shepparton/Mooroopna are extensive and detailed in the following sections.

4.3.1 The Rumbalara HACC program

The Rumbalara HACC program provides home and community support services for frail elderly people over 45 years of age, younger people with a disability and their carers.

These services aim to help people live at home for as long as possible and to avoid needing to go into residential care.

The HACC services are being folded into the Commonwealth Home Support Program (July 2014). The current services offered by Rumbalara include:

- Assessment and referral to mainstream services (ACAS, Allied Health and Personal Care, etc)
- Home Care (vacuuming, mopping, etc)
- Garden Maintenance (lawn mowing, pruning, etc)

²⁶ “A Terrible way to grow up” Overview of findings from CLAN survey 2006-7

²⁷ Anonymous care leaver. Personal discussion , 2013

- Transport (shopping, bill paying, etc)
- PAG (Planned Activity Group) activities like Luncheon, Bingo, outings, etc.

The HACC program in Victoria is a joint Commonwealth and State program at present but will become a fully operated Commonwealth program from July 1st 2014.

4.3.2 Home Care packages

Rumbalara Home Care Packages are targeted to a number of aged care planning regions encompassing; Hume - 54 packages (Vic), Loddon-Mallee - 70 packages (Vic), Orana far West - 5 packages (NSW), Riverina/Murray - 21 packages (NSW)²⁸. Packages in NSW are delivered in collaboration with other ACOs.

The Home Care Packages are funded by the Commonwealth Department of Social Services (DSS) formerly the Department of Health and Ageing.

4.3.3 Residential Aged care

Rumbalara Elder Facility is a residential aged care facility offering; 20 High Care beds and 10 Low Care. The facility also offers a palliative care suite and residential respite. The residential care facility is funded under the National Aboriginal and Torres Strait Islander Aged Care Program (details of the program are to be found in 3.1 of this report)

The service operates under the National Aboriginal and Torres Strait Islander Aged Care Program and is funded by the Department of Social Services.

4.3.4 Other Integrated Health Programs

As detailed in the principles detailed in 6.2 there is a need to ensure aged care and health services are integrated in Aboriginal aged care. The practical level of integration is demonstrated at Rumbalara which include the services outlined:

Medical Clinic

MEDICAL services include the following:

- General Practitioner and Community Health Nurse Services
- Visiting Specialist Programs
- Diabetes Program: Diabetes Management & Education
- Women & Children's Health: Antenatal and Postnatal care for women
- Women's Business information and referral
- Aboriginal Health Workers: Assist Health Service programs and services

Wanya Centre (Oral Health)

General Oral Health Services provided primarily to Aboriginal & Torres Strait Islander Communities.

Dental services are funded by the Victorian Government Department of Health and the Australian Government Department of Health - the Office of Aboriginal and Torres Strait Islander Health (OATSIH.)

²⁸ DSS Aged Care Services List 30 June 2012

Regional Hearing Program

Hearing Screening for all Aboriginal people in the Central and Northeast regions of Victoria. Hearing assessments conducted at the Rumbalara Clinic, Australian Hearing, Kindergartens and Primary & Secondary schools.

Guawa Place - Emotional & Spiritual Wellbeing

This is a psychosocial coordination program that encompasses all areas of a person's wellbeing and supports the individual or family to obtain their goals. It will:

- Support you to identify the persons needs and goals
- Coordinate and support the person to connect with services and programs to assist them to continue to move forward
- Stay in contact with the person and continue to support them until they feel they no longer require assistance
- Make sure the person doesn't get lost in the system

This service is funded through the Australian Government Department of Health and Ageing - Office of Aboriginal and Torres Strait Islander Health.

Drug & Alcohol

The A&OD program provides the following:

- Support to identify the persons needs and goals
- Coordinate and support the person to connect with detox and rehabilitation services to assist them to continue to move forward
- Stays in contact with the person and continues to support them until they feel they no longer require assistance

Drug and Alcohol services are funded by the Victorian Government Department of Health; and the Australian Government Department of Health and Ageing - Office of Aboriginal and Torres Strait Islander Health.

Bringing Them Home (BTH) - Grief and Trauma Counselling

The history of depression and forcible removable continues to impact on the social, emotional, spiritual, cultural and physical wellbeing of Aboriginal and Torres Strait Islander people. Grief and trauma counselling, assists individuals and families with emotional and spiritual healing.

The BTH program is funded through the Australian Government Department of Health and Ageing - Office of Aboriginal and Torres Strait Islander Health.

Traditional Healing Centre

Rumbalara Aboriginal Cooperative Ltd (RAC) in partnership with Yorta Yorta Nation Aboriginal Corporation (YYNAC) has established a Traditional Healing Centre, which aims to provide traditional Aboriginal and Torres Strait Islander (ATSI) education, resources and healing services, for the local area ATSI population.

Funding for this project is from the Aboriginal and Torres Strait Islander Healing Foundation.

4.3.5 The Rumbalara Elders Facility

A number of key features distinguish the Rumbalara model as detailed in this section. Rumbalara Coop spent many years in the planning and the operationalization of the elder's facility (Residential Aged Care).

Staffing

Rumbalara considered that developing Aboriginal staff with appropriate qualifications to be a critical success factor in operationalising the elders facility. Rumbalara systematically worked with key staff members for three years prior to opening the facility supporting them to upgrade and achieve qualifications. This strategic planning and thinking has proved to be an essential element ensuring that mainly Aboriginal staff operate that facility including those delivering the clinical care.

Design

Rumbalara consulted widely with elders across the catchment area to develop a functional brief for the architects. Within the catchment area there were conflicting views about the delivery of Government programs and the location and focus of services. Rumbalara managed to ensure that the welfare of the elders and a commitment to culturally appropriate care remained central and were able to achieve a consensus through this approach. Culturally important issues include; the continuing involvement of family, a built form that is sensitive to Aboriginal elder's needs, an Aboriginal controlled organisation and Aboriginal staff.



Key design elements used in the facility include:

- From aerial view the facility is shaped in the totem of the Aboriginal people of the area, the turtle
- The facility includes a lot of natural light
- Aboriginal art is used extensively throughout the facility
- All rooms are generously sized with a television and an ensuite
- The facility includes large areas that can be partitioned off for family gatherings

- There are many external doors that facilitate the capacity of residents to be outside when they want to be
- The outdoor areas are crafted with culturally appropriate elements such as a dry creek bed, native plantings, Aboriginal art embedded in the footpaths
- The outdoor areas support best practice aged care elements such as a secure garden, shaded areas, outdoor eating, continuous pathways with destinations, raised vegetable gardens
- Colour schemes reflect natural earth and bush colours
- The facility also includes a palliative care suite that includes indoor and outdoor areas for family with a separate bedroom for the care. The palliative care suite has a separate external entrance to allow family to come and go without disturbing the other residents (at any time) and separate discreet ambulance entrance to the care room.



Integration

As detailed in the opening remarks the Elders Facility features integration of the aged care facility, independent living units targeted to older people and others and a community centre. The site also supports an Aboriginal youth employment program in the maintenance of the facility and gardens.

The Elders Facility and the collocated independent living units (16) and community centre aids multigenerational and ongoing connections. Some units are occupied students completing their studies. It is reported that some of the young people connect with the older people on a regular basis.

This assists elders to maintain their honoured and valued role in community. The facility supports the aspiration of Aboriginal people in the Goulburn Valley to maintain connections with their elders while ensuring their quality of care is not compromised.

By collocating facilities a continuum of care can also be offered; independent living units (ILU) ⇒ ILU with HACC ⇒ ILU with Home Care Packages ⇒ Elders Facility - according to need and choice.



Funding

The Elders Facility is funded under National Aboriginal and Torres Strait Islander Aged Care Program by the Department of Social Services (DSS). After many years of planning and lobbying the Elders Facility was built as a result of a capital grant being provided by DSS (then DoHA) of \$4,350,000 in 2006. The facility opened in March 2012.

National Aboriginal and Torres Strait Islander Aged Care Program funds all the high and low care beds regardless of whether they are filled or not. Rumbalara reports that, “could not afford to fill the facility as the block funding is inadequate”. A review of other programs funded under this program suggests that funding levels are likely to be lower than comparable Residential Aged Care facilities funded under the mainstream funding arrangements.

Under the National Aboriginal and Torres Strait Islander Aged Care Program the Elders Facility cannot take bonds. This issue was raised by Rumbalara to compare and contrast mainstream funding arrangements to the lower funding delivered under the National Aboriginal and Torres Strait Islander Aged Care Program.

Operations

The Elders Facility has been designed supports a full range of Aboriginal Elders needs this includes those elders living with dementia. Rumbalara commented that many of the people they support have significant mental health issues.

4.3.6 Home Care Packages

Rumbalara supports other ACOs to deliver Home Care Packages in NSW. It is Rumbalara's goal to mentor and support these ACO's to take control of the Home Care Package delivery in the future. At this stage Rumbalara have stopped applying for additional Home Care Packages as they have challenges managing caseloads that are too large, they struggle manage reviews and the difficulties in managing the remoteness of clients.

There are issues managing traditional boundaries that are not aligned to planning boundaries. These boundaries affect service delivery.

4.3.7 Sharing Learnings

Rumbalara has extended an invitation to Wheatbelt Aboriginal communities to visit.

4.4 Care Connect Aboriginal Community Services

Care Connect is a mainstream agency supporting individual service responses to Aboriginal People across Home Care Package programs. Care Connect provide their services in Victoria, NSW and Queensland.

Model

Care Connect's approach is based on building individual service relationships. Their model involves:

- An intentional commitment from the organisation to support Aboriginal Service Users
- Organisational skills and expertise in supporting Aboriginal service users and communities built up over a long period of time
- An organisational investment into learning about and appreciating the implication on aged care services of Aboriginal culture, the impact of white settlement and the effects of Government policy on individuals and communities
- Listening
- Taking the time that is required
- An appreciation that trust must be built
- A willingness through networks and individual relationships to connect and provide information and advice even where this does not result in a contract to provide services
- A willingness to develop a service response that is tailored to the unique history and circumstance of each service user
- An admission that they are always learning and through learning will need to take new steps to improve their responses

Benefits of the Approach

Care Connect are able to provide a response where there are limited or no other service options. For some people the benefit of their model is that they are able to offer the choice of not having an Aboriginal controlled organisation provide services. Some individuals and families do not want a local Aboriginal organisation to provide their care services so they can feel secure that they can maintain their privacy within the community. These benefits are possible in the context of being able to deliver services that are tailored to the individuals needs and are culturally appropriate.

4.5 Aboriginal Elders and Community Care Services Inc

An interview Graham Aitken (CEO) of Aboriginal Elders and Community Care Services Inc (AECCS) provided insights detailed in this section.

The Aboriginal Elders and Community Care Services Inc. provides high quality community and residential care for Aboriginal Elders to help them live independently at home and enjoy quality of life, community and cultural activities.

Aboriginal Elders and Community Care Services Inc. offers accommodation, care and support to Aboriginal Elders at Aboriginal Elders Village and services to Elders, younger adults with disabilities and carers in the community and at home through Aboriginal Home Care.

The service is a non-profit incorporated community based organisation that supports over 300 Aboriginal clients throughout metropolitan Adelaide.

The vision for the service is to provide responsive and flexible services to Aboriginal and Torres Strait Islander clients in a way that respects culture, promotes independence, choices, dignity and privacy.

Older Aboriginal clients are culturally diverse and coming from different tribes, some more traditional than others, some are very urbanised, while others speak hardly any English. It is important to recognise these differences and respond appropriately as the people they serve are not a homogenous group.

About the Residential Aged Services

Residential Aged Care: Aboriginal Elders Village is a 33 bed facility (when interview conducted in June 2013 had 24 persons in the facility). The Aged Care Service List details that there are 25 High Care Places and 8 Low Care²⁹. Most of the residents have complex care requirements. The residential aged care facility is funded under National Aboriginal and Torres Strait Islander Aged Care Program.

The facility was originally the Working Men's Club then converted to hostel and was purchased by Elders in 1995. The rooms accommodate a single person and have ensuite facilities. Extensive work on the grounds has been undertaken to create a culturally appropriate space. This includes the vegetation, fire pits, vegetables, flowers and gardens and spaces to congregate at night outside the buildings.

An issues identified in the aged care facility environment is a lack of social inclusion. AECCS explained, "If residents have family, then the family tends not to visit all that often; there is very little engagement with their own people". AECCS is seeking to reduce the isolation by working with schools with the concept of bringing younger and older together. School children come in each week; reading to the elders has proved to be a valuable contribution. Aboriginal young people are also helping with grounds redevelopment, plantings etc. AECCS also detailed how they would like to purchase a

²⁹ DSS, Aged Care Service List - Australia - as at 30 June 2012

bus to facilitate elders having the opportunity and means to get out into the community.

AECCS has an activities manager that arranges a lot of cultural activities. The manager has facilitated elders to continue to participate in art; Aboriginal art produced by residents have been sold on behalf of the artist. It is reported that residents can make up to \$300 per artwork. Recently a mainstream aged care provider in Adelaide purchased a range of artwork for display purposes in their facility

AECCS has seen the need to develop a palliative care unit and this is now central to planning.

Closing the Gap

Aged care services play an important role in closing the gap. In particular aged care services such as HACC can play a central role in supporting older people who may be resistant, unaware or untrusting to connect to appropriate health services. The platform that aged care can provide as a referral to other services is largely unrealised. Appropriately delivered aged care services is one of the best interventions available.

Preferred Model

The AECCS preferred model is based on the core theme: “Aboriginal elders really would like to stay in their own homes. No different to non-Aboriginal persons”.

Based on this core theme AECCS is committed, ‘in principle’ to a model of supported housing, made up of a cluster of 20 or so, one bedroom units. The aspiration is to create a village setting. AECCS has a 5 hectare block of land in Adelaide’s West where they hope to achieve this vision. Having a suite of Home Care Packages and HACC services providing a continuum of care to support as care needs of residents change would be an essential element of the model.

4.6 Summary: Service Models

Social and Cultural Issues Key Findings

Key findings relating to social and cultural issues:

- Developing best practice Models of Aboriginal Aged Care should involve research into localised information about communities and social histories as well as considering the social determinants of health and cultural perspectives and approaches to wellness, ageing and care giving in different Aboriginal cultures
- The willingness of aged Aboriginal people to access aged care and community services is often dependent on their experiences as a member of the stolen generation. Past experience in institutions may have left a permanent distrust of authority figures and residential facilities

Models of Aboriginal Aged Care Key Findings

Key findings relating to models of Aboriginal aged care:

- Establishing a partnership approach with both mainstream community health providers and the local Aboriginal communities can reduce the tensions that can be present between family groups and care providers
- Recruitment and retention of a trained Aboriginal workforce can improve the long term sustainability of the health service

- Many successful models of care have been implemented and sustained by one or two highly motivated individuals. The longevity of these programs is dependent on that person's ability to mentor others into positions of influence and to actively manage a succession plan
- The built form of any Aboriginal Aged Care Facility needs to be designed following the protocols for accommodation for Care Leavers as well as incorporating planning that is culturally appropriate and sympathetic to regional requirements