CHAPTER FIVE

AGED AND COMMUNITY CARE

1. The Report noted the following about the need for, planning and provision of aged care services to the older Indigenous population.

(i) A population based approach is most appropriate at the national level for the planning of aged care services.

(ii) The Indigenous population suffers from age-related illnesses and disabilities at a younger age than the non-Indigenous population. Consequently, the appropriate age at which an Indigenous person is deemed elderly and thus eligible for services is younger. For example, 50 years is used by the Department of Health and Aged Care (DHAC) rather than 70 years as used for the non-Indigenous population.

(iii) The number of older Indigenous people will increase, particularly if Indigenous health status is improved. However, the older Indigenous population will not increase at the same rate as the elderly non-Indigenous population. It is important that with the overall increased need for aged and community care occurring in coming decades, the Indigenous population is not marginalised in its access to services.

(iv) The Indigenous pattern of aged care service use differs from that of the non-Indigenous population. There is a much greater use of home and community care services as opposed to residential services.

(v) Indigenous people's desire to see elders remaining in communities can be assisted through a stronger emphasis on community based care.

Service Funding and Provision

2. ***The Aboriginal Aged Care Strategy (AACS).*** This Commonwealth program aims to develop more flexible aged care services that meet the needs of individual Indigenous communities.

3. AACS services are developed in two ways:

- New flexible services are established in remote and rural communities with limited or no aged care services. Priorities for new services are determined by looking at existing service provision, the age of the population and, if it is available, Home and Community Care Data.

- The effectiveness of existing or approved in principle residential aged care services is assessed through community consultation.

4. There are currently 26 Indigenous-specific aged care services funded under the AACS. Twelve of these services are new and 14 have been reviewed and restructured. The most frequent restructuring is a shift from a single type service (for example a low care residential facility) to a mixed service. In planning aged care services the strategy uses DHAC's aged care planning regions.

5. Table 5-1 shows the distribution of recurrent AACS funding by State.

Table 5-1 DISTRIBUTION OF RECURRENT FUNDING FOR ABORIGINAL AGED CARE STRATEGY BY STATE, 1999-2000.

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Amount ($000)	971	558	1383	254	1529	175	0	2148	7018
Percentage	14	8	20	4	22	2	0	31	100

Source: Unpublished data from the Department of Health and Aged Care.

6. Most present funding is recurrent funding for established services. Four different forms of funding are provided:

(i) project development grants to support communities in developing an aged care project from the time approval is given until a project is completed (maximum 2 years);

(ii) start up grants to new services provided when they are about to open (one off payment);

(iii) limited financial assistance, on a case by case basis, for Indigenous-specific aged care hostels in financial difficulties; and

(iv) flexible ongoing funding.

7. Relationships between AACS and other service providers/funders include:

(i) AACS provides top up funding to aged care hostels operated through Aboriginal Hostels Limited.

(ii) States may in certain circumstances provide capital funds. ATSIC may also provide some capital funds.

(iii) In planning aged care facilities AACS does not take account of the provision of HAAC services. However, once established a service provider could chose to provide HAAC services.

8. ***Home and Community Care (HACC).*** The Report noted that elderly Indigenous people are more likely to use HACC services if they are provided by Indigenous people. It also noted the very broad range of care and services that HACC may provide in Indigenous communities, as well as the importance of adequate housing for home based care.

9. The HACC Aboriginal and Torres Strait Islander Reference Group based in DHAC aims to improve HACC services delivery to the Indigenous population through identifying and addressing the following issues. The group includes State and Indigenous Community HACC service providers and members of the Indigenous community.

(i) The need to improve data collection on Indigenous use of HACC to assist in improving services.

(ii) The need to ensure that HACC funding is accessible to Indigenous-specific providers wanting to provide services. This includes developing appropriate standards, training and administrative procedures.

(iii) The need to focus services on some specific age related problems in the Indigenous community, such as incontinence, dementia and elder abuse.

Measuring Need

10. The Report contained information on the aged Indigenous population by ATSIC region. Table 5-2 shows the distribution of the elderly Indigenous population by State and RRMA. It shows that there is a marginally higher proportion of older Indigenous people in remote areas.

Table 5-2 PROPORTION OF THE INDIGENOUS POPULATION AGED 50 AND OVER BY STATE AND RRMA[(a)], 1996

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Metropolitan zones	9.0	10.4	8.9	4.6	6.8	6.7	4.5	4.0	7.9
Rural zones	9.3	9.2	7.7	5.3	7.8	8.2	0.0	4.2	8.2
Remote zones	10.9	12.7	10.2	12.9	14.8	25.0	0.0	10.6	11.3
Total	9.3	9.9	8.8	9.0	8.9	8.0	4.4	9.3	9.0

(a) Note RRMA categories have been grouped into more general classes.

Source: Productivity Commission, *Report on Government Services 2001*, Productivity Commission, Canberra, 2001, Attachment 12A.2 and Census 1996.

Service Use

11. Indigenous people access residential care at a lower rate than they access home care services and packages. Community Aged Care Packages (CACP) is a Commonwealth program that provides case managed packages as an alternative to residential care. Indigenous use of CACPs is consistently higher than their use of residential care services. Table 5-3 shows that the ratio of Indigenous to non-Indigenous CACP use across rural, remote and metropolitan regions is generally higher than the ratio of Indigenous to non-Indigenous residential care use. Even where residential care is physically accessible it is used at a lesser rate than CACP. While this may be a result of a preference for home based care, it suggests that if there are barriers to residential care, they are cultural as well as physical.

Table 5-3 RATIO OF INDIGENOUS TO NON-INDIGENOUS PROPORTION OF TARGET GROUP[(a)] USING RESIDENTIAL AND CACP SERVICES, 2000[(b)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Capital city									
Residential	0.2	0.5	0.4	0.4	0.5	0.2	0.2	0.8	0.3
CACP	0.3	0.2	0.6	1.5	0.6	3.9	0.0	0.8	0.7
Total	0.2	0.4	0.4	0.5	0.5	0.6	0.2	0.8	0.4
Other metropolitan areas									
Residential	0.2	0.0	0.6	-	-	-	-	-	0.3
CACP	2.2	0.0	1.3	-	-	-	-	-	1.7
Total	0.4	0.0	0.7	-	-	-	-	-	0.5
Rural areas									
Residential	0.2	0.1	0.2	0.3	0.6	0.0	-	-	0.2
CACP	1.2	1.7	1.1	1.6	2.7	0.7	-	-	1.3
Total	0.3	0.3	0.3	0.4	0.8	0.1	-	-	0.3
Remote areas									
Residential	0.2	0.0	0.4	0.7	Indigenous use only	0.0	-	0.2	0.5
CACP	1.9	0.0	0.5	1.0	1.5	-	-	0.3	0.8
Total	0.4	0.0	0.4	0.8	5.6	0.0	-	0.2	0.6

(a) For the Indigenous population the target group is Indigenous people over 50 years, for non-Indigenous people it is people aged over 70 years.

(b) Uses RRMA classifications.

Source: Productivity Commission, *Report on Government Services 2001*, Productivity Commission, Canberra 2001, Tables 12A.10 and 12A.16.