

**Subject:** Submission to Inquiry on Urban Dwelling ATSI People  
Please note, I am forward this submission on behalf of ACES, with hard copy to follow by this evening's mail. I will attach the submission to this email in formatted version along with this copy in the body of the email. Thank you. Please address all subsequent correspondence to Fay Carter at ACES.

Rachel Fensham

#### SUBMISSION TO

HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON  
ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

INQUIRY INTO THE NEEDS OF URBAN DWELLING  
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

FROM:

ABORIGINAL COMMUNITY ELDERS SERVICES (ACES),  
5 Parkview Ave, East Brunswick 3057.  
Ph: (03) 9383 4244 Fax: (03) 9384 1532

Please find enclosed a document describing the background to, and services provided by, ACES (included with hard copy will be a report on Regional Aboriginal Aged Care facilitated by ACES (1999)). ACES offers programs and services particularly for aged and elderly indigenous Australians based in Victoria. This submission describes the nature of these services and current problems faced by this organisation. The enclosed documents provide information relevant to each of the terms of reference of this Inquiry. Below we highlight some key points.

#### TERMS OF REFERENCE

1) ACES is an existing aged care service which is unique in that it is controlled by an indigenous Board of Elders and delivers culturally sensitive services to the indigenous community (see "A. What is ACES and what does it do?" in enclosed document). Its integrated approach to delivery of services and the participation of indigenous Australians in planning and management strengthens the urban indigenous community.

However ACES operates under considerable constraints which limit the extent and range of services it can provide (see "C. What is the current problem?"). Its funding is under the same footing as mainstream aged care services which does not account for the special needs of its target community. Because the community it serves has extremely limited financial resources it is not in a position to provide supplementary funding to extend services. Further, unlike larger church and charitable organisations, ACES is a small autonomous organisation and therefore it cannot cross-subsidise across programs to create economies of scale. Besides this, those using the service have very particular health and social problems for which ACES needs to provide additional culturally relevant care.

2) The ACES Board of Elders is a good model of autonomous and

responsible decision-making regarding indigenous elderly persons in the community (see "B. Why ACES?"). It is managed by an indigenous person and largely staffed by skilled indigenous workers. ACES is already involved in partnerships with organisations such as the Brotherhood of St. Lawrence, mainstream hospitals and local government.

3) While the third term of reference is not directly relevant to ACES, the organisation has plans to strengthen the role of Elders in the community, hence enriching urban indigenous culture and supporting youth. These plans cannot be currently pursued because of lack of funds.

4) ACES offers an effective model of maintenance and strengthening of culture by honouring and supporting Elders.

5) ACES has many ideas for self-funding which would also strengthen urban indigenous culture and educate mainstream culture about indigenous Australians. Some investment in core funding would enable these ideas to be actualised.

6) ACES is collaborating with the Brotherhood of St. Lawrence in administering Koori Community Aged Care Packages. Through this program, which delivers support for aged care in the home, it has become clear that there are extreme unmet housing needs for elderly indigenous Australians.

More detailed information on these points is contained in the enclosed document(s). ACES would be willing to meet with the inquiry to further discuss issues relevant to the Inquiry.

Yours faithfully,

Fay Carter  
Manager on behalf of the Board of Elders  
ABORIGINAL COMMUNITY ELDERS SERVICES (ACES)

Vision statement:

The aim of ACES is to provide services which are culturally based and culturally appropriate to support the health and wellbeing of Aboriginal frail aged and elders in a Caring Place.

A. What is ACES and what does it do?

ACES was incorporated in 1987 through the efforts of a small group of Elders. Under its Constitution, it is run by an elected Management Committee of Senior Elders, who command the respect of age and their strong family structures.

In 1989 ACES received freehold title to 1.8ha on Merri Creek in Brunswick, and funding to build a centre which was opened in 1992 as the "Iris Lovett Gardiner Aboriginal Elders Caring Place".

As a cultural centre, ACES provides primary health care for Aboriginal frail aged and elders. The services currently provided by ACES include:

## 1. Residential Care

The Iris Lovett Gardiner Aboriginal Elders Caring Places comprises a hostel (10 beds) and nursing home unit (15 beds). Funding to run these on a day-to-day basis comes from the Federal Dept of Health & Aged Care. Staff include a nursing supervisor, cleaner, cook and part-time food services assistants, four registered nurses and eight personal care attendants ( five full-time, three part-time). It should be noted that funding per bed is currently at a fixed medium level, which does not accurately reflect the overall degree of need of residents.

A medical officer, podiatrist and physiotherapist visit the Caring Place. Support positions, such as a gardener and a hostel activities worker, are currently working at the Caring Place on part-time CDEP positions, funded through a Commonwealth program.

Various other programs and services are provided within the Caring Place, including a gentle exercise program and a falls prevention project. Many of the other services are specifically relevant to the cultural background of the residents, such as transport to and support at funerals, hospital visits, advocacy, supportive attendance, as well as other appropriate referrals.

## 2. Day Care Program

ACES also operates an adult day care program through the Caring Place. Victorian State Dept of Health and Aged Care funding covers a coordinator, 2.5 day care assistants, and a visiting podiatrist and masseur.

Within the adult day care program are activities (averaging 10 participants), such as health education sessions, a spiritual journey program, interstate and intercommunity tours and an oral history project.

## 3. Community Aged Care

ACES is working with the Brotherhood of St. Lawrence (BSL) in operating 45 Koori Community Aged Care Packages (KCAP). An Aboriginal Assessment Development position, based at ACES, allows for training of Aged Care Assessment Professionals throughout Melbourne (9 teams in different regions of Melbourne) in cultural awareness. This cultural link between Aboriginal people and the assessment teams ensures sensitivity to the specific needs and histories of individual clients as well as the appropriate management of services to them. This position was funded for 12 months by the Federal Dept. of Health & Aged Care, but has been funded only at 0.5 FTE for the next 12 months.

ACES would like to take over administration of these packages from BSL by the end of 2000, and to expand the program to better meet needs in the community. However, the BSL funds a Coordinator (who is responsible for the complex budgeting and accounts, etc.) and it is not yet clear that Federal funds would allow ACES to do this.

## 4. Cultural Program

Central to the vision of ACES is its role as an Elders' cultural centre. They are establishing a resource library which will be accessible to the general public by arrangement. The publication of "Stories of the Tide of History" a book of oral histories collected during the day care program and funded by Adult Community and Further Education is an excellent example of initiatives in cultural awareness.

Funding for a previous Cultural Officer (who ran the centre as well as conducting cultural awareness training for groups such as health professionals and students) was lost through restructuring of the Cultural Heritage program of Aboriginal Affairs Victoria. Further development of the cultural dimensions of ACES is a priority. In particular, ACES would like to create links between the Elders of the ACES community and young people in specially devised cultural programs and visits.

### Summary

The integration of all these programs on the one site ensures that a continuity of medical and health knowledge informs the assessment and delivery of appropriate care to Aboriginal Elders as they age. Aboriginal Elders receive high level care with an ongoing duty of responsibility between the community, the individual and government. In addition, culture is recognised as central to individual and community health.

### B. Why ACES?

As indicated above, ACES is an Aboriginal managed community corporation with a special expertise in Aboriginal aged care and elderly services. It occupies a unique position in the Australian and Victorian community for several reasons:

a) It is an Aboriginal organisation with a governing council of Elders - it is their wisdom which gives ACES its central value system.

Significance: This affirms the cultural authority of Elders, giving them a role in the self-determination of the later years of life for Aboriginal people.

b) It has been established and managed throughout its 13 year history by Aboriginal staff whose cultural and professional knowledges have built the service.

Significance: This independence of management has enabled ACES to become an equal, and not subordinate, partner with mainstream organisations in the provision of care to elderly Aboriginal people. It has also strengthened and developed the professional expertise of significant numbers of the Aboriginal community, through opportunities for employment in this field.

c) It provides culturally relevant care to elderly Aboriginal people in all of its services, from diet to exercise programs, from story-telling to home-based care.

Significance: Attentiveness to the quality of care for elderly Aboriginal people and their unique circumstances - poverty, social needs, historical injustices - enable ACES to respond and provide care that is in excess of a basic system of provision - including spiritual healing and practical assistance as well as specific physiological needs.

d) It runs an integrated program of services for elderly Aboriginal people.

Significance: Elderly Aboriginal people can move from one level of care to another - day care, community care, hostel care to nursing home care - without undue bureaucracy or disruption to their community and personal life. ACES can follow through on individual cases or transmit relevant information throughout the system to mainstream healthcare workers.

e) It is in the best position to provide close connection between Aboriginal communities and government services concerned with aged care.

Significance: ACES already provides advice across the health and aged care system on Aboriginal needs but it also maintains contact with Aboriginal communities and incorporates their views and interests in relation to appropriate aged care provision. It is a mediator in Victoria of different communities concerned with aged care.

f) It is the only service Australia-wide that is actively linking aged care with Aboriginal cultural renewal,

Significance: ACES is collecting oral histories and relating elderly Aboriginal stories and experiences to the process of reconciliation. In particular, it provides a context for those communities and individuals who want to learn from the past and present lives of their most valued members, the elderly.

g) It provides training and professional development to mainstream organisations about appropriate cultural delivery of aged care services.

Significance: ACES educates and influences a broad base of groups, institutions and health care workers by providing models of exemplary Aboriginal aged care and specific advice in the delivery of services to this particular community of need.

## Summary

In the Australian context, ACES is unique in being both Aboriginal-run and specialising in aged care. (Other aged care facilities are run by non-Aboriginal bodies or by Aboriginal bodies that are not specialists in aged care. )

It has the history and infrastructure and management capacity to become a model organisation for the provision of culturally relevant and culturally based aged care to Aboriginal Elders. The care and respect of Elders is also at the centre of Aboriginal culture and its future.

### C. What is the Current Problem?

It is clear that ACES has been remarkably successful in establishing and running a unique set of services for Aboriginal Elders. The fact that its management is entirely by Aboriginal people themselves not only ensures that the services it provides are culturally appropriate, but also is in accord with the acknowledged necessity/importance of autonomy, empowerment and self-direction in indigenous services.

ACES should remain a stand-alone organisation. Aboriginal efforts to establish ACES and to administer a diversity of programs successfully should be recognised and supported by government and other funding sources. Policy rhetoric which recognises the unique contribution of aboriginal self-management and participation in mainstream service delivery should be supported by action.

The problem faced by ACES is lack of ongoing funding for administration and management.

The ACES Management Committee have made many attempts to secure funding for management, and in the past have obtained short-term support. However, some more recent attempts to secure ongoing funding have failed due to changes in government and ATSIC policy.

As noted above, the funding per bed for the nursing home and hostel appears to be unrealistically low considering the needs of the residents. Nevertheless, the nursing home, hostel, and day care services can fund themselves and contribute to some extent to the running costs of the buildings, but they cannot cover the costs of management. There is also no provision of funding to support coordination for the other culturally-relevant services provided by ACES.

This problem arises from the confluence of several factors:

1. The numerically small population which ACES serves.

Given that Aboriginal people comprise 1-2% of the population, ACES' target group will always be small, so 'economies of scale' which might operate in some mainstream services are not possible here. Nevertheless, this target group has unique needs and clearly deserves a specialist service.

2. The poverty of the residents and potential residents.

Many aged care services require residents to contribute financially to the cost of operating the service, and this contribution can help support management. At ACES there are no entry fees, no superannuation funds, no home owners. Independent contributions are not feasible for this very needy group, most of whom are destitute.

3. The fact that ACES is an independent stand-alone organisation.

Most aged-care services are run by larger well-established organisations such as churches where some level of cross-subsidising is possible. This is not an option for ACES.

4. A policy decision by governments not to fund management of projects. Whatever the logic of this decision for mainstream services, in the

present context it does not seem justifiable. At ACES, money for program delivery is at a premium, particularly with the completion of the nursing home accommodation. Without taking money from specific programs, there is no allocation for the management of an integrated Aboriginal care service as provided by ACES.

In fact, the argument could be made that the decision to impose this policy on an organisation such as ACES amounts to institutionalised racism in this context. The definition of institutionalised racism is the situation where institutional policies and practices operate to disadvantage one/some minority group(s) more than others. It is precisely because of the unique cultural and material needs of this disadvantaged group (elderly indigenous people) that the policy has a more dramatic negative impact on them than on mainstream groups.



aces  
SUBMISSION.doc