



Royal Commission
into Aged Care Quality and Safety

Statement of Shontia Michelle Saluja-Honeysett

Name: Shontia Michelle Saluja- Honeysett

Date of birth: [REDACTED] 1980

Address: Known to the Royal Commission

Date: 26/7/2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety (Royal Commission). This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own knowledge, except when they are based on information I have received. Where I rely on information, I believe that information to be true.
3. Where direct speech is referred to in this statement, it is provided in words, or words to the effect of those, which to the best of my recollection, were used at the time.

Background

4. My name is Shontia Michelle Saluja-Honeysett. I am 38 years old, and I live in Melbourne, Victoria. Since 2015 I have been employed as the Aboriginal Access and Support Officer for the City of Whittlesea. Since 2016 I have also been involved with the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD), and currently hold the position of Vice Chair. I also recently volunteered to undertake the role of informal carer to a friend.

Access and Support Role

5. In my current capacity at Whittlesea Council, my role primarily includes providing access and support services to Aboriginal Elders and their families. Whilst we are principally involved with Elders, by default our clientele includes those living with a disability. During the initial intake, I provide information about the My Aged Care program, which leads into providing active referrals to services, whether it be Commonwealth home support services or Aged Care packages. Access to information continues to be a barrier for our clients and our service overcomes this issue by providing information on aged care pathways, assistance in preparing for assessments, and attending the assessment meetings with clients who require support to engage and navigate the process.
6. My initial contact with a client inevitably starts with a query about what services are available to them under aged care. As many clients have a limited ability to travel,

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making our outreach services critical. I often visit Elders in their homes to provide advice about the process for accessing services. It is also at this point that I provide choice, advising of the different package providers available to them but also taking the time to find out what their needs are and help them to prioritise. Visiting Elders in their homes fosters a more relaxed atmosphere and by asking the right questions, we help Elders find the package that can support their care needs culturally, spiritually and physically.

7. In my experience, isolation has been a factor in our Elders not receiving the care they require and one of my priorities is to engage a carer, which in most cases is either a distant relative or a friend which the Elders trust to help them make decisions. Elders can be isolated due to many factors and in some cases I myself have become their emergency contact, meaning I can be answering phone calls from clients at any day of the week. I meet one on one with carers to educate them about the aged care system and various support options, inevitably allowing the carer and Elder to navigate the system and large amounts of information to find the right solution for them. This process can be very time-consuming and I believe that if time is taken to teach respected Elders in the community, then information can be passed on to the rest of the community. Thinking outside the box in terms of 'getting the message out' is necessary given that currently there is a lot of confusion about the options available and without one on one assistance, Elders fall through the gaps.
8. Aboriginal family structures are complex but kinship care is essential in the community and in many cases Elders can be caring for grandchildren or even great-grandchildren, whilst needing carers themselves. Each case is different and the options/solutions also differ depending upon the complexity of need. As an Aboriginal person, familial obligation is part of our makeup and extends to ALL of our Elders regardless of whether they are related or not. As a service provider, this means we cannot just focus on medical need, but also need to ensure that at a holistic level, all services are engaged where issues other than health are a factor. This can often be the difference in achieving a more positive long term outcome.

Problems with the system and cultural competency and awareness

9. An issue I see time and time again is when Aboriginal Elders are not supported by Support Officers such as myself, their access to medical care is ad hoc, without any real long term plans or engagement. As an example, one of my clients who was independent enough to contact My Aged Care themselves. At that point, they were not asked by My Aged Care staff whether they were Aboriginal or Torres Strait Islander. The access for aged services for Aboriginal people has been set from the age of 50+ instead of mainstream age of 65+, due to our shortened life expectancy. I have had four cases like this in the last two years who were deemed ineligible for support because they were under the age of 65. This is a critical barrier and too important to ignore or simply say re-training is required of My Aged Care staff, as in the meantime, our Elders are missing out on a service to which they are entitled and continuing to suffer with illness. This is another example of well thought out policy and procedure being overlooked at the service level and although well-intentioned at all levels, the effect is our people falling through the gaps once again. This is the first barrier.
10. Many of my clients deal with multiple issues that can also be quite complex. Often it has taken a lot to break down barriers allowing them to take that first step of contacting My

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Aged Care and when they are turned away, it can stop them from asking for any more help.

11. At that point, I let the client know 'they should have asked you if you are Aboriginal'. This has changed how I work. Now, I would prefer to be there with the client when they make the call so that they don't fall through the gaps. I'll tell the staff member that I am an Aboriginal worker working with an Aboriginal client at the beginning of the conversation. I need to be quite hands on and make sure that the right questions get asked. Now that I do this, there are less issues in the way of accessing the aged care service. I have passed on this complaint through an issues log sent to My Aged Care, but it is still happening to other workers.
12. Another problem is if the My Aged Care staff *do* ask the question 'are you Aboriginal?' I have found that sometimes, people who are not Indigenous Australians will answer 'yes' to this question. This then takes a lot of time to sort out because staff are not asking the appropriate questions. An appropriate way to ask would be along the lines of: "are you an Aboriginal or Torres Strait Islander born in Australia?"
13. We also have a lot of Elders in our community who are not tech-savvy or don't have enough income to purchase a smart phone or pay ongoing connection costs. This can be another barrier to them accessing services like My Aged Care if they don't have someone like me to help them. I have found that communication is a barrier for Aboriginal people generally because we prefer face-to-face communication instead of dealing with things online or over the phone. Ideally, there would be dual diagnoses at the start of the aged care process, with face-to-face assessments and services for Aboriginal clients. The use of technology or call centres to replace one on one interaction when discussing complex, often emotional issues is a barrier to access and which should never become the norm.
14. The assessment process itself can be really confusing – there are a lot of assessment teams coming out to the clients home such as The Regional Assessment Service (RAS) for basic Commonwealth home support programs and then there is often a secondary assessment with the Aged Care Assessment Service (ACAS). It is difficult to keep up with all of them and the Elders are once again retelling their story. Letters can also be difficult to read, or the person cannot read and my clients can sometimes miss out on packages or deadlines for accepting packages. In our community, when a funeral comes up, clients will leave and won't tell the services, due to how quickly they have to leave, or they are unsure how to contact their Aged Care worker, and attending the funeral is more important to them. Then the service knocks on the door, gets no answer, there is minimal attempts to contact the client again and the client ends up with suspended services or being discharged from the service. It is easy for Aboriginal Support Officers to understand these problems and deal with them because we grew up with these complexities in our communities and we have the capability to network which is integral to knowing what is happening in the community and therefore our Elders.
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Providing culturally competent and aware care

16. In my experience, there is not enough cultural awareness and cultural safety in aged care agencies. I think that cultural competency is very different from cultural awareness, and often programs for 'Aboriginal competence' is a box-checking exercise. Sometimes, I have found that the My Aged Care staff come across as standoffish on the phone, which makes me wonder if they have had cultural training. I think that a more streamlined process, and more patience from workers is needed to improve the system.
17. Services that are culturally aware ask the right questions. Clients also need to understand the process, and what sort of questions will be asked. The question 'what do you need?' needs to be changed, to 'what can we help you with?' Our Elders and community members can sometimes feel shame about asking for support, especially our Elders because they lived through the times when discrimination was at its worst, and had to fight for access for everything that the wider Australian population had access to without discrimination. Our people are tired of telling their story over and over, and some of it is very traumatic. Workers like me can help them with talking about these things if need be to get the right support in place for them.
18. At that initial point of one of my clients calling My Aged Care, it can be very hard for staff to work with people who are so complex. The questions that the staff ask are invasive, like questions around going to the toilet and who lives in their home, and over the phone it is an overly insensitive process. I visit with the client before these conversations happen, as it is important that I explain to Elders that these questions are part of the assessment process and the reason for them being asked. In doing so, this reduces anxiety and stress, because they are able to understand that the assessment is about getting the best support services for them. Again, many clients won't engage with My Aged Care if I have not met with them prior. Regardless of whether you agree if a phone conversation about these issues is sufficient, it is my experience that Elders will not choose to engage without our intervention and otherwise, they are falling through the gaps.
19. Clients need to feel supported and safe. As part of my position, once a client goes through My Aged Care, they then go through the mainstream regional assessment service (RAS) team unless they identify that they want to access the Aboriginal Regional Assessment Service team, but this needs to be stated by the client. Throughout this process, I want them to know that there is a safety factor and the right supports for the client to speak up about their needs. If I am supporting the client with the phone call to My Aged Care, I will ask them to refer the Elder to the Aboriginal RAS. If my client chooses to go through their closest RAS and would like my support, I then ask the client or My Aged Care officer to include myself in the home assessment just so there is a cultural support component to the assessment. I'll then prepare the client for the visit with mainstream RAS. At all stages, Elders request that I be part of the calls and visits from other services.

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20. I make the following comments about the ways in which the needs of Aboriginal and Torres Strait Islander carers are distinct from non-Aboriginal carers:
- We have a lot of respect for our Elders and most families try to keep their Elders as independent and at home as long as they physically can.
 - We understand the impacts of colonisation on our Elders and community members
 - We understand our cultural connectiveness to family, country, traditions and ways of doing business

21. I make the following comments about how culturally aware/competent services and supports are for Aboriginal carers and how could this be improved:
- Some services are aware of Aboriginal support workers some services are not.
 - Aboriginal workers who can assist with supporting clients and carers with navigating the system and break it down, so it is culturally safe.
 - Services such as case managers RDNS etc working alongside Aboriginal workers rather than dismissing them or don't think they are educated in the field.
 - When working with Elders, involve a family member as it is a holistic approach when it comes to health and wellbeing.
 - Services promoting their services with some cultural input such as flags, artwork and localising it to their catchment area.
 - Being involved in community events such as NAIDOC, Reconciliation week, Sorry Day etc. These actions show community that the service genuinely wants to support our community and its Elders.
 - Consulting with Elders around new programs and services. This gives them a sense of involvement and input.

Problems with carers and Elders seeking support

22. In my experience, Aboriginal Elders and their carers are not always aware of the support services and their processes, and whether they are culturally appropriate and safe. The word 'disability' does not exist in Aboriginal languages; we have always included people with different abilities as part of the community, especially our Elders who were our knowledge teachers.
23. In 2019, the effects of intergenerational trauma and the Stolen Generations still exist. Many in the community have a fear around things like their children being removed if their house isn't clean enough, so having someone come into their house can be nerve wrecking because they don't know if they are going to be judged on it. This is one example, but also a barrier and the reason as to why Aboriginal workers are important because community feels safer with their workers and this in turn plays a role in closing the health gaps in aged care.
24. Another client of mine is an Elder who is also a carer of four grand-children and great-grandchildren. They are struggling, but my client is too fearful to get help because of her

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- fear of institutions. She won't go to Centrelink for the kids because she is scared that they will be taken and inevitably run away and end up out on the street.
25. By chance, I met this client at a community event. She had informed me about some support services that she was needing as she had been unwell for some time. During this conversation, she had mentioned that someone had been out to do an assessment a few years ago but she hadn't heard anything since. Once I gained permission from the client to look into this, I contacted the Aboriginal RAS who informed me that the client was accepted for a package back in 2014 - that was five years ago. I then contacted the ACAS and they were pretty fast acting, so this client now has been approved for a level 2 package and is in the process of seeking a provider. This same client was referred for an incontinence assessment and put me down as a point of contact. The service rang me to say they were discharging her from a waiting list after three attempts to contact her via phone. The client hadn't answered because she was very unwell at the time, but also because it was a private number (in this case the service should be informing the assessment team of this, so they can let the client know that a private number would be calling.) It's a system of three calls and then you're discharged. I think services need to do a bit more effort than that. I advised the service that whilst she may not pick up the phone, call me before you discharge her. That way, I can speak to her, and let her know to expect a call. The other issue with this service is when they make their time to do the assessment they don't really make a time, it's always "we will be there between 10am and 12pm". Our Elders (and all Elders) need a set time, especially this client who is juggling appointments with kids, her own appointments and court for the kids. My client must pick what is most important, putting family first and then herself.
26. Sometimes working with clients with case managers is a barrier. I have come across clients who are too embarrassed or intimidated by their case managers and don't want to speak up in fear that they will be judged as being difficult. And as a worker, I sometimes find it difficult to work with some case managers because I feel that my advice is not wanted or heard.
27. Family can cause another barrier to getting help because of intergenerational trauma. Sometimes, an Elder's kids or family do not want their grannie to go into respite or residential aged care because a lot of them think that she will never come back. It's that fear of institutions, and it means that the family will stop Elders from getting care because they don't want them to leave the family. There can also be an abuse on Elders when their kids leave their own children with the Elder to be cared for.
28. Sometimes, we also don't ask for support because it's just too much. Too much paperwork, too much time. We also just don't know a lot of information about what is available. The best thing for Aboriginal Elders and carers would be service visibility and cultural safety. When you don't know where to go, all you have is word of mouth. The best thing for carers would be knowing what services are available and where you can go. It's about linking everyone up.

Respite

29. I think that respite would be great for Elders and their carers, but we only have two Aboriginal-specific aged care facilities in Victoria.

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30. More hours of respite care should be offered to all carers, but more so in the Aboriginal communities as in most cases, they could be caring for more than one Elder, plus looking after the grannies. They may also be a friend's carer because they don't have one.
31. Services could dedicate a few spots in a residential aged care facility to Aboriginal Elders, and put cultural safety in place around them. This would involve being aware of our culture, being respectful, and being non-judgmental. It would also mean having Aboriginal workers, the right signage, connection to community events or hosting events, and cultural food days. I know from experience, working in an Italian nursing home where they served a lot of their cultural food and celebrated the national days of celebration by dressing up for their community members. Our Elders are just wanting the same opportunities as every other Elderly person in this beautiful country.
32. The Aboriginal-specific respite and nursing home services here in Victoria work well because they have a homely environment. There is culture everywhere through the facilities. There are Elders all throughout and even the signage makes you feel welcome. It's just basic human respect, and the understanding that we all come from different walks of life.
33. Most of our people had to fight to be where they are. I think that having respite spaces that are non-judgmental and have basic respect would be beneficial.
34. I make the following comments about how important respite is in keeping older Aboriginal Australians being cared for in the home for as long as they chose:
- Very important because being connected to family, country & culture is our wellness
35. I make the following comments about how the system could better deliver appropriate respite to Aboriginal people:
- Having culturally appropriate promotion and staff from mainstream services going along to events and Elder/Community groups
 - When it comes to respite, allocating a couple of beds in mainstream respite services and partnership with an Aboriginal organisation or worker to support those beds.
 - Consulting with community and Elders around new respite programs or facilities
 - Work alongside Aboriginal support workers from Aboriginal organisations and mainstream Aboriginal identified positions.

Carer's experience

36. In 2017, my friend moved from New South Wales to Victoria. She had been my best friend since we were 16 years old. My friend had major surgery five years prior and she was very unwell. She was young, so she wasn't not able to tap into aged care. My friend was not eligible for the NDIS because she had more of a medical issue than a disability. She also was not Aboriginal, so I wasn't able to access Aboriginal-specific services for her. I was still able to be on top of accessing mainstream services due to the fact that I

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work in this field. We were able to access services through our local council and Carers Link North for short term respite for myself.

37. It was pretty hard. I was looking after her, two kids of my own, plus her three children. I was also working full time. I did the cooking and the cleaning before and after work, and looked after her children while she was in hospital which was a lot in the last 12 months, sometimes for weeks at a time.
38. Carers Link North was able to get me some weekend respite, which was great. Someone would also come and check in on my friend during the day while I was at work. I wonder with people who are full-time carers, if their respite is enough and how good it actually is - and that's if they are even aware of these services.
39. It was a really hard time for me, because my mother-in-law was also going through breast cancer treatment and my health was no good at the time. As all carers do, you've still got to feed the family, pay the mortgage and bills. When you're a carer, you just do it. My friend had returned back to Sydney as the hospitals here were unable to surgically fix her condition.

Signed: _____

Date: _____

Witness: _____

Date: _____

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