



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Revised Aged Care Quality Standards

Submission to the Department of
Health and Aged Care

December 2022

About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations. The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

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Recommendations

- 1.** Stronger recognition of, and alignment with, the National Agreement on Closing the Gap.
- 2.** The four Priority Reforms underpin all aspects of the Implementation Plan.
- 3.** Aboriginal and Torres Strait Islander representation on boards or an Aboriginal and Torres Strait Islander committee/advisory group that reports to the board.
- 4.** An Aboriginal and Torres Strait Islander workforce plan with a focus on the recruitment of Aboriginal and Torres Strait Islander staff with accountability structures in place.
- 5.** Workers across cultural, clinical and non-clinical areas to meet the needs of clients.
- 6.** The inclusion of accountability mechanisms to assess the cultural safety of care transitions, and the continuity of culturally safe care.
- 7.** Standard 5 be redefined as 'Comprehensive Care' and incorporate clinical, non-clinical and cultural aspects that are more explicitly defined.
- 8.** The Standards be expanded to support collective cultures to better meet the needs of Aboriginal and Torres Strait Islander people.
- 9.** The development of best practice guidelines to implementing the Standards in services delivering care to Aboriginal and Torres Strait Islander people.
- 10.** ACCHOs have access to more comprehensive guidelines and training on meeting the standards.
- 11.** The Aged Care Quality and Safety Commission take steps to improve the cultural awareness of compliance assessors.

Introduction

NACCHO welcomes the opportunity to provide feedback on the revised Aged Care Quality Standards. The feedback provided is in the spirit of ensuring the Aged Care Quality Standards can best achieve improved care outcomes for older Aboriginal and Torres Strait Islander people in their aged care journey.

In the next decade, the population of Aboriginal and Torres Strait Islander people aged 50 and over is projected to double to almost 250,000 people¹. This unprecedented population growth, combined with the complex health issues that Aboriginal and Torres Strait Islander people experience as they age, are likely to present major challenges for aged care and health providers to respond to the increased service needs of Aboriginal and Torres Strait Islander Elders. Compounding this is an ageing population of Stolen Generations survivors who experience a significantly higher burden of trauma and chronic disease and who are more likely to develop dementia as they age².

The current aged care system is not fit for purpose for the delivery of culturally safe and trauma-informed care to Aboriginal and Torres Strait Islander people. Major barriers exist for Aboriginal and Torres Strait Islander people accessing aged care, particularly in rural and remote locations. These include difficulty navigating the system, a lack of service providers, a lack of culturally appropriate and/or trauma-informed services, experiences of racism, and distrust of institutional care as a result of both personal and historical experiences.

Feedback on the Aged Care Quality Standards

Aligning with the National Agreement on Closing the Gap

The National Agreement on Closing the Gap³ (National Agreement) is a commitment from Australian governments to four Priority Reforms⁴ which will fundamentally change the way governments work with Aboriginal and Torres Strait Islander people and communities. The National Agreement serves to “enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians”. These sentiments serve only to strengthen the Aged Care Quality Standards and improvements in aged care provision. It is remiss that the current draft fails to adequately identify, or leverage, this landmark agreement as a leading driver in the revised Aged Care Quality Standards (the Standards).

NACCHO believes that to effectively implement the Standards, it must better align with the National Agreement. Through the National Agreement, Government has committed to better understanding and embracing Aboriginal and Torres Strait Islander ways of knowing, being and doing, and shared decision making with Aboriginal and Torres Strait Islander people.

¹ Centre for Aboriginal Economic Policy Research (2011). *CAEPR Indigenous Population Project. 2011 Census Papers*. Paper 14: Population Projections. Canberra: ANU.

² Australian Institute of Health and Welfare (2022). *Population health impacts of dementia among Indigenous Australians*. Retrieved from: <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/dementia-in-vulnerable-groups/population-health-impacts-of-dementia-among-indigenous-australians#prevalence>

³ National Agreement on Closing the Gap: <https://www.closingthegap.gov.au/national-agreement>

⁴ Priority Reforms: <https://www.closingthegap.gov.au/national-agreement/priority-reforms>

NACCHO recommends stronger recognition of, and alignment with, the National Agreement on Closing the Gap. This alignment would fundamentally strengthen the foundation for improved aged care service provision.

The four Priority Reforms of the National Agreement provide an opportunity to redefine many elements of the revised Standards.

1. **Formal Partnerships and Shared Decision Making.** Priority Reform 1 seeks to ensure genuine partnership and equal decision-making authority between Government, its agencies and Aboriginal Torres Strait Islander people.
2. **Building the Community-Controlled Sector.** Priority Reform 2 seeks to commit Governments to build the community-controlled sector and organisations, by increasing the proportion of services delivered by them.
3. **Transforming Government Organisations.** Priority Reform 3 seeks to improve mainstream institutions. Governments, their organisations, and their institutions are accountable for Closing the Gap and providing culturally safe and responsive services to meet the needs of Aboriginal and Torres Strait Islander people, including through the services they fund.
4. **Shared Access to Data and Information.** Priority Reform 4 seeks to create equal access to, and capability to use, locally relevant data and information.

These Priority Reforms demonstrate the mechanisms by which structural and systemic change can be achieved. The Standards can be strengthened by leveraging the Priority Reforms of the National Agreement.

NACCHO recommends the four Priority Reforms underpin all aspects of the revised Aged Care Quality Standards.

Creating accountability to deliver culturally safe care

While we acknowledge the inclusion of ‘safety’ as an overarching action of the Standards, it does not go far enough to explicitly identify and address the need for cultural safety, and in turn, cultural competency of service providers. Cultural safety is more than just being aware of cultures and respecting all people. It is about overcoming the power imbalances that occur between the majority non-Indigenous and the minority Aboriginal and Torres Strait Islander cultures⁵. Cultural safety is a fundamental human right and a minimum standard to uphold.

The majority of Aboriginal and Torres Strait Islander people receive their aged care services from mainstream aged care providers. Therefore, it is important that these providers are delivering services that meet the needs of their Aboriginal and Torres Strait Islander clients.

Mainstream providers delivering care to Aboriginal and Torres Strait Islander people should be required to build relationships with the ACCHOs in the regions they deliver care. This could include developing mutually beneficial MOUs with the relevant ACCHOs to provide access to culturally appropriate clinical care and/or sub-contracting services that could be better delivered by the ACCHO. For example, the ACCHO may be able to provide culturally appropriate social supports/activities and centre-based day care or respite. The Royal Commission recommended that funds are made available for residential providers to assist Aboriginal and Torres Strait Islander residents to retain connection to their Country (**Recommendation 53**). Providers should be encouraged to work with ACCHOs and apply jointly for this funding.

⁵ Coalition of Peaks (2020). National Agreement on Closing the Gap.

The Standards have an opportunity to create accountability for mainstream providers to understand and deliver on the needs of Aboriginal and Torres Strait Islander clients, and require mainstream providers to partner with community-controlled organisations in delivering care for these clients.

NACCHO recommends providers that operate a service where 20% or more of the clients are Aboriginal and Torres Strait Islander people must have:

- Aboriginal and Torres Strait Islander representation on their board or an Aboriginal and Torres Strait Islander committee/advisory group that reports to the board; and
- An Aboriginal and Torres Strait Islander workforce plan with a focus on the recruitment of Aboriginal and Torres Strait Islander staff with accountability structures in place.

Effective, safe and quality care is not just clinical care, and clinical care will not always meet the needs of Aboriginal and Torres Strait Islander people. The Standards need to incorporate non-clinical and cultural care, and acknowledge the need for a suitably qualified workforce beyond the current clinical definitions. Aboriginal and Torres Strait Islander people have a more holistic concept of health and wellbeing that encompasses clinical, non-clinical and cultural elements. Cultural lived experience must be acknowledged as essential and suitable qualification in the care of Aboriginal and Torres Strait Islander clients, and should not be overshadowed by clinical qualifications.

NACCHO recommends that the Standards identify the need for workers across cultural, clinical and non-clinical areas to meet the needs of clients.

It is equally important to understand the complexity and potential trepidation felt by Aboriginal and Torres Strait Islander people accessing or transitioning to/between mainstream service providers, that historically have not provided culturally safe services. It is acknowledged that some consumers may require additional mainstream clinical services outside the scope of ACCHOs, and the Standards should consider these transition requirements, whilst ensuring continuity of culturally competent care for Aboriginal and Torres Strait Islander people throughout these referral pathways.

Health care and support for Aboriginal and Torres Strait Islander people must be built on trust, and the Standards need to reflect this necessary approach. There needs to be a gradual and considered transfer of care, allowing consumers, families, and carers the time to build rapport and trust with any new service, to ensure willingness of the consumer to engage, and allow appropriate continuity of care.

NACCHO recommends the inclusion of accountability mechanisms to assess the cultural safety of care transitions, and the continuity of culturally safe care.

NACCHO recommends that Standard 5 be redefined as 'Comprehensive Care' and incorporate clinical, non-clinical and cultural aspects that are more explicitly defined.

The environment in which care is delivered has a large role to play in culturally safe care. Aboriginal and Torres Strait Islander collective cultures value community over the individual, and the concept of individualised and person-centred care can be at odds with collective ways of being and doing. There is an opportunity for the Standards to better support collective cultures in the environment in which care is provided.

NACCHO recommends that the Standards be expanded to support collective cultures to better meet the needs of Aboriginal and Torres Strait Islander people.

Supporting community-controlled implementation of the Standards

ACCHOs and ACCOs are well-placed to provide aged care services to Aboriginal and Torres Strait Islander people as they are already trusted local health care providers and have a national footprint across urban, regional, rural and remote settings. Both ACCHOs and ACCOs can ensure Stolen Generation survivors are offered holistic social and cultural support to access trauma-informed aged care services. ACCHOs already deliver a range of comprehensive primary care health services to Aboriginal and Torres Strait Islander people, many also deliver disability services and in some cases are aged care providers.

As there is limited guidance on implementing the Standards, it can be difficult for ACCHOs to implement the Standards across their aged care services; to know what represents best practice; and how the standards can be operationalised in rural and remote settings. Compliance visits are undertaken by the Aged Care Quality and Safety Commission who have a poor understanding of cultural awareness and trauma-informed care and limited or no access to Aboriginal and Torres Strait Islander assessors.

NACCHO recommends the development of best practice guidelines to implementing the Standards in services delivering care to Aboriginal and Torres Strait Islander people. These should be developed in consultation with Aboriginal and Torres Strait Islander stakeholders.

NACCHO recommends ACCHOs have access to more comprehensive guidelines and training on meeting the standards including access to one-on-one support from consultants. These consultants must have an understanding of the delivery of aged care to Aboriginal and Torres Strait Islander people.

NACCHO recommends the Aged Care Quality and Safety Commission take steps to improve the cultural awareness of compliance assessors and embed compulsory cultural awareness training across the organisation, led by the Aboriginal community controlled sector.