



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

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# **In-home Aged Care Discussion Paper**

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**Submission to the Department  
of Health and Aged Care**

November 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.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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## NACCHO recommendations

- Implement an integrated model of care for the Aboriginal and Torres Strait Islander community-controlled sector, as set out in NACCHO's paper *Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged-care Pathway*.
- Adoption of a streamlined approved-provider process, which recognises that ACCHOs have existing primary health and/or disability accreditations.
- Support for ACCHOs to better meet standards, including coordinated Aged Care Quality and Safety Commission (ACQSC) and NDIS Commission audits; access to comprehensive guidelines, training and support; cultural awareness training for ACQSC assessors and an increase in the recruitment and retention of Aboriginal and Torres Strait Islander assessors.
- Fixed, flexible funding for the delivery of all aged care services, including home care and the Commonwealth Home Support Programme (CHSP), provided via a schedule added to ACCHOs existing Indigenous Health funding agreement with the Department of Health and Aged Care (the Department).
- The Independent Hospital and Aged Care Pricing Authority use an appropriately developed, tested and refined funding model, such as the Australian National Aged Care Classification (AN-ACC), to determine pricing that is based on the real costs of delivering care, including the increased costs of delivering care to Aboriginal and Torres Strait Islander people and in remote and very remote locations.
- A fees policy that is a combination of base funding and client contributions that outlines the maximum fees an ACCHO can charge for services and to be applied by each ACCHO according to the client's capacity to pay and the limits set by the fees policy.
- An agreed set of reporting indicators, developed in genuine partnership between the community-controlled sector and the Department of Health, that ACCHOs report on and that align with their primary care reporting requirements and provide a comprehensive picture of the aged care services and needs of older Aboriginal and Torres Strait Islander people.
- A tender process to train, develop and rollout an Aboriginal and Torres Strait Islander assessment workforce that works in parallel with the Trusted Indigenous Facilitators workforce to improve access and assessment for Aboriginal and Torres Strait Islander people and create an Aboriginal and Torres Strait Islander aged care workforce pathway.
- Culturally appropriate assessment of quality of life for Aboriginal and Torres Strait Islander people include the *Good Spirit Good Life* and *Kimberley Indigenous Cognitive Assessment* tools.
- Support for staffing including adequate funding to allow ACCHOs to recruit, train (via Aboriginal Community-Controlled Registered Training Organisations) and maintain staffing; support for the employment and training of local Aboriginal and Torres Strait Islander staff and funding to provide traineeships; and scholarships and career pathways for Aboriginal and Torres Strait Islander people to enter the aged care workforce and professions including nursing, medicine and allied health.
- Streamlining of provisions for ACCHOs to request an exemption for staff with criminal records who they believe would make a valuable contribution to the aged care workforce.
- Introducing requirements for mainstream providers delivering aged care services to Aboriginal and Torres Strait Islander people including compulsory cultural awareness training, Aboriginal and Torres Strait Islander board representation/advice and an Aboriginal and Torres Strait Islander workforce plan with a focus on the recruitment of Aboriginal and Torres Strait Islander staff.

## Introduction

NACCHO welcomes the opportunity to provide a submission to the *A New Program for In-Home Aged Care Discussion Paper*.

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 people<sup>1</sup>. 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.<sup>2</sup>

The current aged care program 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.

The following submission is based on consultations NACCHO has conducted with its affiliate members and ACCHOs nationally around the development of an Integrated Model of Care, which seeks to integrate health services, disability services and aged care services. NACCHO looks forward to further discussions with the Department of Health and Aged Care around this model, which is described in the NACCHO paper *Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged-care Pathway*.<sup>3</sup>

In the meantime, central elements of NACCHO's proposed Integrated Model of Care are discussed here in relation to the five question areas set out in the *A New Program for In-Home Aged Care Discussion Paper*:

1. Managing services across multiple providers
2. Care partners for older [Australians] Aboriginal and Torres Strait Islander people
3. A funding model that supports provider viability and offers value for money
4. Support that meets assessed needs but is responsive to changes over time
5. Encouraging innovation and investment

### 1. Managing services across multiple providers

ACCHOs deliver a range of comprehensive primary care health services, disability services and increasingly aged care services. The Aboriginal and Torres Strait Islander community-controlled model of care seeks to consolidate multiple services, making them available through a single, culturally safe, community-controlled service provider. Integrating the delivery and funding of these services will ensure that Aboriginal and Torres Strait Islander people can get coordinated and timely access to the health, disability and aged care services that they need. Integration also reduces administrative burdens.

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

<sup>2</sup> 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>

<sup>3</sup> NACCHO (2022) *Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged-care Pathway*. National Aboriginal Controlled Health Organisation, Canberra

The Royal Commission recognised the importance of Aboriginal and Torres Strait Islander people receiving aged care services from Aboriginal and Torres Strait Islander people and the need to prioritise Aboriginal and Torres Strait Islander organisations.<sup>4</sup>

An Aboriginal and Torres Strait Islander Integrated aged care program needs to consider the current policies, plans and frameworks in place and the outcomes of the Aged Care Royal Commission into Aged Care Quality and Safety (Royal Commission). These policies, plans and frameworks include:

#### *National Aboriginal and Torres Strait Islander Health Plan*

The National Aboriginal and Torres Strait Islander Health Plan<sup>5</sup> (the Health Plan) recognises the strength and resilience of Aboriginal and Torres Strait Islander peoples, and the need for their leadership in their own health and wellbeing. The plan prioritises the delivery of care through Aboriginal community-controlled organisations and building the Aboriginal and Torres Strait Islander workforce required for health, aged care and disability support.

#### *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031<sup>6</sup> aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031 to align with the projected proportion of the Aboriginal and Torres Strait Islander working age population in 2031.

#### *National Agreement on Closing the Gap*

In July 2020, the Australian Government, all state and territory governments, and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). Its four Priority Reform Areas seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. Priority Reform Area 2 commits to building the Aboriginal and Torres Strait Islander community-controlled sectors.

**NACCHO recommends** adoption of an integrated model of care for the Aboriginal and Torres Strait Islander community-controlled sector, as set out in NACCHO's paper *Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged-care Pathway*.<sup>7</sup>

## 2. Care partners for older Aboriginal and Torres Strait Islander people

### *Approved-provider Process*

The current process for applying for approved provider status is complex, time consuming and expensive. It includes the completion of a 45-page form and an application fee (at least \$8,000 per application). ACCHOs who have undergone this process report taking up to 12 months to complete it.

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<sup>4</sup> Royal Commission into Aged Care Quality and Safety (2021). *Final Report: Care, Dignity and Respect*. Retrieved from: [Royal Commission into Aged Care Quality and Safety Final Report - Care, Dignity and Respect: Volume 1](#)

<sup>5</sup> Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*. Retrieved from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>

<sup>6</sup> Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*. Retrieved from: [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 | Australian Government Department of Health and Aged Care](#)

<sup>7</sup> Ibid, NACCHO (2022)

**NACCHO recommends** a streamlined approved-provider process, which recognises that many ACCHOs have already been through multiple health and disability accreditation processes. ACCHOs would be given automatic approved provider status if they one or both of the following accreditations:

- Australian General Practice Accreditation Limited (AGPAL) Accreditation
- Accreditation to provide NDIS services

ACCHOs will need to provide relevant details to the ACQSC so that they can be registered as a provider. Currently, state, territory or local government organisations do not need to be approved to deliver aged care services. Instead, the organisation completes a 17-page application form to provide basic provider and key personnel details to the ACQSC. This form could be adapted for use by ACCHOs who would then submit it to the ACQSC and on receipt of the form they are deemed to be an approved provider.

The proposed process aligns with the following recommendations of the Royal Commission:

- Priority is given to existing and new Aboriginal and Torres Strait Islander organisations to become providers of integrated aged care services (**Recommendation 47**); and
- Aboriginal and Torres Strait Islander aged care providers should be supported by flexible approval and regulation including alternative means of demonstrating the necessary capability or requirement (**Recommendation 50**).

#### *Aged Care Quality Standards*

ACCHOs delivering aged care services are currently required to meet the Aged Care Quality Standards (the Standards). This is in addition to meeting a range of other standards and accreditation processes. As there is limited guidance on implementing the standards, it can be difficult for ACCHOs to implement the standards. Compliance visits are undertaken by the ACQSC who have a poor understanding of cultural awareness, trauma-informed care, and supporting Aboriginal and Torres Strait Islander people in a culturally safe way.

NACCHO acknowledges that the Commonwealth is currently exploring ways of integrating the Aged Care Quality Standards and NDIS standards and audit processes. This work may take some time to be finalised. In the meantime, **NACCHO recommends** the following measures to support ACCHOs to meet the Standards:

- The ACQSC and the NDIS Commission coordinate their visits to ACCHOs to undertake audits in parallel and reduce the burden on ACCHOs managing visits.
- ACCHOs have access to comprehensive guidelines and training on meeting standards.
- The ACQSC develop best practice guidelines on implementing the standards in services delivering care to Aboriginal and Torres Strait Islander people.
- Any ACQSC assessors undertaking visits to services with Aboriginal and Torres Strait Islander clients must undertake cultural awareness training delivered by Aboriginal Community Controlled Registered Training Organisations (ACCRTOs).
- ACQSC increase recruitment of Aboriginal and Torres Strait Islander assessors.

This aligns with **Recommendation 50** of the Royal Commission that recommends flexibility in approval and regulation for Aboriginal and Torres Strait Islander organisations.

### 3. A funding model that supports provider viability and offers value for money

There are a range of issues with the current aged care funding arrangements that limits the delivery of aged care to Aboriginal and Torres Strait Islander people. This includes inflexible and highly structured funding, inadequate funds to meet the actual costs of delivering care and a high administrative burden.

**NACCHO recommends** that funding under the integrated care model should be fixed funding and not activity-based funding. It would be provided as block funding for the delivery of all aged care services, including home care and flexible aged care. For ease of administration funding could be provided via a schedule added to the ACCHOs existing Indigenous Health funding agreement with the Department.

This proposed funding model aligns with the following recommendations of the Royal Commission:

- Provide flexible grant funding streams that are able to be pooled for, home and community care and residential and respite care, including transition (**Recommendation 53**); and
- Block fund providers on three to seven year rolling assessment basis (**Recommendation 52**).

#### *Pricing*

There are increased costs to delivering care to Aboriginal and Torres Strait Islander people across Australia, regardless of location due to the following:

- Aboriginal and Torres Strait Islander people have a disease burden 2.3 times that of non-Indigenous Australians.<sup>8</sup>
- Aboriginal and Torres Strait Islander people have higher rates of dementia than non-Indigenous Australians.<sup>9</sup>
- There are an estimated 33,000 Aboriginal and Torres Strait Islander Elders who are Stolen Generations survivors<sup>10</sup> and who therefore experience a significantly higher burden of trauma.
- The high costs associated with supporting Elders to maintain their connection to Country.
- The high costs associated with ensuring that all staff undertake appropriate cultural awareness training and with recruiting, training and maintaining an Aboriginal and Torres Strait Islander workforce.

To determine pricing for this model **NACCHO recommends** that the Independent Hospital and Aged Care Pricing Authority use an appropriately developed, tested and refined funding model, such as the AN-ACC, to determine pricing that is based on the real costs of delivering care, including the increased costs of delivering care to Aboriginal and Torres Strait Islander people and in remote and very remote locations. This model needs to be regularly reviewed and updated to reflect current costs. It should also be developed in consultation with the Aboriginal and Torres Strait Islander Commissioner and Aboriginal and Torres Strait Islander stakeholders, including NACCHO.

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<sup>8</sup> Australian Institute of Health and Welfare (2022). *Australian Burden of Disease Study Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018*. Retrieved from: [www.aihw.gov.au/getmedia/1656f783-5d69-4c39-8521-9b42a59717d6/aihw-bod-32.pdf.aspx?inline=true](http://www.aihw.gov.au/getmedia/1656f783-5d69-4c39-8521-9b42a59717d6/aihw-bod-32.pdf.aspx?inline=true)

<sup>9</sup> Alzheimer's Australia (2014). *Aboriginal and Torres Strait Islander People and Dementia: a review of the research*. Retrieved from: [www.dementia.org.au/sites/default/files/Alzheimers\\_Australia\\_Numbered\\_Publication\\_41.pdf](http://www.dementia.org.au/sites/default/files/Alzheimers_Australia_Numbered_Publication_41.pdf)

<sup>10</sup> Healing Foundation March (2021). *Royal Commission final report recommends much-needed specialised aged care for stolen generations survivors*. Retrieved from: <https://healingfoundation.org.au/2021/03/03/royal-commission-final-report-recommends-much-needed-specialised-aged-care-for-stolen-generations-survivors/>

These recommendations align with **Recommendation 52** of the Royal Commission that recommended the Pricing Authority should set the funding of the Aboriginal and Torres Strait Islander aged care pathway.

#### *Fees*

The payment of fees is currently a barrier to many Aboriginal and Torres Strait Islander people accessing aged care services and ACCHOs are often limited by mandated fees and charges.

**NACCHO recommends** that a fees policy be developed for the integrated care program that outlines the maximum fees an ACCHO can charge for services. Each ACCHO can then determine the level of fees charged based on the client's capacity to pay and the limits set by the fees policy. The fees policy should be developed in consultation with ACCHOs and consider the increased costs of care in rural and remote settings.

#### *Reporting*

Each aged care program has a different set of reporting requirements and reporting is done via a different system and ACCHOs must devote considerable resources to reporting. Additionally, each aged care program collects different data making it difficult to compare service delivery across programs, creating an incomplete picture of the care and services delivered to Aboriginal and Torres Strait Islander people.

**NACCHO recommends** that the integrated care program have an agreed set of indicators that ACCHOs report on and that these align with their primary care reporting requirements, ensuring more consistent data and reducing administrative burden. This will also provide a comprehensive picture of the aged care services and needs of Aboriginal and Torres Strait Islander people.

## 4. Support that meets assessed needs but is responsive to changes over time

#### *Assessment & Entry into Aged Care*

There are many barriers to Aboriginal and Torres Strait Islander people accessing assessment including navigating the complex and culturally inappropriate My Aged Care system, and an assessment process that is not culturally appropriate or trauma informed.

NACCHO has been funded to roll out the Trusted Indigenous Facilitators (TIF) program which will provide face to face support for Aboriginal and Torres Strait Islander people accessing aged care services. This should fill many of the current gaps and ensure those currently not accessing the system can now access it. The Department is currently working on developing a single assessment process for all people entering aged care. It is proposed there will be an Aboriginal and Torres Strait Islander assessment workforce to undertake assessments for Aboriginal and Torres Strait Islander people.

**NACCHO recommends** that the Department go to a tender process to train, develop and rollout this assessment workforce. The assessment workforce should work in parallel with the TIF workforce to improve access and assessment for Aboriginal and Torres Strait Islander people and create an Aboriginal and Torres Strait Islander aged care pathway.

**NACCHO also recommends** the use of the *Good Spirit Good Life*<sup>11</sup> assessment tool. This is culturally appropriate and validated assessment tool for assessing Quality of Life for Aboriginal and Torres Strait Islander people. This tool should be part of a supplementary toolkit for use when assessing Aboriginal and Torres Strait Islander people. The toolkit should also include the *Kimberley Indigenous Cognitive Assessment* (KICA), a culturally appropriate and validated assessment tool for assessing dementia in Aboriginal and Torres Strait Islander people.

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<sup>11</sup> University of Western Australia (2022). *Aboriginal Ageing Well Research: Research Projects and Collaborations*. Retrieved from <https://www.aboriginalageingwellresearch.com/projects>



These recommendations align with **Recommendation 48** of the Royal Commission that aged care assessments of Aboriginal and Torres Strait Islander people are conducted by assessors who are Aboriginal or Torres Strait Islander people.

## 5. Encouraging innovation and investment

### *Workforce Capacity*

There is currently an undersupply of staffing across the aged care industry and aged care funding does not adequately meet the costs of recruiting, training and maintaining an aged care workforce. In particular, it does not meet the additional costs associated with high workforce turnovers and attracting staff, especially registered nurses, to rural and remote locations. Services in these locations often need to provide expensive incentives such as remote allowances, free/subsidised accommodation, travel allowances, additional leave and fly in/fly out rotations. Across the sector, there is a lack of access to staff who have suitable cultural awareness and understand how to deliver care to Aboriginal and Torres Strait Islander people.

**NACCHO recommends** that the integrated care model must be supported by building workforce capacity and capability through:

- adequate funding to allow ACCHOs to recruit, train and maintain staffing, including the increased costs outlined above;
- support for the employment of local Aboriginal and Torres Strait Islander staff including training through ACCRTOs. This includes career pathways for Aboriginal and Torres Strait Islander aged care staff including upgrading of skills and qualifications;
- funding for traineeships for young Aboriginal and Torres Strait Islander people wanting to enter the aged care workforce; and
- scholarships and career pathways for Aboriginal and Torres Strait Islander in nursing, medicine and allied health.

The training and development of the TIF workforce will provide an important template for the future development of an Aboriginal and Torres Strait Islander aged care workforce. Feedback from NACCHOs with experience in building this workforce should help guide future workforce initiatives.

These recommendations align with **Recommendation 51** of the Royal Commission that includes developing, funding and implementing an Aboriginal and Torres Strait Islander Aged Care Workforce Plan.

### *Police check requirements*

Many aged care services, especially those in remote and very remote locations, find the current aged care police check requirements limit their ability to hire Aboriginal and Torres Strait Islander staff. **NACCHO recommends** that an integrated care model include provisions for ACCHOs to request an exemption for staff with criminal records who they believe would make a valuable contribution to the aged care workforce.

### *Mainstream Providers*

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 encouraged to build relationships with the ACCHOs and other ACCOs 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.

**NACCHO recommends** the following requirements be put in place for mainstream providers delivering aged care services to Aboriginal and Torres Strait Islander people:

- Any staff member, including managers, who provides care to an Aboriginal and Torres Strait Islander person must undertake compulsory cultural awareness training (provided by an ACCRTO where available).
- Any 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.

These recommendations align with **Recommendation 48** of the Royal Commission that requires all aged care providers who promote their services to Aboriginal and Torres Strait Islander people train their staff in culturally safe and trauma-informed care.