



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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New Aged Care Act Foundations

Submission to
Department of Health
and Aged Care

October 2023

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About NACCHO

NACCHO is the national peak body for Aboriginal and Torres Strait Islander health in Australia. We represent 145 Aboriginal Community Controlled Health Organisations (ACCHOs) and assist several other community-controlled organisations to improve health outcomes for Aboriginal and Torres Strait Islander people.

Our sector has more than fifty years' collective service. In 1971, Aboriginal people established the first Aboriginal medical service in Redfern, NSW. Mainstream health services were not working and there was an urgent need to provide decent, accessible health services for the medically uninsured Aboriginal population (pre-dating Medicare (1975)). Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services. That body has grown into what NACCHO is today.

NACCHO liaises with its membership (ACCHOs) and eight state/territory affiliates, governments, and other organisations, to develop policy, provide advice and advocate for better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Together we address health issues including service delivery, information and education, research, public health, financing, and 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 145 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; about one million of these episodes of care are delivered in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing by providing comprehensive primary health care, and by integrating and coordinating care and services. They 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.

ACCHOs build ongoing relationships to provide continuity of care. This helps chronic conditions to be better managed and provides more opportunities for preventative health care. Through local engagement and a proven service delivery model, our clients 'stick'. Cultural safety in our services is a key factor of our success.

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. This makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Summary of recommendations

NACCHO recommends:

1. that the foundations of the New Aged Care Act align with and support the National Agreement and its four Priority Reform Areas.
2. that the New Aged Care Act and its associated regulatory systems support managing risk and integrating delivery of aged care, disability and primary healthcare services.
3. revision of the Purpose statement to ensure a focus on equity.
4. the addition of a right for Aboriginal and Torres Strait Islander people to maintain personal connection to community and Country.
5. the addition of a right for Aboriginal and Torres Strait Islander people to expect end-to-end cultural safety in all interactions with the aged care service system.
6. changes to Principle 4:
 - revise 'First Nations people' to: *'First Nations people, including members of the Stolen Generation'*,
 - add *'People with a disability'*,
7. that supported decision-making models and complaints mechanisms support Aboriginal and Torres Strait Islander people to use a trusted pathway.
8. that regulatory controls and associated legislation should provide flexibility to support ACCHOs and ACCOs to become aged care providers.
9. that the New Aged Care regulatory framework incorporates mechanisms that acknowledge that 'best practice' in a mainstream aged care setting may look different from that in an Aboriginal and/or Torres Strait Islander community setting and adjusts aged care provider obligations accordingly.

Acknowledgements

NACCHO welcomes the opportunity to provide feedback to this consultation. We would be delighted to participate further, as appropriate, to support Aboriginal and Torres Strait Islander aged care.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The four Priority Reforms offer a roadmap to meaningfully impact structural drivers of chronic disease for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Review of Closing the Gap

In its recent review of the National Agreement on Closing the Gap, the Productivity Commission described government progress implementing the Agreement's Priority Reforms as mostly weak. It found no evidence of systemic change and that Government policy did not reflect the value of the

community-controlled sector. The Commission noted that few tangible steps had been taken to increase the proportion of services delivered by ACCOs and that there was a need to improve funding to ACCOs to provide more flexible and longer-term contracts that cover full costs of services and reduce reporting burdens.**Error! Bookmark not defined.**

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution.’¹

NACCHO recommends that the foundations of the New Aged Care Act align with and support the National Agreement and its four Priority Reform Areas.

Aged care for Aboriginal and Torres Strait Islander people

The aged care landscape for Aboriginal and Torres Strait Islander people is different from that of the non-Indigenous population. Traditionally, care of older and vulnerable members of was managed by communities and kinship systems, based on a self-regulating relational system and worldview.² Elders were the keepers of culture, language, and law/lore, and continue now to hold an esteemed status. Older people were cared for by trusted members of their community and were respected for their contribution to the cultural life and social fabric of the community.³ These values and caring practices remain strong and continue today, though in most part unfunded.

Approximately one third of Aboriginal and Torres Strait Islander people are descendants of the Stolen Generation.⁴ High rates of trauma within the population demand a trauma-informed approach to care. Poorer health and higher rates of disability mean Aboriginal and Torres Strait Islander people are more likely to need aged care, and to do so earlier than non-Indigenous Australians.⁵

Aboriginal Community Controlled Health Organisations (ACCHOs) play a central role providing culturally safe, trauma-informed primary health care for Aboriginal and Torres Strait Islander communities. They are trusted and accessible. Their person-centred approach to care prioritises individual client needs and incorporates wraparound services that are not generally available through mainstream services, such as language support, transport to appointments and assistance navigating health systems, as well as support across the family network. These additional services help Aboriginal and Torres Strait Islander people to overcome barriers that can make it difficult to access care.

¹ Productivity Commission 2023, Review of the National Agreement on Closing the Gap, Draft Report, Canberra, July.

² Morgan Brigg, Mary Graham, and Martin Weber. "Relational Indigenous systems: Aboriginal Australian political ordering and reconfiguring IR." *Review of International Studies* 48.5 (2022): 891-909.

³ Kay Smith, John J. Grundy, and Harry J. Nelson, "Culture at the Centre of Community Based Aged Care in a Remote Australian Indigenous Setting: A Case Study of the Development of Yuendumu Old People's Programme," *Rural and Remote Health* 10, no. 4 (December 2010): 1422.; Pamela Ming Wettasinghe et al. "Older Aboriginal Australians' health concerns and preferences for healthy ageing programs." *International journal of environmental research and public health* 17, no. 20 (2020): 7390.

⁴ "Who are the stolen Generations?". <https://healingfoundation.org.au/who-are-the-stolen-generations/#:~:text=The%20Stolen%20Generations%20refers%20to,mid%2D1800s%20to%20the%201970s>.

⁵ "Older Aboriginal and Torres Strait Islander people," Australian Institute of Health and Welfare, last updated April 1, 2022, <https://www.aihw.gov.au/reports/indigenous-australians/older-aboriginal-and-torres-strait-islander-people/summary>

The community-controlled sector reflects the strength of Aboriginal and Torres Strait Islander communities, including the value attributed to community Elders and care provided within families to frail and aged family and community members⁶. Ironically that strength is contributing to additional, unsustainable load on family carers and an associated need to expand culturally safe aged care services.⁷

Aboriginal and Torres Strait Islander people prefer to access community-controlled services, however there is a lack of access to community-controlled aged care, and aged care generally, especially in remote areas. To understand cultural intelligence and have that instilled in staff that work directly with clients, mainstream aged care providers need leaders who embrace cultural competence. Without this, no amount of training for staff will deliver cultural safety for Aboriginal and Torres Strait Islander clients. Critically, the onus of cultural competence should not rest solely with the ACCO sector and the communities they serve – mainstream services also need to be accountable for the provision of culturally safe services.

In line with the National Agreement on Closing the Gap, NACCHO supports integrating aged care and disability services into the ACCO model of care. NACCHO's Integrated Model of Care (see Appendix A) would support and strengthen the ACCO workforce to deliver more services and provide a pathway for Aboriginal and Torres Strait Islander people to access to aged care services in their communities. It is important, therefore, that regulatory frameworks and supporting legislation for aged care and disability services facilitate such integration.

NACCHO recommends that the New Aged Care Act foundations and regulatory systems support risk management and integration of aged care services with associated disability and primary healthcare services for more streamlined, person-centred, service delivery.

Aged Care Royal Commission

The Royal Commission into Aged Care Quality and Safety found that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with or appropriate to their level of need. NACCHO supports full implementation of the Royal Commission's recommendations with respect to aged care for Aboriginal and Torres Strait Islander People.

We welcome regulatory and legislative frameworks that support:

- a person-centred approach, as this aligns with the ACCO model of care⁸
- an aged care system where all services are centred around and culturally appropriate for the person receiving care
- aged care services that are free of discrimination and racism and delivered flexibly to optimise health outcomes for the person receiving care
- aged care services that respect and acknowledge the collective, holistic view of family, community, relationships with Elders, and connections with Country as central to Aboriginal and Torres Strait Islander wellbeing

⁶ Lesli Hokanson et al., "A Systematic Review of Indigenous Caregiver Functioning and Interventions," *Quality of Life Research* 27, no. 8 (2018), 2007-2017, <https://doi.org/10.1007/s11136-018-1836-1>.

⁷ Dina LoGiudice et al., "The Well-Being of Carers of Older Aboriginal People Living in the Kimberley Region of Remote Western Australia: Empowerment, Depression, and Carer Burden," *Journal of Applied Gerontology* 40, no. 7 (October 2020), 693-702, <https://doi.org/10.1177/0733464819898667>; Afaf Girgis and Sylvie Lambert, "Cost of informal caregiving in cancer care", *Cancer Forum*, vol. 41, no. 2 (2017), 16-22, <https://search.informit.org/doi/10.3316/informit.112312308779892/>.

⁸ NACCHO Core Services and Outcomes Framework <https://csof.naccho.org.au/>

- an aged care system where Aboriginal Community-Controlled aged care providers are supported to determine and deliver an integrated model of care to meet the aged care, disability care and primary health care needs within their community.

Foundational elements of the Act

Structure and purpose

It is important that the new Aged Care Act:

- facilitates *equitable* access to culturally appropriate, quality and safe care based on individual needs
- accommodates flexible *age of access* noting that the Aged Care Act 1997 designates Aboriginal and Torres Strait Islander people as one of the groups of ‘people with special needs’ meaning that the age of access begins at 50 (45 for those with low income or homeless) but may vary between different population groups, noting differences in life expectancy
- holds mainstream aged care providers *accountable* to deliver culturally safe services to Aboriginal and Torres Strait Islander people.

Proposed Objects, Purpose and foundation

NACCHO supports the proposed Objects of the new Act.

NACCHO supports including a Purpose statement and recommends the following amendment:

Facilitate *equitable* access by older people to quality and safe, funded aged care services based on their individual needs, with the aim of to assisting help them to continue to live active, self-determined and meaningful lives as they age.

Applying an equity lens will acknowledge that Aboriginal and Torres Strait Islander people need cultural safety and may face additional challenges accessing care due to more complex health needs, social circumstance and geography.

NACCHO supports a Constitutional foundation for the new Act.

Statements of Rights and Principles

NACCHO supports a rights-based approach, including a Statement of Rights that describes what people can expect when considering and accessing funded aged care services.

NACCHO recommends adding a right for Aboriginal and Torres Strait Islander people to maintain personal connection to community and Country.

NACCHO recommends adding a right for Aboriginal and Torres Strait Islander people to expect end-to-end cultural safety in all interactions with the aged care service system. This would include during enquiry about available services, whilst undergoing assessment and receiving care, and continue until end of life and return to Country.

NACCHO supports a Statement of Principles to guide decisions, actions and behaviours of all who operate in the aged care system.

NACCHO recommends the following changes to Principle 4:

- revise 'First Nations people' to: 'First Nations people, *including members of the Stolen Generation*',
- add 'People with a disability'.

Definition of high-quality care

NACCHO supports transition to high-quality care but cautions that this could be at odds with a person-centred approach. The current aged care system sits within a commercial model of health, however meeting the growing needs of aged care is unlikely to be a purely economic proposition.

A Community Colleges Australia opinion piece notes there is a growing literature demonstrating that marketisation of government services in Australia frequently produces poor outcomes, particularly for those from the most disadvantaged backgrounds. Marketisation encourages service providers that can achieve a high profit margin by reducing quality. Furthermore, it disadvantages public and not-for-profit service providers.⁹

The profit-driven approach is the reason we have seen appalling standards of care and support services provided to people in the aged care sector and those living with disability. This has been well documented by recent Royal Commissions.^{10, 11} This has been further exacerbated for Aboriginal and Torres Strait Islander people and the community-controlled sector delivering these services, often in thin to no markets across remote and very remote Australia. This is also felt in urban and regional settings where culturally thin markets exist. Indeed, while care and support are core business for our ACCHOS, the market-based model is fundamentally at odds with operating community-controlled care services. In economic terms, a triple-bottom line approach to care and support is required. That is, there must be at least equal focus on social and environmental concerns as there is on profit.

There is a risk that new standards of care could lead to discrimination against those clients with actual or perceived high needs. We have already heard anecdotal evidence of this from providers who currently care deliver to higher needs clients. They report a significant increase in their intake in the last year because other providers are refusing entry care to higher care needs clients (including smokers, Aboriginal and Torres Strait Islander people and people with addiction).

NACCHO understands that the new model of high-quality care will focus on building and strengthening relationships between providers and older people, the Regulator and providers, and older people and the Regulator.¹²

New duty of care and compensation pathways

NACCHO's main concern with duty of care and compensation would be to ensure that aged care workers would not be disproportionately responsible for maintaining a duty of care where their efforts to perform their duties are hindered by unreasonable demands or working conditions enforced by their employers.

⁹ Don Perlgut, Why Australia Needs to Stop Using the Term "VET Market", 3 July 2023, <https://cca.edu.au/wp-content/uploads/2023/07/Why-Australia-Needs-to-Stop-Using-the-Term-VET-Market-Don-Perlgut-3July2023.pdf>

¹⁰ Royal Commission into Aged Care Quality and Safety, 2021, Final Report: Care, Dignity and Respect, <https://agedcare.royalcommission.gov.au/publications/final-report>

¹¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020 Interim Report, <https://disability.royalcommission.gov.au/publications/interim-report>

¹² A. Wood, L Scomazzon, Not just a new Aged Care Act – the Australian Government's proposal for a new aged care regulatory regime, 29 June 2023, [Maddocks | Not just a new Aged Care Act – the Australian Government's...](#) accessed 27/09/2023

Protections for whistle-blowers

NACCHO supports enhanced whistleblower protections. Whistleblower processes must ensure the cultural safety of Aboriginal and Torres Strait Islander people, and support training and education for staff and registered providers who may receive disclosures.

Embedding supported decision-making

Processes for supported decision making must be accessible to and ensure cultural safety for Aboriginal and Torres Strait Islander people.

Nominee arrangements are complex and are likely to be difficult to navigate. It's unclear how nominee arrangements function in conjunction with other legal representative arrangements such as Powers of Attorney.

In the absence of 'supporter' nominee arrangements, would those providing informal support to a loved one be denied the ability to help them in certain situations? This is likely to result in barriers to access for older Aboriginal and Torres Strait Islander people.

Nominee arrangements should consider Aboriginal and Torres Strait Islander kinship and decision-making structures, for example, there may be the need for more than one 'supporter' nominee.

[NACCHO recommends that supported decision-making models and complaints mechanisms support Aboriginal and Torres Strait Islander people to use a trusted pathway.](#)

Eligibility for Commonwealth funded aged care services

NACCHO supports simplifying eligibility for aged care services. Threshold eligibility tests should consider a person's physical, mental and social needs and not rely on functional capacity alone.

NACCHO supports improving clarity around the intersection between NDIS and aged care supports and enabling people to access both systems for differing care needs.

NACCHO supports moves to ensure younger people are not required to live in Residential Aged Care, however, notes the additional burden this is likely to place on the hospital system (where people require palliation, for example) while alternative care facilities are established.

Supporting ACCHOs as aged care providers

NACCHO supports the proposed more flexible approach to managing risk via provider categories for registration and compliance, with differing regulations. However, by whatever means necessary, regulatory controls and associated legislation need to provide flexibility and assistance to support ACCHOs to become aged care providers, grow their workforce and implement aged care services that support local cultural and service delivery needs.

This may include additional staff to provide navigation support, such as Aged Care Connectors and Aged Care Support Coordinators, as per the current Elder Care Support program. It will include the need to support possible exemptions, for example, from registration fees and registration periods, and flexibility to reduce reporting obligations and demonstrate necessary capability or requirements by alternate means.

NACCHO recommends that in line with Priority Reform 2 of the National Agreement, regulatory controls and associated legislation provide flexibility to support ACCHOs to become aged care providers and to build workforce capacity to provide aged care services that support local cultural and service delivery needs.

NACCHO recommends that the New Aged Care regulatory framework incorporates mechanisms that acknowledge that 'best practice' in a mainstream aged care setting may look different from that in an Aboriginal and/or Torres Strait Islander community setting and adjusts aged care provider obligations accordingly.

Appendix A: Executive Summary, NACCHO Integrated Model of Care (2022)

This paper outlines a proposed integrated model of care for the delivery of aged care services to Aboriginal and Torres Strait Islander people. In summary, **NACCHO recommends** that the integrated care model:

- is based on National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) with some key revisions:
 - a. NATSIFAC be comprehensively evaluated.
 - b. NATSIFAC is expanded all regions, including urban areas, to ensure all Aboriginal and Torres Strait Islander peoples can access flexible and culturally safe aged care service delivery.
 - c. NATSIFAC should not be provided by organisations that are not Aboriginal and Torres Strait Islander community controlled.
 - d. Access to the program is expanded to community-controlled organisations willing to become an aged care provider.
 - e. The program includes funding for capital works and equipment.
 - f. The program governance reflects a genuine partnership between Government and the ACCO/ACCHO sector.
- Funding is provided as a combination of block funding and client plan contributions with a fees policy that outlines the maximum fees an ACCHO can charge for services.
- Provides funding for the delivery of all aged care services, including those currently provided under home care, residential care and short-term care programs. This funding could be provided via a schedule added to Aboriginal Community Controlled Health Organisations' (ACCHOs) existing Indigenous Health funding agreement with the Department of Health and Aged Care (the Department).
- Capacity building funding is available to ACCHOs/ACCOs not currently delivering aged care through a funding round and/or targeted approach. Existing ACCHO aged care providers have the option to transfer current aged care funding to the new funding model.
- 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 which align with their primary care reporting requirements and provide a comprehensive picture of the aged care services and needs of Aboriginal and Torres Strait Islander people.
- Streamlined approved provider and accreditation processes that recognise ACCHOs have existing primary health and/or disability accreditations.
- Support for ACCHOs to better meet the 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 increased in the recruitment and retention of Aboriginal and Torres Strait Islander assessors.
- 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.

- Aboriginal and Torres Strait Islander Aged Care Nursing scholarships
- A supplementary toolkit for use when assessing Aboriginal and Torres Strait Islander people that includes the *Good Spirit Good Life* Assessment tool and the *Kimberley Indigenous Cognitive Assessment (KICA)*.
- 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.

NACCHO believes that an integrated care model can be further supported by:

- A staged approach to roll out in which the ACCHO sector is supported and able to adequately build its aged-care workforce capacity;
- Transitioning services provided by providers of 'last resort' to an ACCHO.
- 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;
- Regular training on cultural safety and trauma-informed service delivery for all Australian Government employees who are involved in the aged care system;
- Appointment of an Aboriginal and Torres Strait Islander Aged Care Commissioner to foster, promote and develop culturally safe, tailored and flexible aged care services for Aboriginal and Torres Strait Islander people across the country;
- Removal of the requirement for a low care Residential Aged Care Service to have a Registered Nurse onsite (particularly those with NATSIFAC funds). Instead, a clinical governance framework should be introduced that incorporates clinical oversight from the ACCHO clinic; and
- Streamlining of the Aged Care system within government, so that departments delivering different programs are better integrated.

Future Learnings for NDIS:

Learnings from the development of a new model of integrated care for the delivery of aged care to Aboriginal and Torres Strait Islander people can be used to improve the delivery of NDIS services to Aboriginal and Torres Strait Islander people. The current NDIS program does not provide culturally appropriate and trauma-informed care for Aboriginal and Torres Strait Islander people.

Any future model of integrated care needs to take learning from across aged care and primary care to ensure that the future model best meets the needs of those receiving care.