



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

A new model for regulating aged care

Submission to the
Department of Health
and Aged Care

July 2023

ABOUT NACCHO

NACCHO is the national peak body representing 145 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 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, 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 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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Recommendations

NACCHO recommends:

1. the new aged care regulatory framework align with the Priority Reforms of the National Agreement.
2. specific capability and capacity building initiatives designed in consultation with the ACCHO sector, for the *whole* ACCHO sector.
3. the provider registration fee structure better align with the recommendations of the Royal Commission and Priority Reform 2 by providing a fee exemption for all ACCHOs seeking to enter the market.
4. language be strengthened to include services that are free from *racism*, and a provider obligation to employ a zero tolerance approach to *racism*.
5. provider responsibilities include the need for *all staff* to be trained in the delivery of culturally safe care.
6. a system wide focus on improving cultural safety.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the consultation on the new model for regulating 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:

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.

NACCHO recommends the new aged care regulatory framework align with the Priority Reforms of the National Agreement.

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. All will be eligible to access aged care services. This unprecedented population growth, combined with the complex health issues that our people experience as they age, 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, an estimated 33,000 of these people are Stolen Generations survivors² who experience a significantly higher burden of trauma and chronic disease and are more likely to develop dementia as they age.

Aboriginal and Torres Strait Islander people are eligible for aged care services at 45 if they are homeless, at risk of homelessness or living on the poverty line. They are otherwise eligible to access aged care services at 50. However, older Aboriginal and Torres Strait Islander people do not currently access aged care at a rate that is commensurate with their level of need. It is estimated that 7% of aged care places need to be allocated to Aboriginal and Torres Strait Islander people aged 45 and over. As at mid-2020, just 2.6% of places (approx. 150,000) were allocated to Aboriginal and Torres Strait Islander people³.

In part, this is due to the kinds of barriers that prevent or discourage Aboriginal and Torres Strait Islander people from accessing aged care services, particularly in rural and remote locations. These include difficulty navigating the system, a lack of service providers which may require a person to move away from family and Country to access services, a lack of culturally appropriate and/or trauma informed provision of care, experiences of racism, and distrust of institutional care as a result of both personal and historical experiences.

Two key documents have influenced the current aged care reform agenda. The Royal Commission into Aged Care Quality and Safety and the National Agreement on Closing the Gap.

The Royal Commission into Aged Care

Established in 2018, the Royal Commission into Aged Care Quality and Safety (the Royal Commission) recognised the importance of ensuring Aboriginal and Torres Strait Islander elders receive support and care that is culturally safe, trauma-informed and reflects their personal connection to community and Country.

In 2021, the Royal Commission made a number of recommendations designed to improve access to and availability of culturally safe, trauma-informed care for Aboriginal and Torres Strait Islander people. The recommendations seek to ensure Aboriginal and Torres Strait Islander people receive high quality, culturally safe service, can access advice to make informed decisions, and are treated with dignity and respect. Importantly, recommendations 47b and 47d highlight that:

- priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability and social service providers, to cooperate and become providers of integrated aged care services, and

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

² Healing Foundation, March 2021, <https://healingfoundation.org.au/2021/03/03/royal-commission-final-report-recommends-much-needed-specialised-aged-care-for-stolen-generations-survivors/>

³ AIHW - Aboriginal and Torres Strait Islander people using aged care, <https://gen-agedcaredata.gov.au/Resources/Dashboards/Aboriginal-and-Torres-Strait-Islander-people-using>

- there is a focus on providing services within, or close to, Aboriginal and Torres Strait Islander populations while maximising opportunities for people to remain on, and maintain connection with, their Country and communities⁴.

Aboriginal community-controlled organisations such as ACCHOs 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. In addition, they can ensure Stolen Generation survivors are offered holistic social and cultural support to access trauma-informed aged care services. However, for many ACCHOs, the move into aged care will require a complex expansion from primary health care into a service delivery model requiring organisational capacity building, as well as workforce expansion and development.

Broadly, NACCHO supports the new regulatory framework as outlined in Consultation Paper No.2. We are pleased to see a proposed framework for providers that aligns with the level of service delivery rather than the current one-size-fits-all approach.

NACCHO strongly supports greater regulatory alignment across the care and support sector. Streamlining accreditation, audit and reporting requirements across aged care, disability and primary health care according to the level of service delivered is critical to the ongoing expansion and viability of our sector.

Access to the sector

ACCHOs and ACCOs understand the position and role they play in supporting their local Aboriginal Torres Strait Islander communities. The ACCHO approach has evolved out of an inherited responsibility to provide flexible and responsive comprehensive primary healthcare services that are tailored to the needs of local Aboriginal and Torres Strait Islander communities. In line with their holistic health approach, ACCHOs support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities. ACCHOs provide many services over and above their funded activities, including caring for the aged and elderly, to ensure their community members have access to the services they need.

Many of our ACCHOs are deeply invested in becoming aged care providers to ensure that local elders are well cared for, in culturally appropriate settings and that they can stay on Country, close to family in their own communities. This is even more critical as many Elders nationally have chronic health conditions.

Transition to the provision of aged care services will be essential for many ACCHOs, particularly in the thin market context of rural and remote areas which are not considered viable markets for larger providers.

It is critical to ensure the regulatory framework improves accessibility to the sector for new Aboriginal and Torres Strait Islander community controlled providers. This includes support to build both capability and capacity to deliver aged care services, support for existing community controlled providers such as ACCHOs to register as a provider, and ongoing support to ensure continuous quality improvement and compliance.

⁴ Royal Commission on Aged Care Quality and Safety, Final Report, <https://agedcare.royalcommission.gov.au/publications/final-report>

Capability building

The ACCHO sector in particular will need support to provide aged care services to their communities if we hope to deliver on the recommendations of the Aged Care Royal Commission and contribute to closing the gap.

Capability and capacity support for Aboriginal and Torres Strait Islander organisations to deliver flexible, holistic aged care services is required not only in service delivery to Elders but also across a number of areas, including governance support, business development, training and leadership.

ACCHOs will need support to determine the level of community need for different aged care supports and the market viability of each option in their catchment as well as identifying appropriate service delivery models. Capability building might also include:

- installing and navigating aged care management software and systems and how these link to current patient management systems
- pricing schedules and rates and how the claims process works
- planning and coordination of service delivery, and reporting
- mitigating and managing risk for the Board

Delivery of aged care services will also require ACCHOs to expand and diversify their workforce. Building the care workforce might involve up-skilling existing staff or bringing on additional staff to provide care services. Recruitment and training will also be required for support and administrative roles, including training in aged care accreditation and compliance, systems management, communication and reporting. These functions are generally not funded.

Managing workforce supply, capability and retention challenges from an already stretched base will be difficult. Finding the skillset of the required workforce may also be difficult, particularly in remote settings.

ACCHOs will also need support and guidance to integrate the aged care service delivery framework with the holistic model of primary health care they provide. This will include referral pathways, cultural support, and case management to ensure clients are well supported at each stage. While the Elder Care Support workforce is being established to support clients, it does so without a foundation of organisational or sector-wide capacity building to support both workforce and elders.

While the Department of Health and Aged Care has implemented an initiative around capacity building for the ACCHO sector, this is not in fact a sector-wide initiative, but is limited to specific service providers. As stated above, our sector works most effectively when providers work together to learn from and support each other. Approaches targeting individual providers, developed without consultation with the sector, will not deliver the sector-wide change required. Moreover, it does not allow for national coordination across the sector to ensure best practice models can be shared and reduce duplication.

NACCHO recommends specific capability building initiatives designed in consultation with the NACCHO and its member services, for the whole ACCHO sector.

Registration

Aboriginal and Torres Strait Islander populations in urban, regional and remote areas constitute underserved, thin markets particularly in the aged care sector where the provision of culturally appropriate care for elders is extremely limited. Yet, there are currently significant barriers to registration for Aboriginal and Torres Strait Islander community controlled providers, including the

need to duplicate existing governance bodies and quality assurance processes that are already in place for primary health care accreditation.

In addition, the provider registration fee presents a significant barrier and may well be the deciding factor for many ACCHOs in becoming aged care providers.

In order to improve access to culturally appropriate care on Country for Aboriginal and Torres Strait Islander elders, and build the Aboriginal community controlled aged care sector, a change in the fee structure is required.

NACCHO recommends the provider registration fee structure better align with recommendation 47b of the Aged Care Royal Commission, and Priority Reform 2 of the National Agreement on Closing the Gap - build the community-controlled sector - by providing a fee exemption for all ACCHOs seeking to enter the market.

Continuous quality improvement

NACCHO is pleased to see a focus on encouraging collaboration to learn from other providers. This approach is a natural one for the ACCHO sector and is drawn upon across NACCHO's program delivery to enhance capability building, partnership and connection. However, there is a tension in the model proposed between competition and collaboration, and it is not clear how well this approach might work in a market-driven environment where there is potential risk to provider IP/business models.

NACCHO has a strong focus on continuous quality improvement (CQI) across the sector, as detailed in our Cores Services and Outcomes Framework⁵. However, the competitive CQI framework outlined, pits providers against each other on a performance basis and may not lead to higher quality care. A more supported approach to CQI is possible and desirable.

Graded assessment can support improvements in quality of care to a point, but without active support to improve provider quality, this will be difficult. It is more effective to promote and reward improvement and effort and support the process toward improvement. Providers must be given opportunities to meet best practice. There should be mechanisms to enable this and to scale operations by professionalising growth and quality. Practical tools to support growth and improvement provide an effective way to develop a more sophisticated model of operating.

Importance of cultural safety

The Consultation paper states (p48) that providers should provide care, support and services free from violence, discrimination, exploitation, neglect and abuse. Further, that provider responsibilities include a zero tolerance approach to such behaviours

NACCHO recommends this language be strengthened to include services that are free from racism, and a provider obligation to employ a zero tolerance approach to racism. While this may be implied by the inclusion of all forms of violence and discrimination, it is important to name racism as such, rather than abstracting it as violence, or diminishing it as discrimination.

We are pleased to note the requirement that providers demonstrate their suitability to deliver services to Aboriginal and Torres Strait Islander communities, and that they be held accountable for the delivery of culturally safe care. More information about how providers will be required to demonstrate their suitability to deliver culturally safe services to Aboriginal and Torres Strait Islander people is warranted.

⁵ NACCHO Core Services and Outcomes Framework, <https://csof.naccho.org.au/>

In order to ensure providers are able to deliver culturally safe care for Aboriginal and Torres Strait Islander clients, training and organisational change will be required. Provider responsibilities outlined in the Consultation paper (p.46) include, *train and equip workers to appropriately engage, communicate and provide support to consumers*. It is not sufficient to train frontline workers only. Like all system change, cultural safety must be led from the top – this means *all staff* must be trained in cultural safety.

NACCHO recommends provider responsibilities include the need for *all staff* to be trained in the delivery of culturally safe care, not just client-facing workers.

However, it is also essential to embed cultural safety across the regulatory system – from provider registration to audit processes for ACCHO/ACCO providers. NACCHO has heard feedback from across the sector about aged care auditors who are not culturally safe and who penalise providers because they do not understand the vital importance of supporting cultural engagement for Aboriginal and Torres Strait Islander clients, including Return to Country and Sorry Business.

NACCHO recommends a system wide focus on improving cultural safety and that this be done in genuine partnership with Aboriginal and Torres Strait Islander people, as per the Priority Reforms under the National Agreement on Closing the Gap.