NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Royal Commission into Aged Care Quality and Safety

Submission

September 2019

About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal and Torres Strait Islander health and wellbeing issues. 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 Workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. The services form a network, but each is autonomous and independent both of one another and of government.

In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra, greatly increasing the capacity of Aboriginal peoples involved in ACCHOs to participate in national health policy development.

Our members provide about three million episodes of care per year for about 350,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs specialise in providing comprehensive primary care consistent with clients' needs. This includes home and site visits; provision of 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 providing help with income support.

Collectively, we employ about 6,000 staff, 56 per cent whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.

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1. Introduction

Older Aboriginal and Torres Strait Islander people are being let down by the aged care system. They are significantly underrepresented in residential aged care services, at under one per cent, and their uptake of dementia services is very poor. Yet older Aboriginal and Torres Strait Islander peoples experience at least 2.3 times the burden of disease as other Australians and are also 3-5 times more likely to experience dementia.[i] It is a sad indictment of the system that the care needs of our ageing First Peoples are not being met.

The needs of older Aboriginal and Torres Strait Islander peoples require urgent attention by the Australian Government and the health and aged care systems. As the Commissioners will be aware, the population of First Peoples aged 65 and over is projected to grow by 200 per cent between 2011 -2031.[ii] This unprecedented population growth combined with the complex health issues that our people experience as they age presents major challenges for providers of both aged care and primary health care to respond to increased service needs from Aboriginal and Torres Strait Islander elders. We believe it is imperative that the Australian Government commits to resourcing more innovative, efficient and effective solutions that address the barriers to accessing aged care solutions for older Aboriginal and Torres Strait Islander peoples.

NACCHO welcomes the opportunity to provide this submission to the Royal Commission into Aged Care Quality and Safety. We wish to acknowledge the comprehensive nature of this inquiry, including the different ways in which members of the public, aged care providers and other interested agencies have been invited to contribute. The Royal Commission hearings have provided ample evidence of the key components and conditions that make up best practice aged care for older Aboriginal and Torres Strait Islander peoples. They have also provided evidence of systemic failures to provide culturally safe, accessible care. It is also evident from the hearings, however, that there is a genuine interest among all participants to better understand the needs of older Aboriginal and Torres Strait Islander people in order to inform recommendations on how to improve their health and aged care outcomes.

NACCHO's vision is that all Aboriginal and Torres Strait Islander peoples be able to enjoy quality of life through whole-of-community self-determination and individual spiritual, cultural, physical, social and emotional well-being. To enable this vision, our people must be granted agency in the development and implementation of policies and programs that impact on their lives, as enshrined in the *Aboriginal and Torres Strait Islander Act 2005* (Cth) and the *UN Declaration on the Rights of Indigenous Peoples 2007*.[iii] We believe the next step forward in addressing the needs of older Aboriginal and Torres Strait Islander peoples as outlined in this submission, is a genuine commitment from the Australian Government to work in partnership with Aboriginal and Torres Strait Islander peoples and their representatives to develop solutions and oversee their implementation in services on the ground.

This submission addresses the Royal Commission's Terms of Reference in relation to the criteria of:

- Person-centred aged care;
- Challenges and opportunities for delivering accessible, affordable and high quality aged care services; and
- How best to deliver aged care services in a sustainable way, including through innovative models of care and investment in the aged care workforce.

NACCHO's response to the Terms of Reference includes feedback received from our member services, Aboriginal Community Controlled Health Organisations (ACCHOs), who deliver a range of services in urban, rural and remote communities across Australia.

2. Person-centred care

> *Person-centred care for ageing Aboriginal and Torres Strait Islander peoples encompasses listening, demonstrating respect and providing tangible supports for upholding individual, family and community cultural beliefs, values and practices. Person-centred care is culturally safe, holistic care that considers our physical, emotional, spiritual and cultural wellbeing.*

NACCHO interprets the concept of person-centred care within a holistic framework of understanding individual needs, desires and experiences of health and wellbeing and how they intersect with the social, emotional and cultural wellbeing of the community. We contend that cultural safety underpins person-centred care for older Aboriginal and Torres Strait Islander peoples. Without cultural safety, the needs of our older First Peoples are being let down at the most vulnerable time in their lives. It is our experience that our people will only engage with culturally safe services, and evidence shows that older Aboriginal and Torres Strait Islander peoples will not engage with health and aged care services if they are not culturally safe.[iv]

Lack of cultural safety is the main reason why Aboriginal and Torres Strait Islander peoples are underrepresented in residential aged care statistics. More must be done to improve the representation of our people in residential aged care. In a recent survey of ACCHOs (n=22), only 27.2 per cent reported that they had been consulted by residential aged care operators on matters relating to cultural safety for Aboriginal and/or Torres Strait Islander residents. These figures highlight a need, as identified in the Aboriginal and Torres Strait Islander Aged Care Action Plan, for 'meaningful partnerships between Aboriginal and Torres Strait Islander communities and mainstream organisations supporting innovative service models at the local level'.[v] Cultural safety is the most critical aspect of person-centred care for Aboriginal and Torres Strait Islander peoples. It must be both the starting point and central to any aged care offerings for our people.

NACCHO, its affiliates and member services are keenly aware that developing a culturally safe model of care involves taking the time to develop relationships with Aboriginal and Torres Strait Islander peoples based on trust and respect. Without trust, our people will not engage with services or feel comfortable about discussing their care preferences. We note that the importance of trust has also been a recurring theme of the Royal Commission hearings. A reason why many Aboriginal and Torres Strait Islander people continue to experience a strong distrust of government and societal institutions relates to their post-colonial lived realities of disadvantage, marginalisation, discrimination and racism.

Understanding the context

Critical to building culturally safe, trusted services is demonstrated commitment by providers to understand the social, political, economic, social and cultural contexts of Aboriginal and Torres Strait Islander peoples' lives. Many Aboriginal and Torres Strait Islander peoples continue to live in socioeconomically deprived circumstances that have profound impacts on their health, education and employment outcomes.[vi] The Royal Commission hearings have illustrated how an accumulation of risk factors arising out of First Peoples' experiences of poverty, poor housing, education and employment prospects, intersect with their health, ageing and life expectancy outcomes. As a result, Aboriginal and Torres Strait Islander people are more likely to require aged care supports at a much lower rate than other Australians.[vii] These risk factors have also been related to the overrepresentation of dementia among Aboriginal and Torres Strait Islander peoples.[viii]

The historical legacies of colonisation – including forced removal from country and acts of genocide – amidst contemporary racist and exclusionary practices continue to have devastating consequences for Aboriginal and Torres Strait Islander peoples. Cultural continuation of language, lore, and practices have been destroyed in many communities, and most have experienced cultural disruptions.[ix] Aboriginal and Torres Strait Islander peoples' diverse experiences of colonialism are also key to understanding the prevalence of trauma, and why trauma exists and persists over generations. Intergenerational trauma adversely impacts on individuals' health and socioeconomic outcomes and affects the capacities of families and communities to care for community members as they age and become frail.[x]

Trauma-informed care

> *There needs to be a focus on the social, cultural and emotional well-being of clients in all aged care program. The need for trained staff to deal with clients who have 'trauma responses' to institutionalisation, needs addressing.* ACCHO, Tasmania.

Knowledge and understanding of the diverse contexts of Aboriginal and Torres Strait Islander peoples' lives provides a compelling rationale for why providers must embed

trauma-informed care policies and practices across their services. In her research study into trauma-informed services for Indigenous peoples in Australia, Canada and the United States of America, Pederson found that effective trauma-informed practices include:

- Recognising the social determinants of health;
- Incorporating holistic approaches; and
- Demonstrating a commitment to work with and from the knowledge of Indigenous peoples which, for Aboriginal and Torres Strait Islander peoples, includes validating our values of culture, country, self-determination and community control.[xi]

It is important to note that, underpinning all aspects of trauma-informed practice is the notion of safety, of providing a safe environment. Safety refers to physical, emotional spiritual, cultural, societal and intellectual aspects of everyday life.

NACCHO believes it is imperative that trauma-informed care be embedded in aged care services as a priority, given the evidence which suggests that members of the Stolen Generations ***and*** their descendants experience a significant higher burden of trauma, chronic disease,[xii] and other markers of disadvantage, and are more likely to develop dementia as they age.[xiii]

NACCHO recommends that:

1. Cultural safety be embedded across all areas of aged care services, compliant with what is outlined in the Aged Care Diversity Framework and Action Plans.[xiv]
2. Cultural safety be a mandatory part of accreditation processes.
3. As part of their accreditation requirements, mainstream aged care services commit to work collaboratively with local ACCHOs, including seeking their advice on issues relating to cultural safety and trauma informed care.
4. Aboriginal community controlled organisations be funded to deliver regular cultural competency training, tailored to local protocol, to mainstream aged care providers.
5. Regular cultural safety training be mandatory for all aged care assessors and call centre staff.

3. Challenges and opportunities for delivering accessible, affordable and high quality aged care services in Australia

The Royal Commission hearings shine a spotlight on future as well as current challenges facing the Australian Government, service providers, and communities in the midst of an unprecedented population growth of older Aboriginal and Torres Strait Islander peoples. NACCHO believes that the Australian Government has a moral responsibility to rise to the challenges, and to ensure ageing Aboriginal and Torres Strait Islander peoples, many of who are victims of past government policies, have access to culturally safe, affordable and high quality aged care services, regardless of where they live.

It is appropriate for Aboriginal and Torres Strait Islander peoples who want and can be appropriately supported to live in their own home to do so if the complexity of their health and support needs are met by the home care they receive. However, NACCHO is aware that our elders are over-represented as recipients of Commonwealth Home Support Program and Level 2 Home Care Packages. This is unacceptable, given there are higher proportions of older Aboriginal and Torres Strait Islander peoples with very complex needs.

Current and future aged care challenges: perspective from an Aboriginal Community Controlled Health Organisation

Wathaurong is currently developing an Aged Care Business Plan that will incorporate Aged Care Service delivery and building a 100 bed Aged Care Facility due to population growth and lack of culturally appropriate services in aged care for Barwon and the South West of Victoria. In terms of CHSP the capitation of funding is difficult as this is the lead in for NDIS and Aged Care as it is well documented that the number of Aboriginal people with more than one chronic disease leading to disadvantage and NDIS is backlogged therefore more investment and packages are required that suit the eligibility of our people. This also includes better assessment processes for those patients who require increased support or Level 3 and 4 packages however waiting lists are too long and you have to wait for someone to die before there is one available. Given that our life expectancy is shorter than other Australians it would seem we are more likely to die at greater volume while waiting which is unacceptable. Can we explore Aboriginal Aged Care Assessors/entities rather than rely on mainstream? There are also examples of packages being provided to other Australians that have been dedicated to Aboriginal people how is this stopped [sic] *and what penalties can be placed on providers such as heavy fines to prevent causing further harm.*

ACCHO, Victoria.

Living on country

Culturally safe services recognise, respect and support people's preferences to stay on country. We note that in remote locations with limited residential aged care services, many of our ageing people are forced to move to facilities that are hundreds of kilometres away from their communities, with no means of returning to community and country.

> *We are based in a semi rural region with services that expand to the bottom of the Toowoomba ranges which is a vast space. Our clients have had to be placed in facilities in the Brisbane region which makes it harder for families to visit. it would be beneficial if we could have a centre where we could have an Aged Care facility which incorporates Nursing Home Care, Supported Accommodation, and Palliative Care in an environment which is sensitive to the cultural needs of the clients and their families.* ACCHO, Queensland.

> *For our elders to gain residential Aged Care services they must leave Community and reside in Ceduna or further away. They have to leave their homes, their family and their Country to gain this service. ... We have had many complaints and concerns raised by family members. We assist with advocacy and link up to Elders Abuse services etc.* ACCHO, South Australia.

> *When residents require residential aged care, they have to move away from [community] and that can be quite difficult for our elders. Some have had to go four and a half hours away for residential care due to no availability in this area and that can be difficult to be away from country and family.* ACCHO, Victoria.
>
> *It is important that our elders can remain on country however this becomes difficult due to limited services in remote areas, i.e. palliative care, staff housing etc.* ACCHO, Western Australia.

The testimonies presented to Commissioners at the Darwin, Broome and Cairns hearings provide compelling arguments for additional residential aged care services in the Northern Territory. NACCHO supports their recommendations, in particular that in Aboriginal communities of 500 people or more, there is a residential aged care facility that is able to accept nursing home level clients. We also support the proposed model by the Institute for Urban Indigenous Health, Aboriginal and Torres Strait Islander specific community-based hostels that are formally linked to local ACCHOs and/or residential aged care services.

Language and custom

NACCHO is aware that the Royal Commission has received substantial evidence about the importance of aged care providers recognising, respecting and making provisions for upholding older Aboriginal and Torres Strait Islander people's cultural values, beliefs and practices regarding traditional foods and food taboos, gender, clan and kinship laws, and ceremonies and taboos relating to death and dying. A key theme from the hearings as well as the feedback from ACCHOs is the importance of respecting the cultural status that older Aboriginal and Torres Strait Islander peoples play in the continuation and reproduction of culture and community.

> *Growing older occupied and confident in transition of knowledge and custom* (ACCHO 1, Queensland, on cultural issues for elders).
>
> *They should be treated with love and respect and that their needs are met in every way. Be aware of their cultural background* (ACCHO 2, Queensland).
>
> *It is critical that Aboriginal elders are surrounded wherever possible with other elders and still connected to Community in some way, shape or form.* ACCHO, NSW.

Appropriate access to interpreter services is critical to providing person-centred, culturally safe, quality aged care. The Royal Commission heard that Aboriginal and Torres Strait Islander elders do not have free access to these services, and that costs are borne by the individual. The testimony is most concerning, given that 11 per cent of Aboriginal and Torres Strait Islander peoples across Australia spoke an Australian Indigenous language as their main language at home, and 62 per cent identified with a clan tribal or language group. These figures vary across jurisdictions, for example:

- Northern Territory: 68 per cent of Aboriginal and Torres Strait Islander people spoke an Indigenous language; and 81 per cent identified with a clan, tribal or language group;

- South Australia (SA) and Western Australia (WA): 24 per cent spoke an Indigenous language; 61 per cent of people living in SA and 70 per cent of people living in WA identified with a clan, tribal or language group; and
- Queensland: 11 per cent of Aboriginal and Torres Strait Islander people spoke an Indigenous language, including 37 per cent of Torres Strait Islander people; and 66 per cent identified with a clan, tribal or language group.[xv]

The Australia-wide figures for connection to language are higher among older Aboriginal and Torres Strait Islander peoples, and higher in remote and very remote regions. For example, 19 per cent of Aboriginal and Torres Strait Islander people – across Australia – aged over 50 years of age speak an Australian Indigenous language, with a higher proportion in remote areas (51 per cent) than in non-remote areas (10 per cent).[xvi]

The limitations of marketisation of care for Aboriginal and Torres Strait Islander peoples

Testimonies at the Royal Commission hearings across Australia have revealed the limitations of market-based aged care services in remote locations. We note the absence of for-profit aged care providers in remote and very remote Australia, and that aged care in these communities is largely delivered by large, not-for-profit organisations that have the capacity to absorb prohibitive costs of up to $380 per person per day.[xvii] The hearings demonstrated how the lack of available services in regional, remote and very remote locations prohibits the consumer's capacity for choice and control. Witnesses urged the Commissioners to recommend solutions to address this issue, including pooling funds and block funding.

The issue of market failure is one that ACCHOs have long experience with. It is of paramount importance that governments address access and equity issues for a population group that experiences a disease burden 2.3 times that of other Australians.[xviii] For example, despite governments' preferences for market-based solutions, Medicare under-expenditure will remain an enduring reality in remote and very remote communities. For these reasons, NACCHO, State and Territory Affiliates, and the Australian Medical Association have long advocated for resourcing ongoing and increased government intervention to ensure equitable, accessible, needs-based primary health care is delivered in these locations.[xix]

NACCHO recently referred to the limits of market-based solutions for human service delivery in its submission to the Department of Social Services and the National Disability Insurance Agency. In that submission, we wrote that:

> *Thin markets exist particularly, but not exclusively, in remote and very remote locations, where a number of our ACCHOs work. The number of people who fit the criteria for the NDIS and/or have a unique type of disability could be as low as one person in some very small communities. Without an existing model of disability service from which to leverage, it is highly unlikely that the service provider can operate efficiently and provide culturally responsive and safe care when required.*[xx]

The limits of applying market-based practices in disability or aged care services are not only confined to remote or very remote communities. They are also relevant in cross-cultural interactions. The testimony delivered by one of NACCHO's member services, the Institute for Urban Indigenous Health, at the Perth hearing on 26 June 2019 highlighted the limitations of assuming people of collectivist cultures will be familiar or comfortable with the values, beliefs and practices that reduce services into business transactions based on individual choice and control. In his testimony, Mr Matthew Moore described his experiences in engaging older Aboriginal and Torres Strait Islander people in relation to consumer directed care:

> *That language is a bit problematic and the fact that we then move … into a business relationship with an Aboriginal elder who, you know, a lot of the time hasn't had a life experience of having to make informed choices and live with consequence of choice, when they are at their most vulnerable. I think that that can be problematic, that conversation sometimes about moving … into an individualised business arrangement with an Aboriginal elder, some of that language is sometimes difficult.*

NACCHO notes Recommendation 11 of the Community Affairs References Committee, which supports the review of providers operating in remote and very remote locations to access block funding.[xxi] We believe this recommendation must be broadened, as proposed by the Institute of Urban Indigenous Health, that 'ALL Aboriginal and Torres Strait Islander communities should be treated as "thin markets" no matter what their geographic location.'[xxii] The lack of culturally safe services in regional and metro areas deprives older Aboriginal and Torres Strait Islander peoples of meaningful choice. Where there is lack of trust or lack of culturally safe services, the choices that do exist are not acceptable or accessible to our elders.

NACCHO recommends that:

6. There must be a concerted effort to increase the numbers of Aboriginal and Torres Strait Islander peoples who receive higher levels of package care (levels 3 and 4).
7. That the Australian Government commits to undertaking feasibility studies on the need for additional residential aged care services in remote and very remote locations in close consultation with Aboriginal local communities, including exploring options for:
    a) additional National Aboriginal and Torres Strait Islander Flexible Aged Care Services; and
    b) establishing Aboriginal and Torres Strait Islander specific, community-based, small scale hostels with formal ties to local ACCHOs and/or residential aged care services.
8. Funding for interpreters be available for Aboriginal and Torres Strait Islander language speakers as it is for other languages.
9. Aboriginal and Torres Strait Islander run aged care services become eligible to access block funding.

3. Innovative models of care and sustaining the workforce

ACCHOs: culturally safe, responsive, flexible, innovative and cost-effective models of care

Comprehensive primary health care delivers better population health outcomes; more equally distributed health; lower hospitalisation rates; and lower national health care costs. Studies have shown that ACCHOs deliver more cost-effective, equitable and effective primary health care services to Aboriginal and Torres Strait Islander peoples and are 23 per cent better at attracting and retaining Aboriginal and Torres Strait Islander clients than mainstream providers.[xxiii]

ACCHOs have a high level of community oversight and accountability. Their boards are made up of local Aboriginal people, and they serve and are accountable to their communities. This means that ACCHOs are required to be responsive to community-identified needs and, as a result, develop innovative, robust and flexible service models grounded in the culture of our people and contemporary primary health care practices.

Our member services provide a range of services in accordance with the Aboriginal holistic definition of health. This model of care arises out of the practical experience within the Aboriginal community itself having to provide effective and culturally appropriate health services to its communities. ACCHOs are not-for-profit organisations that reinvest in our Indigenous workforce and in locally designed strategies to trial new, innovative approaches. We are part of Aboriginal and Torres Strait Islander communities and understand how critical respectful community engagement is to improving health outcomes.

ACCHOs 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'. The cultural safety in which we provide our services is a key factor of our success. In the 24 months to June 2015, our services increased their primary health care services, with the total number of clients rising by 8 per cent (from 316,269 to 340,299).[xxiv] It has been estimated that the lifetime health impact of interventions delivered by our services is 50 per cent greater than if these same interventions were delivered by mainstream services, primarily due to improved Indigenous access.[xxv]

The cultural safety in which ACCHO services are delivered is a key factor in their success. ACCHOs have expert understanding and knowledge of the interplays between intergenerational trauma, the social determinants of health, family violence, and institutional racism. They have developed trauma-informed care responses that acknowledge historical and contemporary experiences of colonisation, dispossession and discrimination and build this knowledge into service delivery. ACCHOs are trusted providers in the communities to which they deliver services.

It is disappointing to observe that, given the persistent, unacceptably large health gaps between Aboriginal and Torres Strait Islander peoples and other Australians, government health expenditure (excluding hospital expenditure) for our people fell two per cent from 2008-09 to 2015-16 while it rose 10 per cent for non-Indigenous people.[xxvi] The analysis highlights inequities in health care funding. Commonwealth primary health care expenditure as a percentage of equitable spend, shows a shortfall of 61 per cent, an estimated $1.4 billion per year under-expenditure on non-hospital heath care.[xxvii]

The implications of primary health care underspending for the health and wellbeing of our people, including older Aboriginal and Torres Strait Islander peoples, are dire. In its analysis of potentially preventable hospitalisations and deaths through timely access to health care, the Australian Institute for Health and Welfare (AIHW) found that Aboriginal and Torres Strait Islander people have preventable hospitalisations and potentially avoidable deaths more than three times as high as those for other Australians.[xxviii]

NACCHO notes the testimony provided to the Royal Commission by the Royal Flying Doctor Service, on reasons for potentially preventable hospitalisations and potentially avoidable deaths in remote communities. Dr Martin Laverty attributes this to a lack of primary health service infrastructure. NACCHO agrees with Dr Laverty, that primary health care plays an instrumental role in keeping people healthy and well, reducing preventable hospitalisations and potentially avoidable deaths as well as delaying their need to call on aged care services. His testimony concords with AIHW analysis, which demonstrates that 'access to primary health care has a direct relationship to people's health outcomes; and that poor access is related to increasing remoteness, resulting in poorer health outcomes.'[xxix]

It is irrefutable that primary health care services play a vital role in keeping people healthy and well in their communities as well as residential aged settings. NACCHO is also aware that over 15 per cent of ACCHOs are funded to deliver Commonwealth Home Support Program, Home Care Packages, and residential aged care services (mainly through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program). In line with our whole-of-life-course approach, our members also tailor health prevention and promotion services for older Aboriginal and Torres Strait Islander people:

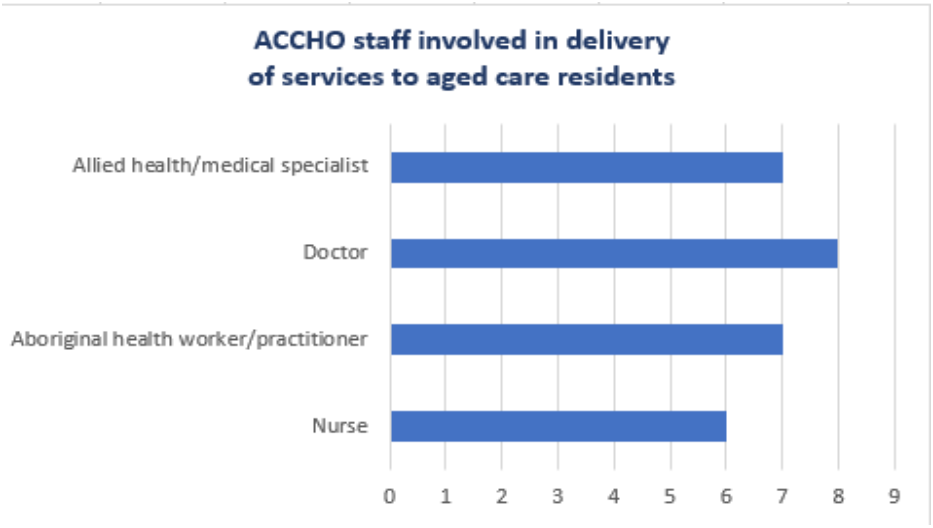
> *We provide a range of activities to Seniors to keep them healthy and active. Approximately 30 people regularly attend our weekly snr activities, we run bingo sessions but prior to the bingo sessions we bring in a Diabetic Educator, Exercise Physiologist and other guest speakers (Justice Group discussing Elder Abuse) etc. It would be great if we got funding to concentrate of keeping elders safe and active in their homes.* ACCHO, Queensland.
>
> *Where we have clients from the community who have had to settle into a facility, we have provided support to them and their families and the facility in meeting their needs. we always try to include them in elders' activities and social gatherings and NDIS staff visit and provide the social support as well.* ACCHO, Queensland.
>
> *Our organisation provides in home care to clients with ACAT approval.* ACCHO, South Australia.

And, arising out of their commitment and accountability to the communities in which they operate, it is not unusual for ACCHOs to deliver unfunded services.

> *A huge majority of the work in aged care occurs without the patient present (i.e. seeking input from nursing and care staff, writing notes while back in the clinic, contacting family members or guardians to update on clinical situation/seek advice/discuss treatment plans, organising family meeting, updating medication charts, contacting specialists for telephone advice given the mobility limitations on patients). None of this work is Medicare billable.* ACCHO 2, Western Australia.
>
> *In remote communities, at times there is no HACC services which means clinical staff have to take care of old people in those communities.* ACCHO 1, Western Australia.

In a recent survey administered to our member services, which attracted a response rate of 15.2 per cent, 22 ACCHOs reported as follows:

- 40.9 per cent of respondents provide regular primary health care to elders in residential aged care services, usually on a daily or at least a weekly basis.



More than half of the respondents who provide regular primary health care in these aged care facilities reported that they are able to claim some, but not all of the services from Medicare. One respondent stated that '*As a remote ACCHO, we only have fly-in-fly-out GPs. The majority of the GP time on the ground is serviced by the Royal Flying Doctor Service and they are bound by their funding agreement and will not claim any MBS on behalf of the health service. Regardless of the 19.2 exemption.*'

- 63.4 per cent of respondents are not funded to deliver aged care.
- Of the 36.3 per cent of respondents who receive funding, the majority deliver Home Care Packages, followed by Commonwealth Home Support services. One of the respondents operates an aged care service.

Given the chronic disease burden experienced by ageing Aboriginal and Torres Strait Islander peoples, an integrated service response between primary health care and aged care is vital to enable accessible, quality care. In addition to the importance of having accessible, culturally safe aged care services, primary health care services play a significant role in sustaining older Aboriginal and Torres Strait Islander peoples to continue living in their communities and on country. People are more likely to be able to continue to live at home and/or on-country if the health services they need are available.

NACCHO believes that, when it comes to considering the needs of our ageing First Peoples, it is important to recognise the services delivered by ACCHOs beyond their funded role of providers of primary health care. Firstly, aged care is identified as a core component of primary health care functions in ACCHOs. [xxx] We believe the Royal Commission provides a timely opportunity for recognising this, and adequately resourcing ACCHOs for the responsive and flexible services they provide to elders in their communities.

Secondly, it is important to note that ACCHOs are also increasingly seeking funding to become aged care operators. This is largely in response to community identified need.

> *We will be registering to become a provider because our service does a lot of the work the other services should be doing for our elders but are not. We do the work, however, don't get paid to provide this service.* ACCHO, NSW.

Given their expertise and the trust and credibility they hold in their communities, NACCHO believes it is timely that ACCHOs are funded as preferred providers of navigation services for older Aboriginal and Torres Strait Islander peoples, to address the systemic complexities that they face in accessing aged care through the aged care application and assessment processes. We agree with the Aged Care Sector Committee Diversity Sub-group, that the establishment of sub-contracting arrangements or strengthened collaboration with ACCHOs would result in better outcomes for ageing Aboriginal and Torres Strait Islander peoples.[xxxi]

Integrating aged care with primary health care

NACCHO believes that culturally safe, local ACCHOs are best placed to be the preferred providers of aged care to their communities. Australian Government aged care funding should be prioritised to ACCHOs to deliver aged care services in their communities. Delivering these much-needed services through ACCHOs would deliver economies of scale and would draw from an already demonstrated successful model of service delivery.

We are aware of the innovative, integrated primary health and aged care model that has been developed by the Institute for Urban Indigenous Health (IUIH), and which was presented to Commissioners at the Perth hearing held on 26 June 2019. Mr Matthew Moore states in his witness statement to the Commission that the IUIH Integrated Model brings together comprehensive primary health care delivered through local community-based clinics staffed by multi-disciplinary teams that work side-by-side with their aged care services.

This model exemplifies the ACCHO philosophy and approach, writ large. IUIH, which comprises four ACCHOs that have expanded their footprint to 20 primary health clinics across southeast Queensland, illustrates the strengths of a hub and spoke model for integrated primary health and aged care. It delivers solutions for addressing the barriers of providing comprehensive health services in small and remote communities.

A regionally coordinated model as exemplified by IUIH represents a cost-effective and efficient approach to providing both comprehensive health and aged care services. It also strengthens care coordination arrangements for older Aboriginal and Torres Strait Islander peoples, ensuring they receive quality, culturally safe care at the most vulnerable time in their lives. Perhaps the most compelling argument for the effectiveness of this model of care is the rapid growth of First Peoples accessing aged care through IUIH: from 48 in 2009 to over 1800 in the last year.

NACCHO strongly supports increased investment by the Australian Government in the integrated primary health and aged care model exemplified by IUIH.

Workforce

NACCHO recognises that aged care providers, particularly those operating in remote or very remote communities, face major issues in recruiting and retaining qualified staff that are trained in culturally safe, trauma-informed care. We note the trend of employing overseas-born staff.[xxxii] Aboriginal and Torres Strait Islander people represent only 1-2 percent of the aged care workforce.[xxxiii] These structural factors result in sub-optimal care for our ageing population.

> *It is prudent that a cultural advisor or Aboriginal liaison officer be employed by our local aged care facility, particularly given the large number of Aboriginal residents in our region. Such a person would potentially be able to contact family members where we are unable to (no contact numbers, mobile number no longer connected and no update, not aware of extended family members in patients with dementia) and facilitate culturally appropriate family meetings, particularly when sensitive and important topics such as end of life or ceiling of care discussions are warranted. Their presence could also offer comfort to residents with dementia in seeing one of their own care for them and this person could provide advice to other members of the aged care facility.* ACCHO, Western Australia.

> *Mainstream Aged Care Providers are not capable of delivering or designing Aboriginal specific services due to scale. There is also limited Aboriginal Aged Care workforce which is needed.* ACCHO, Victoria

The restraints under which the aged care workforce operate under were not helped when, in 2015, the Australian Government merged the Aged Care Workforce Fund (ACWF) into another program. The ACWF, which provided targeted supports for the Aboriginal and Torres Strait Islander workforce, was merged into a single Health Workforce Programme. The rationale for this change has been described by the Aged Care Financing Authority as a cost-cutting measure, and the Community Affairs References Committee heard that this has impacted on aged care providers' capacities to recruit qualified staff; enable Aboriginal and Torres Strait Islander peoples to remain on country; deliver training; and to support workers in regional and remote areas.[xxxiv] The Community Affairs References Committee notes another repercussion has been placing a cap on fringe benefits tax exemptions, resulting in aged care providers' capacity to attract workers.[xxxv]

NACCHO recommends that:

10. Aboriginal Community Controlled Health Organisations receive an increase in their baseline funding in recognition of:
    c) the vital roles they play in keeping older Aboriginal and Torres Strait Islander peoples healthy and well in community and residential aged care settings;
    d) the projected population growth of this age group; and
    e) the significant burden of disease and complex health conditions experienced by older Aboriginal and Torres Strait Islander peoples.
11. ACCHOs are designated as preferred providers of primary health care for all Aboriginal and Torres Strait Islander residents of aged care facilities.
12. ACCHOs are designated as preferred providers of aged care navigation services for older Aboriginal and Torres Strait Islander peoples, through the aged care application and assessment processes.
13. The Australian Government increase its investment in integrated primary health and aged care exemplified by IUIH.
14. The Australian Government, at a minimum, reinstate aged care workforce funding to the same level prior to the 2015 changes.
15. Aged care services are funded to employ Aboriginal liaison officers.

5. Concluding comments and recommendations

It is imperative that, given the population projections of older Aboriginal and Torres Strait Islander peoples, the burden of disease they carry, and their underrepresentation in the aged care system, that their needs and preferences are given urgent priority. NACCHO believes the next step forward is for the Australian Government and providers to deliver on

what works, in genuine consultation with Aboriginal and Torres Strait Islander peoples and their representatives.

Aboriginal and Torres Strait Islander peoples need to be decision makers on what a culturally safe aged care system looks like. NACCHO is strongly committed to and interested in being part of the solutions to address the care needs of our people and is confident that, with adequate resourcing, the Aboriginal community controlled health sector has the knowledge and experience to make a positive difference to older First Peoples' health and aged care outcomes.

The following list of recommendations are based on our consultations with Aboriginal and Torres Strait Islander representatives, including our member services.

NACCHO recommends that:

1. Cultural safety be embedded across all areas of aged care services, compliant with what is outlined in the Aged Care Diversity Framework and Action Plans.[xxxvi]
2. Cultural safety be a mandatory part of accreditation processes.
3. As part of their accreditation requirements, mainstream aged care services commit to work collaboratively with local ACCHOs, including seeking their advice on issues relating to cultural safety and trauma-informed care.
4. Aboriginal community controlled organisations be funded to deliver regular cultural competency training, tailored to local protocol, to mainstream aged care providers.
5. Regular cultural safety training be mandatory for all aged care assessors and call centre staff.
6. There must be a concerted effort to increase the numbers of Aboriginal and Torres Strait Islander peoples who receive higher levels of package care (levels 3 and 4).
7. That the Australian Government commit to undertaking feasibility studies on the need for additional residential aged care services in remote and very remote locations in close consultation with Aboriginal local communities, including exploring options for:
    a) additional National Aboriginal and Torres Strait Islander Flexible Aged Care Services; and
    b) establishing Aboriginal and Torres Strait Islander specific, community-based, small scale hostels with formal ties to local ACCHOs and/or residential aged care services.
8. Funding for interpreters be available for Aboriginal and Torres Strait Islander language speakers as it is for other languages.
9. Aboriginal and Torres Strait Islander run aged care services become eligible to access block funding.

10. Aboriginal Community Controlled Health Organisations receive an increase in their baseline funding in recognition of:
    a) the vital roles they play in keeping older Aboriginal and Torres Strait Islander peoples healthy and well in community and residential aged care settings;
    b) the projected population growth of this age group; and
    c) the significant burden of disease and complex health conditions experienced by older Aboriginal and Torres Strait Islander peoples.
11. ACCHOs are designated as preferred providers of aged care navigation services for older Aboriginal and Torres Strait Islander peoples, through the aged care application and assessment processes.
12. ACCHOs are designated as preferred providers of primary health care for all Aboriginal and Torres Strait Islander residents of aged care facilities.
13. The Australian Government increase its investment in integrated primary health and aged care exemplified by IUIH.
14. The Australian Government, at a minimum, reinstate aged care workforce funding to the same level prior to the 2015 changes.
15. Aged care services are funded to employ Aboriginal liaison officers.

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