National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC)

Submission to the Royal Commission into Aged Care Quality and Safety

Daniela Davis - September 2019

Introduction:

The National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) was established in May 2018, and arose out of the national consultation process to develop the *Aboriginal and Torres Strait Islander Action Plans* for the Commonwealth's *Aged Care Diversity Framework.* The Action Plans were the first time effective recognition had been given to the specific needs of Aboriginal and Torres Strait Islander people in the national reform agenda for Australia's aged care system. The working group is funded by the Commonwealth Department of Health.

The NAGATSIAC reaches Aboriginal and Torres Strait Islander communities across all of Australia. The working group comprises providers of in-home and residential aged care services, as well as internationally recognised researchers affiliated with multiple research institutes, cross-disciplinary research projects, and health practitioners across Australia in Aboriginal and Torres Strait Islander aged care. Some NAGATSIAC members have provided evidence to the Royal Commission directly, and have also provided separate submissions to the Royal Commission into Aged Care specific to the communities that utilise the aged care services they manage across Australia.

This submission should therefore be read alongside the testimonies provided by members, and in conjunction with members' respective submissions, including those put forward by Professor Tony Broe, Gary Morris CEO and co-founder of Booroongen Djugun Limited, the Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG), The Healing Foundation, the Australian Association of Gerontology (AAG), NeuRA (Neuroscience Research Australia), and the Australian Human Rights Commission.

Underlying Framework and Purpose:

Framing this submission is the Aboriginal and Torres Strait Islander understanding of health:

> *"Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community [. . .] This is a whole of life view and*

it includes the cyclical concept of life-death-life."[1]

This submission seeks to highlight the need for the provision of aged care services to older Aboriginal and Torres Strait Islander people in a manner consistent with the human rights of self-determination and health, as outlined by the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR) both of which Australia has ratified[2]. The new *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Commonwealth) , and the *User Rights Amendment (Charter of Aged Care Rights) Principles 2018* (Commonwealth) implemented under the *Aged Care Act 1997* (Commonwealth), legislate the right to health consistent with article 12(1) of the ICESCR. The Commonwealth's Aged Care Diversity Framework and subsequent Action Plans for older Aboriginal and Torres Strait Islander people underpin, and are to be used to interpret these legislative reforms that came into force on 1 July 2019. Of importance also is that the right to self-determination is enshrined in the *Aboriginal and Torres Strait Islander Act 2005* (Commonwealth)[3]. The objects of the *Aboriginal and Torres Strait Islander Act 2005* (Commonwealth), outlined in section 3, is to ensure the maximum participation of Aboriginal and Torres Strait Islander people in the formulation and implementation of government policies that affect Community, and promotes the development of self-management and self-sufficiency among Aboriginal and Torres Strait Islander communities[4]. [5]

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[1] National Aboriginal Strategy Working Party, *A National Aboriginal Health Strategy,* Department of Aboriginal Affairs, Canberra, 1989.

[2] United Nations, International Covenant on Civil and Political Rights, Article 1 and 12; and United Nations, International Covenant on Economic, Social and Cultural Rights, Article 1.

[3] Attorney-General's Department, Commonwealth, *Right to Self Determination*: https://www.ag.gov.au/RightsAndProtections/HumanRights/Human-rights-scrutiny/PublicSectorGuidanceSheets/Pages/Righttoselfdetermination.aspx

[4] s3 of the Aboriginal and Torres Strait Islander Act 2005 (Commonwealth) states that: "the objects of this Act are, in recognition of the past dispossession and dispersal of the Aboriginal and Torres Strait Islander peoples and their present disadvantaged position in Australian society:(a) to ensure maximum participation of Aboriginal persons and Torres Strait Islanders in the formulation and implementation of government policies that affect them; (b) to promote the development of self-management and self-sufficiency among Aboriginal persons and Torres Strait Islanders; (c) to further the economic, social and cultural development of Aboriginal persons and Torres Strait Aboriginal persons and Torres Strait Islanders by the Commonwealth, State, Territory and local governments, without detracting from the responsibilities of State, Territory and local governments to provide services to their Aboriginal and Torres Strait Islander residents."

[5] See also the Victorian Government's Victorian Aboriginal Affairs Framework (VAAF), *Korin Korin Balit-Djak* and *Balit-Murrup* as examples of state government policies that implement the right to self-determination in conjunction with to the right to health and wellbeing for Aboriginal and Torres Strait Islander communities. See also: Department of Health, Western Australia, *WA Aboriginal Health and Wellbeing Framework 2015–2030*, 2015: Department for Child protection and Family Support, Western Australia, *Aboriginal Services and Practice framework 2016 -2018*, 2016; Aboriginal Affairs, New South Wales, *Transforming the relationship between Aboriginal peoples and the NSW Government*, 2018; Department

A human rights based approach sets out the existing rights and responsibilities of stakeholders with reference to the universal, legitimate framework of domestic and international human rights law and requires that human rights standards and principles are embedded in all aspects of service planning, policy and practice. It is an approach that addresses both processes and outcomes, and provides a consistent framework for monitoring and evaluation. With the above backdrop, the purpose of this submission is to ensure that any policies or legislative instruments that result from this Royal Commission be implemented and aligned with section 3 of the *Aboriginal and Torres Strait Islander Act 2005* (Commonwealth) - insofar as these outcomes will have direct impact on the health and wellbeing of older Aboriginal and Torres Strait Islander people and communities. In short, the right to self-determination and the right to health for Aboriginal and Torres Strait Islander people *cannot* be separated. The Commonwealth is obligated under the human rights conventions and the corresponding legislation mentioned above to respect Aboriginal and Torres Strait Islander people and communities' right to health, and the right to self-determination, in all aspects of service delivery, policy, practice, monitoring and evaluation of aged care supports and services.[6]

It is desired that an outcome of this submission, is that Commonwealth, State and Territory government departments, Primary Health Networks (PHNs), mainstream aged care service providers, mental health service providers, and aged care assessors, address the inequality of access to, and participation in aged care services for older Aboriginal and Torres Strait Islander people in urban, rural and remote geographies. This submission will provide recommendations for change to ameliorate the problems older Aboriginal and Torres Strait Islander people and communities face when trying to access aged care support and receive culturally safe aged care services. It also seeks to draw attention to the particular constraints placed on Aboriginal and Torres Strait Islander aged care service providers to provide holistic, culturally appropriate and trauma-informed aged care services, as well as

of State Development, South Australia, *South Australian Aboriginal Regional Authority Policy*, 2016; Department of Human Services: The Aboriginal Services Division, South Australia, *House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Capacity Building in Indigenous Communities*, 2002.

[6] Australian Human Rights Commission, *Respect and Choice: A Human Rights Approach for Ageing and Health* (Report, 2012).

raise awareness about the barriers faced by older community members more generally when trying to achieve better health and wellbeing outcomes.

The NAGATSIAC is also of the view that the Aboriginal and Torres Strait Islander model of holistic, community centred care that is trauma-informed, and provides wrap around services to community members on site, illustrates a way forward for all older Australians in the provision of aged care services. Mainstream service providers could benefit from this model of care so all older Australians could benefit from this respectful, community based and holistic model of care[7].

[7] National Aged Care Alliance, (2017), 6, *Ensuring Equity of Access and Outcomes in the future aged care system*.

Summary of Recommendations:

Ensure Equitable Access and Participation in Aged Care Services for Elders in urban, regional and remote geographies:

1. Commonwealth to fund *My Aged Care* (MAC) navigation supports that are specific to Aboriginal and Torres Strait Islander people in 2020 Federal budget[8];
2. Commonwealth to recruit Aboriginal and Torres Strait identified assessors (RAS and ACAT), and mandate place targets for Aboriginal and Torres Strait Islander MAC assessors more generally once the Commonwealth merge RAS and ACAT in the future;
3. Commonwealth to endorse and mandate guidelines for the assessment of older Aboriginal and Torres Strait Islander people for aged care supports to ensure they are embedded in all systems and processes, to stipulate that family/community/kin are to be involved in the assessment process. A Commonwealth authorised guideline of this sort would ensure the assessment process is culturally safe[9], and also work to mitigate potential harm or distress caused by staff undertaking assessments that are not culturally appropriate or trauma-informed. Such a guideline would also work to ensure that community members receive appropriate levels of support, as Elders may then feel more comfortable disclosing sensitive information about their health needs;
4. Recruit Aboriginal and Torres Strait Islander health workers to mentor and provide cultural education to non-Indigenous assessors, to help ensure the delivery of culturally safe assessments;
5. Ongoing cultural safety and trauma-informed care training should become a form of continuing professional development for assessors;

[8] AAG's ATSIAAG submission to the Royal Commission into Aged Care Quality and Safety.

[9] Cultural safety refers to: "an environment that is safe for people: where there is no assault, challenge or denial of identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening" – Williams R, 'Cultural Safety – what does it mean for our work practice?' (1999) 23(2) *Australiana and New Zealand Journal of Public Health*, 212. Also: "being respectful, observing reciprocal obligations and responsibilities, observing and maintaining important relationships to land, culture, family, kin and community, and being accountable and taking responsibility for one's behaviour" Hovane V, 'Cultural insights provide guidance on Aboriginal sexual abuse' (2012) 34(6) *InPsych*.

6. Mainstream residential care service providers should partner with Aboriginal and Torres Strait Islander health services for ongoing collaboration, education and input;
7. Accreditation of mainstream aged care service providers - both in-home and residential - should be contingent on compliance with, and the practical implementation of the Diversity Framework and Action Plans for older Aboriginal and Torres Strait Islander people;
8. Accreditation and funding streams to mainstream aged care service providers should be dependent on the provision of ongoing cultural safety training and trauma-informed care training for management and staff, that is facilitated by Aboriginal and Torres Strait Islander families and community controlled aged care service providers;
9. MAC and PHNs to release data collected on Aboriginal and Torres Strait Islander clients back to community, so that trends can be tracked, and appropriate evidence based projections and policy can be drafted to inform improved health and wellbeing programs/outcomes for older community members;
10. Commonwealth to then co-design and apply evidence based benchmarks, based on above data with Aboriginal and Torres Strait Islander communities, to commit to place targets for Elders in CHSP and home care packages;
11. Commonwealth to fund MAC appropriately to establish offices across Australia, so applications to MAC can occur in person, not dissimilar to the local area coordinators (LACs) deployed through the NDIS. This would enable greater access to aged care supports as under the current system high levels of computer and phone access, including computer/internet literacy are required;
12. MAC to ensure that aged care service referrals for Aboriginal and Torres Strait Islander community members include Indigenous service providers whenever these are available;
13. Commonwealth to fast track all older Aboriginal and Torres Strait Islander applications for aged care supports given community members are the most disadvantaged demographic of all Australians, and carry the highest burden of

trauma induced health problems, multiple co-morbidities and early onset dementia[10];

14. Commonwealth commitment to a maximum waiting time for access to home care packages is required so that older community members receive aged care supports within a reasonable time frame.

Aged Care reform must embrace Community/Family/Kin Centred Care for older Aboriginal and Torres Strait Islander people:

15. Aboriginal access to Person Centred Care requires its delivery in an Aboriginal framework of family/community/kin involvement[11] and strong preference for Aboriginal community controlled services;
16. Elders in a mainstream residential care facility, living off Country should have access to social and emotional wellbeing supports funded by the Commonwealth to enable *respite* from residential aged care facilities. Examples could include Commonwealth funded travel back to Country in order to spend time with Community on a regular basis[12], and Commonwealth funded transport for family members to be visit the aged care facility on a regular basis;
17. Individualised care packages cannot be the exclusive means to approach, let alone fund aged care for older community members.
18. In line with the principles of self-determination and the Aboriginal and Torres Strait Islander understanding of health, aged care supports for older community members should be provided in the context of community/family/kin, and where-ever possible by an Aboriginal and Torres Strait Islander controlled health organisation - not in isolation;

[10] AAG's ATSIAAG submission to the Royal Commission into Aged Care Quality and Safety, 2019.
[11] Aged Care Sector Committee Diversity Subgroup, (December 2017) p.20, *Aged Care Diversity Framework*,
[12] South Australian Health and Medical Research Institute (SAMHRI), 'Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations, Project Summary and Responses to Themes from the Royal Commission into Aged Care Quality and Safety', (June 2019), 4, *Wardliparingga: Aboriginal Research in Aboriginal Hands.*

More sustainable and flexible funding for more Aboriginal controlled Aged Care services: both in-home and residential:

19. Increase and provide long term, secure funding to Aboriginal and Torres Strait Islander community controlled aged care service providers to enable greater access to culturally safe, trauma-informed aged care supports to community members;
20. Increase and provide long term, secure funding to Aboriginal and Torres Strait Islander community controlled organisations so that comprehensive aged care service provision is ensured, given that the number of Aboriginal and Torres Strait Islander people over 50 is expected to increase by 200% by 2026[13];
21. Increase and provide long term, stable and flexible funding to Aboriginal and Torres Strait Islander health services so that the level of care that organisations are able to provide under home care packages is not limited to basic support, given that older community members are the most disadvantaged cohort of all older Australians;
22. Expand the National Aboriginal and Torres Strait Islander Flexible Care Program (NATSIFACP) to *all* aged care planning regions, not just remote areas, especially given that 79% of Aboriginal and Torres Strait Islander community members live in urban or regional areas. This would provide a stable funding base that enables small Aboriginal and Torres Strait Islander facilities with limited economies of scale to cover fixed costs;[14]
23. Ensure mixed funding models, which include block funding for Aboriginal health organisations is provided long term to ensure their viability now and into the future. Block funding needs to supplement individualised aged care packages, and residential aged care funding based on ACFI as this model of funding is the most appropriate for Aboriginal and Torres Strait Islander health services as it works to ensure the fair distribution of funds across the organisation so that all aspects of service delivery are adequately resourced;

[13] Biddle N, Centre for Aboriginal Economic Policy Research, *CAEPR Indigenous Population Project 2011 Census Papers: Population projections,* (2013), Australian National University School of Social Sciences.
[14] Australian Bureau of Statistics, *Census of Population and Housing: Reflecting Australia - Stories from the Census: Aboriginal and Torres Strait Islander Population,* 2016: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20islander%20Population%20Article~12>.

24. Commonwealth to fund more training and recruitment strategies for more Aboriginal and Torres Strait Islander aged care workers to meet future demand;
25. Commonwealth to fund Aboriginal and Torres Strait Islander specific case management, to ensure older community members are accessing and receiving culturally safe, holistic support;
26. Commonwealth to develop funding models which support the viability of small specialised providers of aged care, such as those providing services to Aboriginal and Torres Strait Islander communities .

Integration of primary health services and aged care services – coordination of care:

27. Coordination of care is essential for greater access to aged care supports and the delivery of appropriate aged care services to Elders. Commonwealth to commit to funding initiatives and systems change to ensure the prevention of silos with regards to the provision of primary health care services, aged care services, disability supports and assistive technology through the NDIS, AOD services, mental health, social and emotional wellbeing services and accommodation services for those at risk of homelessness for older community members;
28. Commonwealth to promote and fund service models which increase involvement and employment of Aboriginal and Torres Strait Islander health workers and nurses in the primary health and aged care sectors. This will ameliorate the poor health outcomes for older community members on account of a shortage of GPs in rural and remote areas;
29. Commonwealth to reinstate the specialist nurse program piloted by the Department of Health which successfully addressed the shortage of GPs across rural and remote areas, yet was decommissioned in 2017. The practice nurse program was highly effective for Aboriginal and Torres Strait Islander communities, enabling greater access to primary health care, and aged care supports;
30. Commonwealth to appropriately invest in culturally appropriate screening tools for mainstream health service providers, ensuring early intervention for older community members. For example the Kimberley Indigenous Cognitive Assessment

(KICA) screening tool has been validated for use in a range of Aboriginal and Torres Strait Islander communities[15];

31. RACGP to require GPs have a thorough working knowledge of how to best engage with MAC, so appropriate referrals to Aboriginal health services can be made to assist community members access aged care support;
32. Commonwealth to fund initiatives ensuring there are greater numbers of GPs working in regional and remote areas with Aboriginal and Torres Strait Islander controlled community services;
33. Commonwealth to commit funding to young Aboriginal and Torres Strait Islander people who are homeless, or living with a physical disability or other AOD or mental health problems who are currently residing in residential aged care facilities. These residents are not appropriately housed in residential aged care facilities.

Geographic Access:

34. The NAGATSIAC submits that the Commonwealth acknowledge that Aboriginal and Torres Strait Islander people living in urban and regional locations carry similar lifespan gaps, equal levels of multiple chronic diseases, equally high dementia rates, equivalent social disadvantage and equal levels of difficulty accessing aged care services as Aboriginal people residing remotely. This is of particular relevance as the large majority of Aboriginal and Torres Strait Islander Australians (>80%) live in urban and regional locations - Perth, Sydney, Brisbane and along the Eastern seaboard;[16]
35. Commonwealth must increase funding to Aboriginal and Torres Strait Islander aged care services in urban locations to ensure the majority of older Aboriginal and Torres Strait Islander people receive appropriate aged care supports;

[15] Marsh G, Inglis M, Smith K and LoGiudice D, Dementia Australia, *Validation of the Kimberley Indigenous Cognitive Assessment tool (KICA) Report*: <https://www.dementia.org.au/sites/default/files/Validation_of_the_Kimberley_Indigenous_Cognitive_Assessment_tool_%28KICA%29.pdfhttps://www.dementia.org.au/resources/kimberley-indigenous-cognitive-assessment-tool-kica>

[16] Australian Bureau of Statistics, *Estimates of Aboriginal and Torres Strait Islander Australians*, 2016, <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>.

36. Commonwealth must ensure that the number of areas that have access to NATSIFACP funding is increased. The NAGATSIAC also submits a concomitant increase in monies allocated through NATSIFACP packages continues in urban areas. It is more difficult for older community members to access services in places such as Cairns, Townsville and major cities because of the distance between services, and transport across urban areas can be difficult for many reasons.

Sustainability and Viability of workforce:

37. Targeted investment in the promotion of Aboriginal and Torres Strait Islander identified positions across the entire aged care sector, including RAS and ACAT assessors, and/or the streamlined assessment system proposed by the Commonwealth systems navigators, case managers, nurses, support workers and GPs;

38. Governments to strategically fund, as well as incentivise place targets for Aboriginal and Torres Strait Islander students in local Aboriginal and Torres Strait Islander Registered Training Organisations (RTO), TAFEs and Universities across the spectrum of health and aged care service provision training;
39. Flexible training models including online learning modules, or short 'intensives' for Aboriginal and Torres Strait Islander students appropriately resourced, inclusive of a capacity for the provision of local training, at local Aboriginal and Torres Strait Islander Registered Training Organisations, to provide local health care;
40. A cost benefit comparison of outcomes achieved by investing in targeted training and subsequent work opportunities for Aboriginal and Torres Strait Islander students in the aged care sector, and outcomes which occur without this investment is essential in order to promote an attractive business case to governments, PHNs, allied health, hospitals and tertiary education institutes. Analysis will ensure better health, wellbeing and quality of life outcomes for older community members, and save governments money due to a reduction in the overall c*ost burden* of the substantial levels of chronic and complex, co-morbid disease suffered by Elders;
41. Funding and accreditation of mainstream aged care service providers to be dependent on the provision of culturally safe, trauma-informed care that is

compliant with what is outlined in the Aged Care Diversity Framework and Action Plans;

42. Mainstream aged care providers to employ more Aboriginal and Torres Strait Islander staff, and to commit to ongoing formal training for all staff in cultural safety and trauma-informed healing practice and care;
43. Mainstream aged care service providers commit to ongoing partnerships with Aboriginal and Torres Strait Islander health services, community organisations and workforce.

Trauma and trauma-informed care:

44. The Commonwealth must acknowledge the function of trauma as an indicator of poor health and wellbeing outcomes for older Aboriginal and Torres Strait Islander people in and of itself;
45. In order to subsequently address the way in which trauma is a barrier to accessing aged care services for older community members, particularly in relation to the complex needs of Stolen Generations survivors who carry disproportionate levels of disadvantage, the Commonwealth must appropriately invest in training for aged care assessors and aged care staff - Indigenous and non-Indigenous - on healing and trauma-informed approaches, to ensure they are embedded in all aspects of service provision. Without a healing and trauma-informed approach to aged care, Elders are at risk of involuntary re-traumatisation and triggering of past trauma;
46. The Commonwealth must commit to more non-residential aged care funding to Aboriginal and Torres Strait Islander aged care service providers (NATSIFACP and high level Home Care Packages) as the very notion of residential aged care may be a trigger for Elders in and of itself. The need for non-institutionalised forms of aged care for Stolen Generations survivors is paramount, given past traumas suffered while institutionalised as children;
47. The Commonwealth must enhance the capacity for Stolen Generations survivors to age on Country (where Country may be a major city such as Melbourne or Sydney, as most Stolen Generation survivors live in non-remote areas) with mob/other Aboriginal and Torres Strait Islander community members who may be from

different communities. This can be achieved by better supporting the viability of Aboriginal and Torres Strait Islander controlled aged care service providers and Indigenous workforce generally. This right is fundamental to better health, wellbeing and quality of life outcomes for these community members;

48. Commonwealth to commit to the training and recruitment of Stolen Generations survivors and their descendants as MAC assessors and navigators[17];
49. Commonwealth to promote the co-design of the assessment process, and aged care service delivery more broadly for survivors of the Stolen Generations with Stolen Generations descendants, and Aboriginal and Torres Strait Islander community members;
50. Given all Stolen Generations survivors will be aged over 50 by 2023, greater investment in Aboriginal and Torres Strait Islander controlled aged care services is necessary to ensure survivors of the Stolen Generations receive the highest level of holistic care by community, within community;
51. Implementation of clear referral pathways to counselling and healing services for survivors of the Stolen Generations accessing aged care services must be mandated by government.

Homelessness and Insecure Housing:

52. Commonwealth commit to sustained initiatives to increase social and community housing stock to ameliorate housing crisis in Aboriginal and Torres Strait Islander communities across Australia;
53. Commonwealth to fund assertive outreach programs, run by Aboriginal and Torres Strait Islander service providers for older community members who are homeless, sleeping rough or living in insecure housing to connect to culturally appropriate and physically safe emergency accommodation and transitional housing services;
54. Targeted referral pathways for older Aboriginal and Torres Strait Islander people who are homeless or living in insecure housing to aged care services and supports, not dissimilar to the NDIA initiative that delivers specialised referral pathways for

[17] Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (July 2019), p.11, 'Stolen Generations Forum'.

access to NDIS supports for 'hard to reach' demographics. Expand on the capacity of the Assistance with Care and Housing sub-program of CHSP to create better referral pathways[18];

Diversity Among Aboriginal and Torres Strait Islander Communities:

55. The diversity within communities must be acknowledged so that flexibility in service provision, assessment and funding functions to best meet the needs of all older Aboriginal and Torres Strait Islander community members.

[18] *Assistance with Care and Housing,* Department of Health. https://agedcare.health.gov.au/programs/assistance-with-care-and-housing-ach-sub-programme

Commonwealth Government Legal and Policy Landscape

The NAGATSIAC would also like to draw the attention of the Commission to the broader legal and policy landscape in which Aboriginal and Torres Strait Islander health and wellbeing outcomes are set. Significant changes to the provision of health services for Aboriginal and Torres Strait Islander communities are still overdue, and this has been brought to the Commonwealth's attention many times.

In a snapshot: the 65 years and over Aboriginal and Torres Strait Islander population is predicted to grow by 200% by 2031.[19] Overall improvements in health, welfare and lifespan from the 1960s (coincident with first access to basic human rights) also remain accompanied by high young adult death rates at 4 to 6 times non-Indigenous, high mid-life rates of multiple chronic diseases, and high rates of late-life dementia - four to five times non-Indigenous - and a persisting lifespan gap of around 11 years[20]. In some areas, Aboriginal and Torres Strait Islander people over 45 also have higher rates of self-reported falls, incontinence and pain[21] . Below is a list of current Commonwealth policies that affect community:

- National Aboriginal and Torres Strait Islander Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023;
- *National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026;*
- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023;*
- *Closing the Gap Refresh Framework* (currently being developed);
- Department of Health: *Aged Care Sector Diversity Framework 2017*;

[19] CAEPR, *CAEPR Indigenous Population Project 2011 Census Papers, Paper no.14 Population Projections*, (2011) Australian National University.
[20] Smith K, Flicker L, Lautenschlager N et al, 'High Prevalence of Dementia and Cognitive Impairment in Indigenous Australians', 2008) (71), 1470-1473 *Neurology.* See also Broe, T, 'What do Aboriginal Australians want from their Aged Care Service Provision? Community Connection is Number One', (2019) June 19, *The Conversation*. http://theconversation.com/what-do-aboriginal-australians-want-from-their-aged-care-system-community-connection-is-number-one-118913
[21] LoGiudice D, Smith K, Atkinson D, Dwyer A, Almeida OA, Flicker L et al, 'The Preliminary Evaluation of the Prevalence of Falls, Pain and Urinary Incontinence in Remote living Indigenous Australians over the age of 45 years', (2012), (42)(6), 102-107, *International Medical Journal*.

- Department of Health: *Actions to support older Aboriginal and Torres Strait Islander people: A guide for aged care providers*;
- Department of Health: *Actions to support older Aboriginal and Torres Strait Islander people: A Guide for Consumers*;
- Department of Health: *Legislated Review of Aged Care 2017*;
- Age Care Quality Standards as contained in the *Quality of Care Amendment (Single Quality Framework) Principles 2018*;
- *The Single Charter of Aged Care Rights and Responsibilities as contained in the User Rights Amendment (Charter of Aged Care Rights) Principles 2019*.[22]

[22] Department of Health, Australian Government, 'Ageing and Aged Care', *Single Charter of Aged Care Rights* (8 May 2019) <www.Agedcare.Health.Gov.Au/Quality/Single-Charter-of-Aged-Care-Rights>.

Summary of Key Themes:

Equitable Access and Participation in Aged Care Services for Elders in urban, regional and remote geographies

Older Aboriginal and Torres Strait Islander people and communities are less likely to access aged care services than all other non-Indigenous demographics, inclusive of other 'special needs' groups identified under the Aged Care Act (1997), specifically people of CALD backgrounds and members of the LGBTI community[23]. In fact, older Aboriginal and Torres Strait Islander people members are assessed at half the rate of the general population[24]. NAGATSIAC has identified a range of complex factors that explain why Aboriginal and Torres Strait Islander people are not engaging with mainstream assessment processes:

MAC is a convoluted system that is heavily reliant on computer access, computer literacy, internet access and internet navigation skills as well as phone access. This impedes access for many older Australians, but especially older Aboriginal and Torres Strait Islander people due to multiple and significant vulnerabilities. Older Aboriginal and Torres Strait Islander people have the highest numbers of co-morbidities, the highest rates of disability, homelessness and early onset dementia across all older demographics in Australia[25]. At present without culturally appropriate navigation supports for older community members, MAC is a barrier in and of itself[26].

Calls for the Commonwealth to fund navigation supports have been made for all older Australians[27] as the difficulties with MAC are well known[28]. Aside from the problems with the MAC system itself, experiences of institutional racism and abuse has understandably

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[23] Productivity Commission, *Report on Government Services,* (2019), Chapter 14, Box 14.2, p.14.13.
[24] Aboriginal and Torres Strait Islander Ageing Advisory Group, Australian Association of Gerontology, (2019), p.2, *Submission to the Royal Commission.*
[25] Randall D, Lujic S, Harvard A, Eades S, Jorm L, 'Multimorbidity among Aboriginal people in NSW contributes significantly to their higher mortality',(2018), 2July, *MJA*.
[26] Department of Health, Commonwealth, Aged Care Sector Committee Diversity Sub-Group, *Aged Care Diversity Framework: Aboriginal and Torres Strait islander Consultation Report*, (2017) 26-30. (MAC only calls three times from a private number, and if the calls are missed the application process starts all over again. Not many people answer calls from private numbers in general. Also MAC relies on people having a phone with a ring out capacity. Some older Aboriginal and Torres Strait Islander people often don't have a ring out capacity due to costs associated with mobile phone contracts and SIM cards. Community members then have to go to their Aboriginal health worker to assist with the application process once more. This situation is even more difficult for Elders with disabilities, who are left completely reliant on family and Aboriginal workers to assist with the access and assessment process.)
[27] National Aged Care Alliance, *2019 Federal Election Position Statement Getting aged care right for everyone,* (2019) 8 <https://naca.asn.au/wp-content/uploads/2018/11/2019-Federal-Election-Position-Statement.pdf>.
[28] Department of Health, *Aged Care Diversity Framework*, 26-28.

resulted in mistrust of government initiatives such as MAC and their ability to "help", as historically government policies and programs have harmed, not helped[29].

Elders may associate institutionalisation with MAC, as well as residential aged care services on account of past government policies that have resulted in institutionalisation and abuse or incarceration. Hence hesitancy to even contact MAC is understandable. Poor experiences with MAC and culturally inappropriate aged care service provision by other older community members may also function to deter other Elders from seeking aged care supports. Experiences of discrimination and racism may also impact on decisions to engage with MAC[30].

NAGATSIAC members evidence that older community members who do reside in mainstream residential aged care facilities often feel dislocated from community and Country, have a tendency to self-isolate and die earlier than if they were being cared for by community. In a recent DACS funded research project commissioned by SAMHRI, of Elders interviewed in remote areas of South Australia, Queensland and the Northern Territory, most said they had minimal contact with family as they were living off Country, and had not been back to Country for sorry business, family business and other community events more generally. Reticence to engage with MAC, and even avoid aged care assessments is therefore understandable as the prospect removal off Country to never see family again is daunting for many older people and has negative implications for the emotional and spiritual health of Aboriginal and Torres Strait Islander people[31]. The NAGATSIAC submits that an increase in funding streams for the provision of flexible community care is essential to Elders to stay and die on Country. High level community care for Elders with complex care needs must be an option available to Elders in remote, rural and regional/urban areas, not just residential care.

In relation to the assessment of older Aboriginal and Torres Strait Islander people for aged care packages and services, cultural safety training is currently not mandatory for assessors

[29] O'Neill M, Kirov E, Thomson N, 'A review of the literature on disability services for Aboriginal and Torres Strait Islander peoples', (2004)(4) 4, *Australian Indigenous Health Bulletin*.
[30] Aged Care Sector Committee Diversity Sub-Group, (December, 2017), p.18, *Aged Care Diversity Framework;* Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (1 July 2019), p. 7-9, *Stolen Generations Aged Care Forum*.
[31] McGrath P, 'I don't want to be in that big city; this is my Country here': research findings on Aboriginal peoples' preference to die at home', (2007) 15(4), 264 – 8, *Australian Journal of Rural Health*.

(RAS, ACAT) and available training is not contextualised to the specific needs of Aboriginal and Torres Strait Islander people and communities. An inability to provide culturally safe and trauma-informed assessments for older community members is highly problematic, as a poor assessment experience may mean that the full range of health problems experienced by Elders may not be disclosed and resultant home care packages are not aligned with the level of need. Word may also travel through communities about the assessment process possibly being distressing which again means lower levels of engagement with MAC.

For example a person who might require level 4 package - due to complexity of needs, chronic disease including interlinked social and emotional wellbeing supports and various undisclosed health complexities may be assessed as needing a level 2. However, older Community members who are able to access assistance from an Aboriginal and Torres Strait Islander health worker are better able to gain access[32]. Aboriginal and Torres Strait Islander community organisations provide vital advocacy for Elders including computer access, phone services, some financial assistance if phone bill has not been paid**,** assistance with pharmacy scripts, assistance with tenancy, justice issues as well as health services and brokerage.

GPs who could also play a significant role in referring older Aboriginal and Torres Strait Islander people to MAC, currently find navigating the aged care system, and MAC "incredibly difficult"[33]. Appropriate referrals to Aboriginal and Torres Strait Islander community organisations to assist with MAC, or even referrals directly to MAC are not being made as a result. Alongside this problem is the systemic issue of there being an inherent shortage of GP's, particularly in regional and rural areas as well as urban areas with the highest levels of social disadvantage.

Furthermore, even if older community members are assessed for aged care supports, there are significant challenges faced by mainstream service providers to provide culturally safe aged care services. Without ongoing collaboration, education and input from Aboriginal and Torres Strait Islander community controlled aged care service providers, NAGATSIAC submits that it is very difficult for mainstream aged care service providers to care for Elders

[32] National Indigenous Australians Agency, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report,* 2017.
[33] NAGATSIAC meeting minutes 30 May 2019, discussion with South Brisbane PHN representatives.

in a culturally safe manner**.** Similarly, a lack of and in some instances, a failure to use nuanced and culturally appropriate screening tools for early signs of dementia in the primary health sector has also resulted in lower rates of access to aged care supports for older community members[34].

Aged care services and *MAC* assessments which are not grounded in respect for Aboriginal and Torres Strait Islander cultures making care "the same" for all – are effectively assimilationist and discriminatory in their approach. Lack of acknowledgment and respect for Aboriginal and Torres Strait Islander cultural specificity could result in even lower rates of engagement with MAC and access to aged care services. The case could therefore be made that following the human rights treaties and conventions ratified in Australia and then embedded in domestic laws pertaining to racial discrimination, that if aged care services are not delivered in compliance with the principles of the Aged Care Diversity Framework and the Action Plans under the recent aged care reforms that became law on July 2019, then relevant legal recourse could rightly be actioned either with the Australian Human Rights Commission, or privately.

Community/Family/Kin centred care for older Aboriginal and Torres Strait Islander peoples

Aged Care Reform has not recognised that Aboriginal aged care is family and community business; or that most Australian Aged Care (80%) is done by community and that aged care services primarily support family carers[35]. Moreover family/community/kin centred care produces better health, social, emotional outcomes for Aboriginal and Torres Strait Islander communities[36]**.**

There is also a particular need for community/kinship care for Stolen Generations survivors. Stolen Generations survivors are more reliant on non-biological family care – yet may be connected with other Aboriginal and Torres Strait Islander people and communities. The Aboriginal definition of family is community and this understanding is particularly relevant

[34] Productivity Commission, *Report on Government Services,* 2019 <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/aged-care-services/rogs-2019-partf-chapter14.pdf>.
[35]. Australian Institute of Health and Wellness,(2017), *Australia's welfare 2017: In brief.* <https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017-in-brief/contents/ageing-and-aged-care>.
[36] Aged Care Sector Committee Diversity Sub-Group, (December, 2017), p.21, *Aged Care Diversity Framework*

in order to respectfully engage with Stolen Generations survivors to improve health, wellbeing and quality of life outcomes in later life. As currently practiced in Australia, person centred care is a very Western concept that focuses on the individual to the exclusion of family, community, kin, culture, Country and spirituality. Person centred care is essentially incompatible with Aboriginal and Torres Strait Islander understandings of health, wellbeing and quality of life, and service models such as Consumer Directed Care (CDC) which are premised on person centred care also require a high level of financial literacy to manage funds. Despite this, the NAGATSIAC believes it is possible to create models of care that are sensitive to individual needs and preferences, as well as encompassing family/community/kin by providing appropriate funding to Aboriginal and Torres Strait Islander controlled aged care services for case management, advocacy and the provision of holistic and culturally appropriate care for Elders with individual packages within community, on Country. The NAGATSIAC also acknowledges that some mainstream service providers such as the Australian Regional and Remote Community Services managed by Tamra Bridges are also well placed to care for Elders as their service delivery is culturally appropriate, holistic and trauma-informed.[37]

Another reason why Aboriginal Controlled Aged Care services are so important to the sustenance of Community, is that community centred care is needed to protect the vital role of Elders as custodians of Culture. In order to provide culturally appropriate aged care, the capacity of Elders to undertake their role must be respected and protected, as this is intrinsic to their quality of life and health and wellbeing outcomes, as well as essential to the continuation and strengthening of cultures for *entire* communities.

Culturally safe and trauma informed healing focused aged care service provision can best be provided by Aboriginal and Torres Strait Islander aged care service providers. Of significance is the finding in the Aged Care Diversity Framework: Aboriginal and Torres Strait Islander Consultation Report, developed by the Institute of Urban Indigenous Health (IUIH):

> *"Peak bodies and representative groups mostly disagreed that there are no significant deficiencies in cultural competency of aged care service providers. They were also very supportive of cultural training, with 90% of respondents agreeing that*

[37] https://www.smh.com.au/national/indigenous-people-want-to-age-on-country-and-shun-residential-care-20190617-p51yf5.html

it is essential for all aged care service workers with Aboriginal and Torres Strait Islander clients to complete a substantial cultural competency training program addressing knowledge, behaviours and skills."[38]

In his testimony to the Royal Commission into Aged Care Quality and Safety, Professor Leon Flicker, from the University of Western Australia noted:

"Care has to be culturally safe and this means that the staff have to be trained in how to manage and how to assess and treat older Aboriginal people and this is something that does not necessarily come intuitively. So there is a need for cultural safety training… the staff in many residential care services and community services come from a wide range of backgrounds, often not Australian-born, and they make have very little understanding of the history and perspective of the – of the Aboriginal and Torres Strait Islander people in Australia. So they have very little understanding of what they're dealing with, and then they don't necessarily have a respect for some of the practices that are innate to that group of people.… And even for Australian-born people there's often little understanding … of the recent history and perspectives of Aboriginal people. So for those reasons, cultural safety may not be apparent … and that will mean that there will be tension between both the Aboriginal people and Torres Strait Islander people in that residential care facility and also the family members who come to visit"[39].

Flexible and Adequate Funding

NAGATSIAC asserts that Aboriginal and Torres Strait Islander community controlled organisations are best placed to provide culturally safe aged care services because of their close connection to communities and higher proportion of Aboriginal staff. The majority of Aboriginal and Torres Strait Islander community members also prefer to use community controlled health services for health care. Care includes dental, optical, NDIS support, mental health supports ad social and emotional wellbeing.[40] The need for sustainable,

[38] P.38

[39] Testimony provided by Professor Flicker, to the Royal Commission into Aged Care Quality and Safety, Broome, 17/6/19 Transcripts and Witness List downloaded 16/9/2019

[40] The work Aboriginal controlled organisations do is holistic and all-encompassing. Work includes liaison with real estate agents if there are difficulties with tenancy, assistance with pharmacies and interpreting scripts, assistance with phone companies, assistance with mykis, assistance with electricity and gas service providers and associated bills, financial

adequate and flexible funding models for appropriate levels of care for older people in communities is urgent given the predicted expansion of the number of older community members in the near future. Aboriginal and Torres Strait Islander health services will not be equipped to meet the projected demand for services by Elders without adequate long term flexible funding models that enable viability of these specialist providers, which often lack the economies of scale achieved by large providers of mainstream aged care services. It is vital to ensure the viability of specialised Indigenous providers of aged and health care services, as they provide support for small, dispersed populations of Aboriginal and Torres Strait Islander people in metropolitan, regional, rural and remote areas. In the absence of these services even a moderate improvement in life expectancy for older Aboriginal and Torres Strait Islander people will outstrip the capacity of the Aged Care system to adequately serve their needs.[41]

Moreover, most of the specialised services Aboriginal and Torres Strait Islander controlled services provide cannot be adequately funded exclusively through individualised home care packages because, and many residential providers struggle to operate sustainably as previously mentioned they are predominantly small service providers, and lack economies of scale (e.g. residential providers may have 30 beds or less). For this reason, the NAGATSIAC again highlights the particular and urgent need for sustained NATSIFACP funding for residential services in urban areas. Without NATSIFACP funding, the sustainability and future viability of small, specialised Aboriginal and Torres Strait Islander health services is compromised [42].

Individualised activity based funding alone requires organisations to possess economies of scale out of reach of many Aboriginal and Torres Strait Islander aged care providers, thereby impacting the future viability and sustainability of services. This type of funding could arguably be seen as discriminatory in itself if solely relied on, as it will force smaller Aboriginal and Torres Strait Islander aged care service providers completely out of the

counselling, liaison with Corrections, assistance with fines – (parking fine accumulation for example), perhaps advocacy with the Sherriff's office and also the courts regarding justice issues.

[41] Taylor A, Barnes T, 'Closing The Gap in Indigenous Life Expectancies: What if we Succeed?, (May, 2013), 30. 117-132, *Journal of Popular Research.*

[42] Alford K, 'Economic Value of Aboriginal Community Controlled Health Services', (2014, April), *NACCHO.*

market and have a profound effect on all Aboriginal and Torres Strait Islander community members.

Block funding such as that which currently underpins the Commonwealth Home Support Program (CHSP) provides flexibility which enables informal systems navigation support, relational work with assessment and other agencies to develop and strengthen referral pathways. The proposed integration of the CHSP with the Home Care Package (HCP) Program and potential loss of this funding threatens both the long term viability of small specialist providers and their immediate capacity to quality supports that include advocacy, building of strategic partnerships and emotional support.[43]

The NAGATSIAC also submits that the Commission must consider Elders rights to age on Country in remote areas, and boost funding to *non-residential* aged care supports in these locations.[44] For Elders to age on Country the vital need for flexible community care that is able to accommodate the diverse cultural and service needs of older Aboriginal and Torres Strait Islander communities across Australia is again highlighted. The provision of aged care services on Country requires a significant review of resource allocation. In comparison to community –based services, fly in fly out visits consume a disproportionate amount of money in individual packages to cover the cost of workers' travel.

Integration of primary health services and aged care services – coordination of care

Without greater integration of primary health care and aged care services, we can't hope to improve quality care to meet the meet the needs of older Aboriginal and Torres Strait Islander people. If not remedied, the lack of co-ordination of care between primary health and aged care service provision will continue to negatively impact older community members' capacity to access aged care services at the lowest rate of all Australians.

Aboriginal and Torres Strait Islander communities have advocated for access to multipurpose health services that are Aboriginal and Torres Strait Islander controlled for

[43] Katrina Alford, National Aboriginal Community Controlled Health Organisation, (April 2014) 'Economic Value of Aboriginal Community Controlled Health services'.
[44] Aged Care Sector Committee Diversity Sub-Group, (December, 2017), p.21, *Aged Care Diversity Framework.* https://www.abc.net.au/news/2019-07-08/aged-care-commission-darwin-aboriginal-elder-family-pain/11287486

older community members, in one location[45]. These multipurpose centres could be used to provide greater access to aged care supports as well as improved health and wellbeing outcomes for communities more generally. Primary health care, aged care, NDIS, dental, optical, mental health/social and emotional wellbeing, AOD, justice assistance, advocacy and support services need to be coordinated to ensure improved health outcomes. Currently some Aboriginal controlled health organisations in Victoria, SA and Queensland are able to provide this due to their organisational structure – as cooperatives providing both aged care and primary health services. Similarly there are a number of South Australian examples of collaboration between Aboriginal aged care providers and Aboriginal community controlled health services which provide holistic aged and health care, however there still remains a desperate need for service integration, and service coordination for *all* communities – urban, regional and remote.

There is also a need for *early intervention* so that Aboriginal and Torres Strait Islander people are assessed for access to aged care supports before the care requirement is urgent. A means to ensure this is for older Aboriginal and Torres Strait Islander communities is that the Commonwealth mandate that Elders who have been assessed and now waiting for aged care supports are fast tracked on the basis of complexity of need.[46]

Another impediment to early intervention for older community members and their concomitant access to appropriate aged care supports, is a chronic shortage of GPs, particularly in regional, rural and metropolitan areas of lower socio-economic status. There is a need for innovative service models to address this deficit, such as the specialist nurse program which was commissioned by the Commonwealth Department of Health, and inexplicably discontinued in 2017 despite the success of its pilot program. In addition where there are adequate numbers of GPs working with older Indigenous people, there is limited use of culturally safe screening tools in primary health care. The use of culturally appropriate screening tools alongside family/community in discussions with primary health care providers can ensure greater access to aged care services.

[45] 'Aged Care Diversity Framework: Aboriginal and Torres Strait Islander Consultation Report', (2017), *Institute for Urban Indigenous Health.*

[46] Aged Care Sector Committee Diversity Sub-Group, (December, 2017), p.25-27, *Aged Care Diversity Framework.*

The NAGATSIAC therefore submits that the Commonwealth address staff gaps. One solution would be the reinstatement of the specialist nurse program, funded through Aboriginal and Torres Strait Islander residential and flexible aged care services. Alongside this, the targeted training and recruitment of Aboriginal and Torres Strait Islander GPs, health workers and nurses by the Commonwealth should also be prioritised. Aboriginal health workers also play a fundamental role in the coordination of health care services, inclusive of advocacy, navigation and support when engaging with MAC and the assessment process.

Furthermore the NAGATSIAC would like to draw the Commission's attention to the retention of very detailed data obtained by PHNs and MAC. NAGATSIAC urges the release of this data back to the community, so Aboriginal and Torres Strait Islander service providers can track trends and identify where the specific health needs for community that require improvement lie.

This data should be analysed under the guidance of an Aboriginal and Torres Strait Islander data governance group which will (i) oversee the integration and analysis of existing data sets and, (b) identify gaps to ensure that older community members achieve equitable access and health and wellbeing outcomes. This would facilitate appropriate investment in practices designed to create better health and wellbeing outcomes for older community members, as the released data provides an evidence base from which to work from. Data transparency is essential to the development of targeted legislation, policies, advocacy and actions that address the urgent health and wellbeing needs of our Elders.

Geographic Access

Urban communities carry similar lifespan gaps, equal levels of multiple chronic diseases, equally high dementia rates, equivalent social disadvantage and equal levels of difficulty accessing mainstream aged care and health services to Aboriginal people residing remotely[47] and over 80% of older Aboriginal and Torres Strait Islander people live in urban and urban/regional environments.

[47] Biddle N, Centre for Aboriginal Economic Policy Research, *CAEPR Indigenous Population Project 2011 Census Papers: Population projections,* (2013), Australian National University School of Social Sciences. Refer also Broe GA (June 2019) *What are the key barriers Indigenous Australians face in accessing appropriate aged care?* The Conversation Draft article

To date, the extreme barriers to aged care access faced by Aboriginal and Torres Strait Islander community members living remotely are well recognised, and have rightly received media interest and government attention.[48] By comparison though, there is little recognition of the significant barriers to accessing culturally safe aged care services by older community members living in metropolitan and regional areas.

The presumption made by the Commonwealth that living in an urban environment affords greater access to aged care supports is fundamentally flawed, working to further disadvantage older Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people living in urban and urban/regional environments experience difficulties in service coordination due to the dispersed location of services and widespread socioeconomic disadvantage in Aboriginal and Torres Strait Islander communities. The need for a car or access to public transport (as well as an ability to catch public transport) is vital due to the distance between services in order to access appropriate, culturally safe, primary health, mental health, optical, dental, social and emotional wellbeing and aged care supports. Transport issues, the distance between services and the time therefore required to travel to each service in urban/regional locations can be a particular problem for older community members with multiple and significant health concerns. Physical access to services that are acceptable to Elders, coupled with the problems already elaborated on with regards to the difficulties navigating the MAC system pose significant barriers to accessing aged care supports for older community members in urban areas. However, compounding the above is the lack of culturally safe and trauma-informed service providers in urban/regional areas.

The number and proximity of service options are not the only factors influencing service choice by Aboriginal and Torres Strait Islander people. Cultural safety is central to the acceptability of aged care and primary health supports, and lack of cultural safety acts to radically reduce the service options open to Indigenous people in Metropolitan Areas

[48] https://www.abc.net.au/news/2019-07-08/aged-care-commission-darwin-aboriginal-elder-family-pain/11287486

Sustainability and viability of workforce

To ensure equitable access to aged care supports for older community members, greater targeted investment is needed to embed Aboriginal and Torres Strait Islander identified positions across the entire aged care sector. In order to increase access to aged care services for Elders, community members need to be employed in MAC, as RAS and ACAT assessors and/or within the streamlined assessment service proposed by the Commonwealth - specific to the communities in which they live - as systems navigators, as case managers, as Aboriginal liaison officers in hospitals and mainstream aged care services, as support workers in Aboriginal controlled health organisations, as assertive outreach workers (to engage with Elders living in insecure housing or sleeping rough) as nurses, doctors and as aged care service providers generally.

A concomitant need is for Aboriginal and Torres Strait Islander people to be both employed and trained locally, at local training institutes, or via appropriate outreach educational models to provide local care. This would be optimal for many reasons, but primarily because it would prevent homecare package funds not being wasted on transporting workers to and from communities, and ensure funds are spent more efficiently on services needed by Elders. A concurrent initiative to achieve the above is for governments to strategically fund, as well as incentivise place targets for Aboriginal and Torres Strait Islander students in local TAFEs and Universities.

In order to then retain and also sustain a larger Aboriginal and Torres Strait Islander workforce in the aged care sector, alongside greater investment by governments - greater 'buy in' from allied health, Primary Health Networks (PHNs), hospitals and the tertiary education sector is needed. A cost benefit comparison of outcomes achieved by investing in targeted training and subsequent work opportunities for Aboriginal and Torres Strait Islander students in the aged care sector, and outcomes achieved without that investment is essential in order to promote and put forward an attractive business case to governments, PHNs, allied health, hospitals and tertiary education institutes. This analysis would not only ensure better health, wellbeing and quality of life outcomes for older community members, but also save governments money due to a reduction in the overall c*ost burden* of the substantial levels of chronic and complex co-morbid diseases suffered by our Elders. In

short, a comprehensive review of existing Commonwealth funding investment structures for Aboriginal and Torres Strait Islander workforce is required. At the very least, the ongoing guidance and mentoring of non-Indigenous RAS and ACAT assessors, case managers, GPs and support workers must be mandated by governments to enable greater access to the full range of aged care services by older community members.

The National Advisory Group are also of the view that the funding and accreditation of mainstream service providers by governments needs to be dependent on the provision of culturally safe, trauma-informed care that is compliant with what is outlined in the Aged Care Diversity Framework and Action Plans. A way to ensure that cultural safety and trauma-informed practice is embedded across all service systems, management and the day to day operation of mainstream aged care providers is to employ more Aboriginal and Torres Strait Islander staff, and to commit to ongoing formal training for all staff in cultural safety and trauma-informed healing practice and care. Again this could best be facilitated by mainstream aged care service providers committing to ongoing partnerships with Aboriginal and Torres Strait Islander health services, community organisations and workforce.

Trauma and trauma-informed aged care service delivery

It is well documented that trauma is not only an indicator for poor physical, emotional and spiritual health outcomes in and of itself for Aboriginal and Torres Strait Islander community members, but also functions as a barrier to improving Aboriginal and Torres Strait Islander wellbeing and quality of life overall[49]. Aboriginal and Torres Strait Islander communities have experienced significant trauma resulting from colonisation, and the concurrent ripple effects have passed through generations, across communities. A failure to look at the social determinants of health without including trauma as a determinant of health and wellbeing in and of itself is narrow and misguided[50]. Genocide, loss of culture and land, child removal, institutionalisation, persistent discrimination and racism have had profound effects throughout Community. The need for individual and collective healing for community

[49] Healing Foundation, (December 2017), 'Submission to the Royal Commission on Closing the Gap Refresh'.
[50] Ibid. See also Kezelman, C and Stavropoulos, P, (2015), 'The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia', *BlueKnot Foundation.*

cannot be overemphasised in order to progress towards improved health and wellbeing for all First Nations Peoples.

Without an opportunity to heal, community members may cope with pain in ways that have negative impacts not only on themselves but on loved ones and broader community. Substance abuse or addiction, physical, sexual, emotional and psychological violence – within the family and externally – problems with the justice system and cycles of incarceration, social and financial disadvantage and homelessness can often be directly linked to past traumas, and can lead to cycles of transgenerational trauma[51].

In the context of aged care service delivery, the provision of healing focussed, trauma-informed culturally safe aged care assessments and supports for older community members must include the recognition of the high trauma burden Elders carry, especially older community members who have been wards of the state and survivors of the Stolen Generations[52] Stolen Generations survivors who suffered profound childhood trauma(s) – inclusive of institutionalisation, forced assimilation, forcible removal from family, abuse and assault – naturally have the poorest health and wellbeing outcomes of all community members. Appropriate investment in training for aged care assessors and aged care staff - Indigenous and non-Indigenous - on healing and trauma-informed approaches that are embedded in all aspects of service provision so as to create safety, trust and empowerment is vital. Without a healing and trauma-informed approach to aged care, Elders are at risk of involuntary re-traumatisation and triggering of past trauma[53].

The NAGATSIAC submits that the Commonwealth ensure Stolen Generations survivors receive culturally appropriate, trauma-informed aged care assessments and services, especially given that by 2023 all Stolen Generations survivors will be aged 50 years and over and eligible for aged care supports. This can be achieved by the Commonwealth implementing compulsory workforce training and accreditation frameworks that insist that qualification as an assessor, or an aged care worker is contingent on a proficient level of

[51] AIHW, 'Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over', (2018) Cat no IHW 199, Canberra.https://www.aihw.gov.au/reports/indigenous-australians/stolen-generation-aged-50-and-over/related-material
[52] Healing Foundation, 'Submission to the Department of Prime Minister and Cabinet on Closing the Gap Refresh', (2017); Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (July 2019) 'Stolen Generations Forum'.
[53] Kezelman C and Stavropulous P, (2017) 'Talking about Trauma: Guide to Conversations and Screening for Health and Other Service Providers', *BlueKnot Foundation: National Centre of Excellence for Complex Trauma*.

understanding of culturally safe, trauma-informed healing focussed practice, inclusive of a firm commitment to continuing professional development training on the same. This can also be achieved by the Commonwealth training and recruiting Stolen Generations survivors and their descendants as RAS and ACAT assessors, and co-designing the assessment process for survivors of the Stolen Generations with Stolen Generations members, and Aboriginal and Torres Strait Islander communities more broadly.

The need for non-institutionalised forms of aged care for Stolen Generations survivors is also highlighted here, given past traumas suffered while institutionalised as children. The capacity for Stolen Generations survivors to age on Country (where Country may be a major city such as Melbourne or Sydney, as most Stolen Generation survivors live in non-remote areas) with mob/other Aboriginal and Torres Strait Islander community members who may be from different communities is fundamental. As Fernandez points out however:

> *"Where a high level of care is necessary, necessitating a move to a residential care setting [it is essential] that these settings do not replicate the oppressive aspects care leavers were exposed to as children. Evidence in this area emphasizes the need to design models of aged care collaboratively with (Stolen Generations survivors), and Aboriginal and Torres Strait Islander people as best practice to create systems of care that will work."*[54]

It is NAGATSIAC's view that the particular needs of Stolen Generations survivors need to be carefully considered by the Commonwealth in the allocation of resources and development of legislation and policy regarding aged care service delivery, now and into the future as a result of this Royal Commission. The need for greater investment and commitment to Aboriginal and Torres Strait Islander aged care service providers to ensure their economic capacity to care for Stolen Generations survivors by 2023 is again highlighted. Priority access to Aboriginal and Torres Strait Islander residential aged care services for survivors of the Stolen Generations is also necessary to ensure safety and quality of life. Survivors of the Stolen Generations are likely to avoid mainstream residential care services if the

[54] Fernandez E, 'The Lived Experience and long term outcomes of adults who have experienced physical, emotional and sexual abuse and neglect as children in care: Addressing the Complex Needs of Forgotten Australians in Aged Care', (2019, 6 June), Figtree Conference Centre.

organisation has been associated with the forced removal of children, for example, Religious or explicitly government run service providers.

Similarly, the complex needs of survivors of the Stolen Generations illustrate the fact that a universal, 'one size fits all' in relation to the delivery of aged care services for older Aboriginal and Torres Strait Islander community members is inappropriate, and can be understood by community as yet another government initiative that is assimilationist and discriminatory. The heterogeneity of older Aboriginal and Torres Strait Islander community members must be acknowledged by the Commonwealth and resourced appropriately, to facilitate choice and control in relation to community members' engagement with aged care services. Self-determination is a fundamental element of healing for Stolen Generations survivors[55], and a need for tailored aged care supports and trauma-informed systems across the entire aged care sector is vital for these members of our community.

The Commonwealth's obligation to improve support to older Stolen Generations survivors is paramount. Stolen Generations survivors are also more likely to live in insecure housing or be homeless, experience greater levels of social disadvantage and are over 1.8 times more likely to report difficulty accessing services than Aboriginal and Torres Strait Islander people of the same age[56]. As suggested by the ATSIAAG in conjunction with the Healing Foundation in the Stolen Generations Aged Care Forum report 2019, the Commonwealth should resource Stolen Generations organisations as aged care systems navigators and assessors. The creation of safe contacts within the aged care system would thereby enable greater access to aged care supports for survivors of the Stolen Generations. The NAGATSIAC also submits to the Commission that Stolen Generations survivors who have been assessed for aged care supports should have the delivery of their aged care service fast-tracked. Further, Stolen Generations organisations should be consulted to co-design aged care service delivery[57].

[55] Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (July 2019), p.10, 'Stolen Generations Forum'.
[56] AIHW, 'Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over', (2018) Cat no IHW 199, Canberra.https://www.aihw.gov.au/reports/indigenous-australians/stolen-generation-aged-50-and-over/related-material
[57] Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (July 2019), p.14, 'Stolen Generations Forum'.

In Wardliparingga: *Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations* the challenges of working with older community members with complex needs, including trauma induced mental health problems in aged care were identified by workers. Workshop participants felt they did not have adequate skills, experience and time to support residents adequately[58]. These comments specifically related to the increasing numbers of Stolen Generations survivors. Participants also stated there was an unmet need for Stolen Generations survivors to have access to counselling and support services. A finding of this research was that there was a consequent need for greater training for staff to assist them care for survivors of the Stolen Generations and community members with mental health concerns more generally, as well as greater referral systems to coordinate access to counselling, healing and social and emotional wellbeing services for Aboriginal and Torres Strait Islander residents.

Put simply, the aged care sector is not prepared for the unique and complex needs of Stolen Generations survivors, without a significant injection of funds into Aboriginal and Torres Strait Islander controlled services, and concomitant funding for the training and the recruitment of Aboriginal and Torres Strait Islander staff, assessors, and navigators who practice culturally safe, healing focussed, trauma-informed approaches to care.

Homelessness, Housing Insecurity and Social Disadvantage

Access to safe, stable and affordable housing is one of the most significant barriers to accessing basic health care – let alone age care supports our Elders are entitled to. The numbers of older Aboriginal and Torres Strait Islander people currently living in insecure housing, overcrowded dwellings or are homeless, sleeping in cars, couch surfing or sleeping rough make up the largest proportion of all homeless or people at risk of homelessness in Australia - and these numbers are predicted to increase significantly. Aboriginal and Torres

[58] South Australian Health and Medical Research Institute (SAMHRI), 'Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations, Project Summary and Responses to Themes from the Royal Commission into Aged Care Quality and Safety', (June 2019), p.5, *Wardliparingga: Aboriginal Research in Aboriginal Hands.*

Strait Islander people are also more likely to experience housing stress and are ten times more likely to experience homelessness than their non-Indigenous counterparts. [59]

Housing stress and homelessness fundamentally impacts on capacity to access to the full spectrum of health care needs – inclusive of aged care supports. Moreover housing stress and homelessness is traumatic in and of itself and accessing aged care services would be understandably be low on the list of priorities for older community members living in insecure housing. However, if greater assertive outreach services for rough sleepers and those living in cars or couch surfing are funded by governments, and delivered by Aboriginal and Torres Strait Islander community controlled organisations, referral pathways to Aboriginal and mainstream aged care services could be more smoothly facilitated. Currently the only assertive outreach services for rough sleepers are those delivered by mainstream not for profits, and church-based not for profit organisations, and the numbers of people currently employed by these services fall woefully short of the demand and need for their specialised services.

Without a dedicated commitment by governments to address the housing crisis in Aboriginal and Torres Strait Islander communities, older Aboriginal and Torres Strait Islander Peoples' capacity to access the full range of health services entitled to – inclusive of aged care services - is substantially hindered. The provision of secure accommodation must be a priority for older Aboriginal and Torres Strait Islander people, and without sustained investment in the growth of social and community housing stock by the Commonwealth, Aboriginal and Torres Strait Islander People will continue to suffer the deleterious effects of insecure housing on health and wellbeing outcomes now and into the future.[60]

[59] 'Insights into Vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over', (30 July 2019), *AIHW.* *https://www.aihw.gov.au/reports/indigenous-australians/vulnerabilities-aboriginal-torres-strait-50-full;* See also: 'The Victorian Aboriginal Housing and Homelessness Summit: Report of Findings', (2019) *Aboriginal Housing Victoria* for a detailed breakdown of the Aboriginal and Torres Strait Islander housing crisis In Victoria. Victoria has the highest rate of Aboriginal and Torres Strait Islander people who are homeless.

[60] 'Insights into Vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over', (30 July 2019), *AIHW.* *https://www.aihw.gov.au/reports/indigenous-australians/vulnerabilities-aboriginal-torres-strait-50-full;*

Heterogeneous nature of Aboriginal and Torres Strait Islander people

The diverse and heterogeneous nature of Aboriginal and Torres Strait Islander people, illustrated by marked differences in attitudes, beliefs, cultures, communities and backgrounds, must be recognised and understood by the Commonwealth with regards to the recent aged care reforms. The diversity within communities must be acknowledged so that flexibility in service provision, assessment and funding functions to best meet the needs of all Aboriginal and Torres Strait Islander community members.

A 'one size fits all' approach to aged care services for older Aboriginal and Torres Strait Islander people is not appropriate. Individualised funding packages alone do not, and will not ameliorate the significant levels of disadvantage our Elders carry. Aged care service provision must be tailored to the protocols of local communities.[61]

[61] 'People Using Aged Care', (30 June 2018), *AIHW.* https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care