Royal Commission
into Aged Care Quality and Safety

STATEMENT OF TAMRA JAYDE BRIDGES

Name: Tamra Jayde Bridges

Address: [redacted]

Occupation: Group General Manager, Aged Care and Community Services, Regional and Remote and Australian Regional and Remote Community Services

Date: 31 May 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety.
2. This statement is true and correct to the best of my knowledge and belief.
3. Where direct speech is referred to in this statement, it is provided in words or words to the effect of those, which to the best of my recollection, were used at the time.
4. This statement represents my observations and experience of having worked in Aboriginal and Torres Strait Islander communities for over a decade. Like many older Australians, the unique needs of Aboriginal and Torres Strait Islander people are multi-layered and varied. They are not a homogenous group of people and it is impossible to draw conclusions across the entire population as their care needs will be dependent on a range of factors including familial arrangements and practices, language and culture, connection to Country, the impact of social policy, spirituality and their individual health care needs.
5. I make this statement on behalf of Pinangba and Australian Regional and Remote Community Services, and am authorised to do so.

PROFESSIONAL BACKGROUND

6. I was awarded a Bachelor of Nursing from Flinders University in 2007. I have held continuous registration with the Australian Health Practitioner Regulation Agency, since that time. I hold a Masters in Mental Health (Psychotherapy) from the University of Queensland and am currently undertaking an MBA on social impact through the University of New South Wales.
7. My employment history encompasses a wide range of roles, including working as a Personal Carer in metropolitan and rural aged care facilities whilst undertaking a Bachelor of Nursing.
8. Early in my career. I worked as a Registered Nurse in aged care and later expanded to working with Aboriginal and Torres Strait Islander populations, initially in drug and alcohol treatment centres, taking on a range of roles including Registered Nurse, Clinical Lead and Service Manager.
9. I have worked in regional and remote locations across Queensland. Since 2008, I have lived and worked in Townsville, Cape York, Cairns and Mornington Island. More recently, I have been based out of Darwin.

10. I have broad experience working with Aboriginal and Torres Strait Islander people in communities as far south as Cherbourg and Central Australia and north to Cape York, Torres Strait and across to Darwin.

11. My work in these areas was initially focussed on treatment services to address the impact of drugs and alcohol, but has expanded over time to supporting the delivery of a range of services which prioritise social justice to nurture physical, mental and spiritual healing alongside Aboriginal and Torres Strait Islander peoples and their communities.

12. From February 2017 to May 2019 I was General Manager, Pinangba, Blue Care's Aboriginal and Torres Strait Islander services.

13. Between October 2018 to May 2019, I was also Acting General Manager of Australian Regional and Remote Community Services (**ARRCS**).

14. On 27 May 2019, I commenced in the position of Group General Manager, Aged and Community Services, Regional and Remote, ARRCS. This position is a consolidation of a numbers of roles I have been undertaking within ARRCS and Blue Care since 2012.

15. In my role as General Manager, I spend a large portion of my time in an operational capacity supporting service delivery. This often involves me travelling to remote locations assisting in service delivery. I work with the direct care staff performing a range of tasks such as feeding and toileting residents and provision of care. I also endeavour to participate in case conferences with families and service staff, where appropriate.

16. I am often contacted by Service Managers to assist in navigating complex care issues and have broad oversight of operational and governance issues impacting service delivery. I am also responsible for setting and monitoring performance against budget for each of the services.

17. I am deeply committed to playing my part in ensuring equitable health and social outcomes for the people I serve.

18. In May 2018, I became a member of the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (**NAGATSIAC**). NAGATSIAC provides a national implementation focal point for the Commonwealth Minister and Department responsible for the implementation of the *Aboriginal and Torres Strait Islander Action Plan* within the *Aged Care Diversity Framework*. NAGATSIAC provide policy and program advocacy and advice on its own initiative in the context of its representation at the Aged Care Sector Committee.

19. The role of NAGATSIAC is to provide advocacy and advice to the Australian Government on aged care policies, programs and services that meet evidence-based needs of older Aboriginal and Torres Strait Islander people living in urban, regional, rural and remote locations.

ARRCS: BACKGROUND INFORMATION

20. ARRCS provides a broad range of social services including aged and disability services, mental health support, child care, community services, and school nutrition programs to over 2,900 people from Darwin to Docker River.

21. ARRCS is privileged to serve Aboriginal and Torres Strait Islander peoples, who make up over 80% of our customer base. We are deeply committed to the provision of culturally appropriate

care and our services operate in partnership with local communities, Elders, families and carers. That partnership is critical to understanding the needs of the people we care for and providing them with dignity and deep respect as they age.

22. ARRCS operates ten residential aged care facilities and eleven community care programs, at the following locations:

22.1. Darwin - Terrace Gardens Residential Aged Care Facility, Juninga Centre Residential Aged Care Facility, Darwin Community Care;

22.2. Katherine - Katherine Hostel Residential Aged Care Facility, Rocky Ridge Residential Aged Care Facility, Katherine Community Care;

22.3. Tennant Creek - Pulkapulkka Kari NATSI Flexible Care, Barkly Community Care;

22.4. Alice Springs - Old Timers Residential Aged Care Facility, Flynn Lodge Residential Aged Care Facility, Hetti Perkins Residential Aged Care Facility, Alice Springs Community Care;

22.5. Mutitjulu - Mutitjulu NATSI Flexible Care;

22.6. Docker River - Docker River NATSI Flexible Care.

23. **Attached** as a bundle and marked '**TJB-1**' is a map identifying the location of the ARRCS services in the Northern Territory and photographs of our services at Docker River and Mutijulu.

24. Each service is led by a Service Manager who reports to the ARRCS General Manager. The GM reports to me, in my position of Group General Manager, Aged Care and Community Services, Regional and Remote and ARRCS.

25. All services are supported on-site with clinical staff to ensure the delivery of high quality aged care services. The services are supported by a centralised team composed of quality staff, human resources, business support and property personnel. After-hours support for service decisions is provided by the Service Manager, or their delegate and General Manager as required.

26. All levels of staff, including contractors and agency staff, at residential aged care facilities and community care services are, with our support, responsible for delivering high levels of care and support to the people we serve in line with our Mission, values, policies and procedures and overarching regulatory requirements.

27. Broadly, our staff mix includes Registered Nurses, Enrolled Nurses, Personal Care Workers, Hospitality Officers, Activities Officers, Maintenance staff, Administrative Officers and Service Managers.

PINANGBA: BACKGROUND INFORMATION

28. Pinangba, previously known as *'Blue Care Indigenous Service'* provides a range of services across Queensland including aged care, family therapy and drug and alcohol rehabilitation services. Pinangba operates four residential aged care facilities from Cherbourg, in the Wide Bay Burnett region through to Thursday Island. They include facilities in the following locations:

28.1. Thursday Island – Star of the Sea;

28.2. Cairns – Hollingsworth Elders Village;

28.3. Townsville – Shalom Elders Village; and

28.4. Cherbourg – Ny-Ku Byun Elders Village.

29. **Attached** and marked **'TJB-2'** is a map identifying the location of the Pinangba services across Queensland.

30. The focus of this statement, is Star of the Sea, Pinangba's 40 bed residential aged care facility on Thursday Island, which provides aged care services to residents from across the Torres Strait.

31. Star of the Sea's workforce is composed of a Registered Nurse, Enrolled Nurses, Personal Care Workers, an Activities Officer, Administrative Officers and a Service Manager. At the time of swearing this statement, 80% of our staff at Start of the Sea, identify as Aboriginal or Torres Strait Islander.

32. There has been significant capital investment in Star of the Sea over the past 3 years as a result of grant funding from the Commonwealth Government. This has enabled the refurbishment of facility and staff accommodation along with the construction of the *'Kapu Milal Lag'* Ocean Room that has created a new heart for the facility, with panoramic ocean view of the Torres Islands allowing the Elders to connect with the life source that has sustained them for hundreds of years. **Attached** and marked **'TJB-3'** are photographs of Star of the Sea, following the capital works program.

AGED CARE IN GEOGRAPHICALLY REMOTE LOCATIONS

33. Aged care in geographically remote locations is complex and multi-layered and very much affected by the geography and community to whom we serve. Every location and community is different and has its own unique challenges.

Q4: Are there any barriers to providing a quality workforce for aged care services in remote locations, including in remote areas of the Northern Territory and in the Torres Strait Islands? If yes, please state what those barriers are and what can be done to overcome those barriers?

34. There are many barriers to providing a quality workforce in remote locations. Broadly, these relate to our ability to attract and retain skilled staff in remote locations. This is impacted by a number of factors such as:

34.1. competition from other, higher paid sectors such as public health, tourism and mining, where the remuneration and conditions are superior;

34.2. the geographic environment and social isolation. The conditions are extreme and there is limited infrastructure. This is often not attractive to prospective employees;

34.3. the need for the workforce to be multi-skilled and work within a complex environment. Staff need to be flexible and able to respond to a range of community, social and family issues, often in communities, where English is not spoken;

34.4. the specific care needs of our clients can be confronting, even for experienced clinicians. On the whole, our clients are much younger and have multiple, chronic health care needs.

35. Providing a quality workforce is challenging in the aged care sector, across Australia. These challenges are amplified in remote locations. There is no easy solution. Conditions and pay structures are impacted by funding models and industrial issues. The workforce needs to be incentivised to work in remote locations, both financially, by way of tax relief and subsidised education.

Q5: Are there any barriers to attracting and retaining Aboriginal and Torres Strait Islander aged care workers, including in remote areas of the Northern Territory and in the Torres Strait Islands? If yes, please provide examples of what can be done to overcome those barriers?

36. There are a number of barriers to attracting and retaining Aboriginal and Torres Strait Islander aged care workers.

37. ARRCS has 718 employees across all of its services, of which 8% (approximately 60 employees) identify as Aboriginal and Torres Strait Islander. Whilst we strive to engage Aboriginal and Torres Strait Islander people in the delivery of aged care services, a substantial part of our workforce demand is met by non-Aboriginal people.

38. The current framework of aged care is a Western, medical construct and may not align with Aboriginal and Torres Strait Islander people's desire for service delivery. The current approach to aged care is task focussed and based on core basic care needs. For many Aboriginal and Torres Strait Islander people, health is centred around connection to community, Country, culture and family. All of these elements impact the social, emotional and physical wellbeing of the person and in turn, determine their health outcomes.

39. Engaging Aboriginal and Torres Strait Islander care workers to undertake task based care delivery can prove challenging, as the model of care does not resonate with their approach to health care. In addition, there are many cultural complexities, some of which relate to:

39.1. provision of intimate personal care by Aboriginal and Torres Strait Islander staff to relatives;

39.2. taboo around death and dying, which may impact Aboriginal and Torres Strait Islander staff. It has been expressed in some instances that community members have fear of retribution if an Elder passes and they have been involved in care delivery;

39.3. the need for additional flexibility for Aboriginal and Torres Strait Islander care workers to meet cultural, community and family obligations.

40. In order to overcome some of these challenges, the service delivery model must be adapted to a place-based model of care. This means that the location of service delivery, informs the way services are provided. The current funding model does not allow for this to occur.

41. An aspirational workforce model would take a longer term approach enabling members of the community a *'soft entry'* into aged care in a liaison or carer role, with supported education. This two-way learning approach, recognises and validates the unique skills and knowledge of Aboriginal and Torres Strait people. This could be a platform to develop assistance roles that are currently challenged by the need to provide intimate personal care.

42. Across a number of our locations in Queensland, we have established informal partnerships with local TAFE services to deliver accredited education in aged care, while enabling skill development on-site. Within Pinangba, we have partnered with Gallang Place an Aboriginal and Torres Strait Islander Training organisation to deliver a Certificate IV Mental Health (Alcohol and Other Drugs Pathway). Pinangba has also partnered with the Bouverie Centre, part of La Trobe University, to deliver a Graduate Certificate in Family Therapy. Discussions are continuing with La Trobe University to deliver a Master's Degree in North Queensland.

43. Pinangba has had great success with its workforce model and we are currently examining how this model may be adapted to support the ARRCS workforce. Pinangba's workforce is composed of approximately 70% Aboriginal or Torres Strait Islander people across a range of roles such as leadership and management, nursing care, activities officers and hospitality. All aged care Service Managers are part of the Indigenous community, with a strong succession plan and pipeline of emerging talent. Our commitment to building our internal capability is demonstrated through our support of emerging leaders who are offered the opportunity to participate in leadership and management education delivered through the Australian Institute of Management.

44. We also have staff who have commenced in administrative or Personal Carer roles who we have supported to transition into nursing, management and leadership roles. The success of these programs is due to the way in which they have been embedded in the long-term vision for Pinangba. These initiatives provide important cultural connection to community and clinical expertise specific to the needs of the community.

45. As indicated above, 80% of the employees at Star of the Sea identify as Aboriginal or Torres Strait Islander. We continue to actively engage with the local community. Throughout the refurbishment project, we actively engaged with local Elders from concept planning through to final commissioning. Several community and cultural considerations were raised and upheld to ensure the success of the project. These included such things as the meaningful naming of each area in the facility by local Elders, the relocation of the Wongai tree, building in fire pit provisions and following local customs in the opening and use of the new facilities.

Q6: What are the challenges in providing home based aged care in remote areas?

46. ARRCS provides both short-term and longer term, entry level support, to help people achieve their goals and to support them to stay independent and remain within their own community for as long as possible. Pinangba does not deliver in-home care services in any of its locations, although provides a unique model of the Commonwealth Home Support Program.

47. Many of the challenges we experience in delivering home care, relate to the broad cultural and community considerations, described above.

48. In addition, provision of home-based care services, in remote locations is challenged by:

    48.1. extremes of distance;

    48.2. transient population;

    48.3. access to and integration of services;

    48.4. underdeveloped or non-existent infrastructure;

48.5. workforce issues; and

48.6. funding constraints to support the services required.

49. Funding for home care in remote settings like Docker River and Mutijulu are grant funded. This provides more flexibility in relation to meeting the community needs.

50. Funding for home care in centres like Katherine, have much less flexibility in the way in which they are funded. This means that the structured approach to the provision of home care services is less able to respond to the unique needs of the care recipient.

51. Delivery of home care in regional settings has its own unique challenges. Care workers are often required to travel greater distances that they might in remote locations (as the population that exists in remote locations is often concentrated within a limited radius), the population may be more transient and at times not easily located. For example, we have families passing through a regional centre, who may seek to access services, but subsequently move on.

52. Home care relies on scale and this is challenged in regional and remote settings.

Q7: What are the challenges in providing residential aged care services in remote areas, including in remote areas of the Northern Territory and in the Torres Strait Islands?

53. Many of the challenges faced by ARRCS in the provision of home based aged care services, are applicable to our provision of residential aged care in remote areas. However, there are unique challenges associated with the provision of residential aged care in the Northern Territory and Torres Strait Islands. Broadly, they relate to:

53.1. workforce – this is the most significant issue in a remote and regional setting;

53.2. viability and sustainability of services, primarily due to the high cost of services, infrastructure (including maintenance), transport and food;

53.3. built environment of the services – older facilities, constructed historically as low care hostels or accommodation and subsequently were converted over time as care needs increased. These facilities do not have the layout or features needed to support resident's needs and staffing requirements. The ongoing cost to maintain and upgrade these facilities is often prohibitive;

53.4. limited access to GPs and specialists, acute care, palliative care, dental care and mental health services; and

53.5. more frequent incidents of natural disasters and extreme weather events.

54. ARRCS has real difficulty in providing appropriate palliative care to its care recipients. This is because palliative care teams are often based in urban locations, resulting in individuals in rural and remote locations within the Northern Territory often waiting several weeks for specialist palliative care services. Although GPs and RNs seek to at least partly fill this gap, many do not have the time or experience that is necessary to deliver best practice palliative care services.

55. The interface between hospital, community and residential aged care can create difficulties in accessing high quality, uninterrupted care that delivers the best outcome for older people. In-hospital care, generally focuses on acute issues and there is a lack of focus on wellness and re-

ablement while a person is in hospital. The consequence of this is that people often lose conditioning and ability, even during short hospital stays.

56. In addition to the various mental health challenges that are frequently experienced by older Australians, many Aboriginal and Torres Strait Islander care recipients may have also been affected by traumatic events throughout their lives, related to ongoing dispossession, marginalisation, racism, legacy of past policies including forced removal and cultural assimilation.

57. These issues often require our care recipients to travel away from their communities to access specialist care, treatment and surgical procedures. Cost and transport issues, along with a reluctance to be away from community, family and friends, may inhibit people seeking the medical and other treatments they need.

58. Many of these challenges are also relevant to Star of the Sea, in particular:

58.1. workforce – many of our staff live on the outer islands in the Torres Strait and are required to travel to Thursday Island by boat (either personal dinghy or ferry) which may be impacted by tide changes. This may mean that staff are unable to commence their shifts as they cannot to get to the Island. We have attempted to manage this by accommodating staff on-site;

58.2. food supply – our residents preference is for fresh, locally caught fish (consistent with how they have eaten all their lives). However, we are unable to cook locally caught fish in our facility, due to food safety regulations and are reliant on supplies of imported, frozen Hoki from New Zealand;

58.3. remoteness of the Torres Strait – Star of the Sea is the only residential aged care facility in the Torres Strait. Our clients often have to travel vast distances to access services. This may involve chartering flights, often via Horn Island or Cairns, at a significant cost, with limited availability/frequency of service;

58.4. access – the vastness of the Torres Strait means that Elders are often challenged in accessing important services like respite. This also impacts the ability of family members to visit Elders residing in our facility;

58.5. access of health services – this is an ongoing challenge and is largely due to State and Commonwealth funding arrangements. We rely on fly-in, fly-out allied health providers, who travel from Cairns or Brisbane to deliver services. The only dialysis service in the Torres Strait is located at the hospital on Thursday Island. There are six dialysis chairs, which are always at capacity. At times, we have had Elders who have had to relocate permanently to Cairns to access services, rather than remaining within their local community;

58.6. navigating cultural sensitivities among diverse clan groups.

AGED CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

59. Over 80% of ARRCS care recipients are Aboriginal and Torres Strait Islander. All of the care recipients at Star of the Sea identify as Aboriginal or Torres Strait Islander.

60. Aboriginal and Torres Strait Islanders are not a homogenous group – they are a diverse group of hundreds of nations (cultural groups) and clans within those nations. Provision of culturally appropriate and safe aged care services in geographically remote locations has a number of

complexities. Against this backdrop, is the uniqueness and diversity of the Aboriginal and Torres Strait Islander people we serve.

61. I have been privileged to work closely and build strong relationships with Aboriginal and Torres Strait Islander people through supporting service delivery over the last decade. I have been honoured to be a part of unique situations relating to culture and tradition. The experiences I have been invited into do not belong to me and therefore, out of respect they are not mine to share with a broad audience.

Q8: Are there particular needs of Aboriginal and Torres Strait Islander people accessing aged care when compared to people who are not Aboriginal or Torres Strait Islanders? If yes, what are those particular needs?

62. As stated above, the construct of aged care is grounded in a Western, medical model of understanding health.

63. Aboriginal and Torres Strait Islander people care needs, are intimately connected to:

63.1. family, community and culture;

63.2. Country, as a central part of their community and traditions;

63.3. language, including those care recipients who use a form of sign language or do not speak English at all, or well enough to communicate effectively with non-family and care staff.

64. Maintaining connection to culture is a central aspect of providing high quality aged care to Aboriginal and Torres Strait Islander people.

65. There are a range of social and economic barriers experienced by Aboriginal and Torres Strait Islander peoples, which impact their access to care. These include:

65.1. lack of cultural safety for Aboriginal and Torres Strait Islander peoples;

65.2. language differences between communities and the health and aged care services they engage with, including limited access to translator services;

65.3. social and economic barriers;

65.4. remoteness and location of services;

65.5. history of institutionalisation;

65.6. disability; and

65.7. unique health and health related issues.

66. For many Aboriginal and Torres Strait Islander people, there is a distrust of institutions and a reluctance to enter care. This distrust results from the history of marginalisation, racism and mistreatment of Aboriginal and Torres Strait Islander people, including the forced removal of people from Country. The theme here is the need for *'connection'* for an Aboriginal or Torres Strait Islander person; connection not only to people but also to every facet of Country and how they are integral to, and inseparable from, that existence. Connection is central to a person's identity, sense of self and purposeful life. Much distrust has come from the intentional and

incidental, breaking of that connection by non-Indigenous people, services and government. *'Connection'* to an Aboriginal or Torres Strait Islander person defines who the person is in a profound way and the depth of this is often not understood by non-Indigenous workers.

Q9: Are there health conditions which are more prevalent in remote Aboriginal and Torres Strait Islander communities than in non-remote communities? If so, how if at all, does the prevalence of those health conditions effect the needs of Aboriginal and Torres Strait Islander people in the aged care system?

67. The Aboriginal and Torres Strait Islander population has a higher mortality rate and lower life expectancy, reflected in the younger age profile of Indigenous Australians accessing aged care service. In 2016, just 5% (31,000) of the Indigenous population were aged 65 and over compared with 16% (3.4 million) of the non-Indigenous population. People aged 65 and over comprise 3.6% of the Indigenous population in the Northern Territory, but 8.3% of the non-Indigenous population.

68. The specific health issues prevalent in Aboriginal communities, that we also see in the communities we serve include:

68.1. Machado-Joseph Disease (**MJD**) – a hereditary, neuro degenerative condition;

68.2. cardiac disease related to rheumatic fever;

68.3. cardio-vascular accident (stroke) – a leading cause of death for Indigenous Australians;

68.4. higher age standardised mortality rates for cancer, chronic diseases, diabetes and respiratory disease;

68.5. higher Incidence of end-stage kidney disease;

68.6. acquired brain injury and cognitive impairment;

68.7. renal failure associated with diabetes;

68.8. high rates of drug and alcohol related illness.

69. This impacts provision of aged care services due to increased complexity of co-morbidities when accessing services. In addition to these specific health issues, delivery of aged care services, is also impacted by historical issues confronting Aboriginal and Torres Strait Islanders, in accessing health services during their lifetime.

70. The younger age of our residents also results in unique challenges in managing and supporting their lifestyle choices such as smoking, alcohol consumption and sexuality.

Q10: Are there barriers to Aboriginal and Torres Strait Islander people accessing aged care? If yes, what are those barriers and what is the impact of those barriers?

71. Accessing funded aged care services requires the care recipient or their family to successfully navigate My Aged Care. At a minimum, this requires:

71.1. access to telephones and reliable internet access;

71.2. English as a first language or access to interpreters;

71.3. literacy skills;

71.4. paper records and access to identification documents;

71.5. trust in communicating sensitive information with strangers.

72. Aboriginal and Torres Strait Islander people in remote communities do not always have access to these resources. Further, where difficulties are encountered in navigating the My Aged Care portal, it is often necessary for direct contact to be made to the call centre. This can be challenging for Aboriginal and Torres Strait Islander people where there is a language barrier and limited access to translators and may result in people not accessing the services they need.

73. Assessments for care services are based on the person's functioning at home. These assessments are undertaken by an assessor working with the individual within their own home. In many Aboriginal communities, it is not common practice for a *'stranger'* to be invited into the home. An older Aboriginal person is also likely to be sharing their home with many other people including children and grandchildren and may reside between a range of family houses in the community. My experience has been that some Aboriginal people may feel uncomfortable answering questions related to their health such as continence and would rather avoid the question than provide an answer and therefore, do not receive services.

Q11: What are the obstacles to the provision of quality aged care to Aboriginal and Torres Strait Islander people? Are any of these obstacles more significant for Aboriginal and Torres Strait Islander people living in geographically remote areas?

74. We believe that people living in regional and remote communities should receive the same quality of care, as people living in metropolitan areas. However, the construct of quality is assessed against a Western medical model which does not equate to how quality should be assessed in an Aboriginal and Torres Strait Islander setting. Some of the obstacles to providing quality aged care to Aboriginal and Torres Strait Islander people include:

74.1. severe and often widespread shortages of trained staff, higher turnover and reliance on skilled migrants

74.2. funding constraints which challenge our ability to deliver care and services that meet the holistic needs of our clients;

74.3. the high cost of service delivery;

74.4. lack of transport infrastructure and geographically isolated communities;

74.5. poor physical condition of facilities;

74.6. harsh climates and increased exposure to natural disasters, which impacts how facilities are maintained.

Q12: What does aged care being *'culturally safe'* mean to you?

75. *'Cultural safety'* is a way of being which is informed by your own exploration of beliefs, behaviours and issues. This exploration confronts truths such as history of colonisation, institutionalised racism, impact of social policies and white privilege. This allows reflective practice that ensures that in all that you do and in what you symbolise, you are working towards strengthening culture

and upholding self-determination for Aboriginal and Torres Strait Islander people. This includes awareness of power imbalance and consciously sharing and negotiating power, recognising the richness and sophistication of the first nation cultures, deep whole hearted listening and a never ending respectful curiosity. This creates a safe environment for people to step into knowing that how they feel and the things they say will be valued and respected.

76. To me this notion has been the driver behind building the pipeline of Aboriginal leaders to deliver the services in the communities they serve. An Aboriginal person will always do a better job than what I can do, as the cultural knowledge, understanding and relationship in which guides the way they work cannot be taught. Cultural safety has been elevated to the next level within our Pinangba group of services with the recent appointment of an Aboriginal General Manager following a mentoring and succession plan to develop leadership.

Q13: Is it important that aged care is delivered in a way that is *'culturally safe'* for Aboriginal and Torres Strait Islander people?

77. We are deeply committed to culturally safe care for Elders. Culturally safe care is fundamentally connected to delivering high quality, holistic care that enables Aboriginal and Torres Strait Islander people to experience life in all its fullness, with dignity, as they age.

78. Our services operate in partnership with local communities, including Elders, families and carers. These partnerships are critical to understanding the needs of the people we care for and enable us to work towards providing culturally safe care with dignity and deep respect for our care recipients. This is particularly evident at Star of the Sea.

79. Within Pinangba, we do not refer to *'culturally safe'* care in the day-to-day delivery of our services. Cultural safety is a philosophy to service delivery that is embedded in our approach and engagement to our care recipients. In ARRCS we are continuing to develop a framework around delivery of training and education which upholds cultural safety.

80. When culturally safe aged care services are being delivered, this may be evidenced in the following ways:

80.1. holistic approaches to wellbeing, which include traditional healing and health services and ongoing connection with Country, family and community;

80.2. facilities allowing cooking of traditional foods where outdoor spaces are used for family and community gatherings;

80.3. Elders in the community being involved in monitoring and co-designing service delivery;

80.4. a vibrant and engaged local workforce;

80.5. local Indigenous people being employed within the aged care services in a range of positions, and supporting staff who come from outside of the community;

80.6. ensuring connection with Country is facilitated and supported wherever possible;

80.7. respecting cultural practices and artefacts and enabling our Elders to stay connected while in our care.

81. Real cultural safety comes through empowerment of the local community to deliver every aspect of the service to their Elders from management through to clinical care. We have had great success in implementing this model, over a number of years, at Star of the Sea.

82. In residential aged care, cultural safety can only be achieved, by engaging and consulting with Elders and the community. Particularly in relation to the development or refurbishment of services. This enables us consider factors such as:

82.1. physical layout of the services, that enables care recipients ready access to the outdoors;

82.2. flexible use of outdoor spaces, including letting people sit, meet others and sleep outside if that is their choice;

82.3. provision to safely accommodate large groups of families to remain with the resident during significant cultural or family events or whilst the resident is palliating;

82.4. art, including artefacts that the community has identified as significant to create a sense of belonging;

82.5. cultural and historical significance for the community, such as the Wongai tree during the refurbishment of Star of the Sea;

82.6. traditional foods being served and offered as a regular part of the menu.

83. We are committed to taking on the challenge of improving our approach to aged care, to enhance the cultural safety of the services we deliver, to achieve better outcomes for the people and communities we serve. This is an ongoing task.

Q14: How is culturally safe aged care provided at Blue Care and Star of the Sea Elders Village?

84. Star of the Sea is a good example of how we look to deliver *'culturally safe'* aged care. This has been built on a foundation of trust, respect and strong engagement with the local community. Our workforce is currently composed of around 80% of people who identify as Aboriginal or Torres Strait Islander and there is deep respect and knowledge of the local cultural practices of our Elders.

85. The shaping of the culture within the service is based on one big eclectic family, because when the staff and residents together feel like one family then it is simple to ensure that people feel the care.

86. During the course of the refurbishment program, we undertook extensive consultation with local Elders throughout the planning phase, to understand what was important to them. This impacted the physical layout of the facility, enabled provision for family members to stay with their Elders and saw construction of the *'Kapu Milal Lag'* referred to earlier in my statement.

Q15: What are the challenges of providing aged care that is *'culturally safe'*?

87. There are a number of challenges that impact our ability to provide culturally safe aged care services, many of which have been touched on. Broadly, these include:

87.1. language – over 100 Aboriginal languages and dialects are spoken in the Northern Territory. Translation services for many of these languages are difficult to access and there are often cultural considerations and sensitivities about who in language groups can translate sensitive and personal information relating to care and performance development.

87.2. relationships – providing culturally safe care requires strong and deeply respectful relationships with communities. This takes time to achieve and requires staff to spend time outside direct service delivery, engaging with families and Elders. Relationships are also built over time and can be impacted by high staff turnover;

87.3. workforce – there are skills shortages in communities and it is difficult to attract people to work remotely in aged care services;

87.4. physical layout of facilities. Many residential aged care services are located in older buildings that were not designed for culturally informed aged care. Access to outdoors spaces can be limited and they may not be inviting or have the space to support families and communities coming together;

87.5. resourcing – delivering aged care services in remote locations costs more. While additional flexible funding is available, once the costs of providing basic/standard care are covered, there can be limited funding available to invest in innovative programs that support the provision and ongoing development of care models and workforce models that prioritise cultural needs.

Q16: How is family involved in providing aged care that is *'culturally safe'* at Blue Care and Star of the Sea Elders Village?

88. A large portion of our workforce at Star of the Sea are family members of the Elders who reside at the facility. Family from outer islands, are encouraged to spend time at the facility and will often stay on-site with their Elder. They are provided with meals and accommodation at no cost

89. Family will often bring in local, traditional food such as turtle and dugong, which we are unable to serve due to food regulations;

90. Family members may also, on occasion, perform traditional song and dance for our residents.

Q17: What are the likely consequences for Aboriginal and Torres Strait Islander people of receiving aged care which is not *'culturally safe'*?

91. Aboriginal and Torres Strait Islander people see health holistically. Not providing culturally safe care for Aboriginal and Torres Strait Islanders negatively impacts their overall health, wellbeing and quality of life.

92. Culturally safe care works across all domains of wellbeing and is supported by strong relationships and a respectful and adaptable culturally capable workforce.

93. When we are unable to provide culturally safe care within Aboriginal and Torres Strait Islander communities, this may result in the meaning of the person's life being diminished or lost and can be seen by:

93.1. a rapid decline in physical health;

93.2. increased isolation as a result of not being supported to attend to cultural obligations resulting in being ostracised from the community;

93.3. increased distress, particularly for people with dementia, which may result in increased falls, wandering, aggressive behaviour and use of psychotropic medications;

93.4. social withdrawal and depression, resulting in people becoming bed bound and increasing their risk of pressure injuries; and

93.5. sudden changes in diet and weight gain. Being unable to provide traditional food and meals in facilities due to food safety laws means people can go from life-long diets of traditional food based on lean protein, to diets higher in saturated fat and processed carbohydrates.

94. Quality aged care for Aboriginal and Torres Strait Islander people, is strongly connected to providing culturally safe care.

Q18: To what extent does the current system provide, or fail to provide *'culturally safe'* care?

95. The aged care system has been designed to meet the needs of all Australians. Due to community demographics a number of cultural biases exist within the system's design and operation, including how funding is calculated and the way in which quality standards are assessed.

96. Addressing these system biases and improving flexibility of care is why the Government has designed and delivered programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

97. We believe the introduction of the new Single Quality Framework, with its focus on consumers, will strengthen the aged care system's focus and flexibility to provide culturally safe care. In our experience, there is good will from the Government to support our services however, there are also opportunities to strengthen support for culturally safe care. These include:

97.1. increasing transparency and reporting for approved providers who indicate they provide culturally safe services on the My Aged Care website;

97.2. increasing funding to support culturally safe assessments by My Aged Care. Current assessment funding is fixed and is insufficient to enable a culturally appropriate assessment which captures the needs of aboriginal people in remote or very remote areas;

97.3. addressing funding inequities between NDIS and aged care where people may lose necessary resourcing for culturally safe care as they enter aged care services.

Q19: What should be done to improve the quality and safety of aged care provided to Aboriginal and Torres Strait Islanders?

98. Improving the quality and safety of aged care provided to Aboriginal and Torres Strait Islander people, must address challenges around language, workforce, facility design and resourcing.

99. Access to translation services and when unavailable, greater simplification of information about accessing aged care is required. This can be facilitated by supporting appropriately funded assessments for aged care services within communities.

100. Multidisciplinary care provision is crucial in remote areas as care recipients generally present with more complex health and wellbeing needs. It is also important that funding and workforce models recognise the role that Aboriginal health practitioners and traditional healers can play in the care of Aboriginal and Torres Strait Islander persons.

101. We are firmly committed to an aged care sector where care recipients can stay in their home for as long possible. However, as care recipients stay in their home longer, they will frequently enter residential aged care with much higher acuities and their occupancy will be shorter. The greater intensity of service requirements puts a financial strain on residential aged care facilities that must be addressed through changes to current funding models.

102. Funding models need to be considered which enable the provision of more than the core services in aged care delivery and include additional individualised funding designed to support consumer directed care outside of core aged care service delivery functions. The model also needs to incorporate flexible funding which allows a place based approach to local workforce and service and community development activities.

103. Ensuring appropriate representation or cultural sensitivity training by staff within the Aged Care Quality and Safety Commission who are able to engage with staff and residents during audit assessments.

Q20: Are there examples of aged care facilities providing specialised care to Aboriginal and Torres Strait Islander people? If yes, plese describe those examples.

104. Pinangba is an example of how UnitingCare Queensland and Blue Care have worked with Aboriginal and Torres Strait Islanders in the services we deliver and are achieving positive health outcomes and working towards closing the life expectancy gap experienced by Aboriginal and Torres Strait Islander people.

105. An important feature of Pinangba is building the capacity of the local Aboriginal and Torres Strait Islander community in delivery of services with a goal to transition back to community control in the future. Pinangba's vision is *'Leading the way in innovation to progress self-determination for Aboriginal and Torres Strait Islander peoples through unique and holistic care; prioritising social justice to nurture physical, mental and spiritual healing'*. This vision is delivered by working within a care delivery framework of community life, family life and cultural life surrounded by decision making based of the Declaration on the Rights of Indigenous People and surrounded by strong clinical governance

106. The Pinangba services uphold the principals of the United Nations Declaration on the Rights of Indigenous People and use each foundational article as a decision making tool to ensure the natural rights of Aboriginal and Torres Strait Islander people are upheld.

107. Pinangba is committed to maintaining an Aboriginal and Torres Strait Islander workforce of between 60-70% in deep respect for the communities and people we serve. Pinangba's foundations are built from our cultural identity and strong community relationships and partnerships. Each service is led by strong Aboriginal and/or Torres Strait Islander leadership seen through service management and where appropriate, succession planning in place.

108. A focus of the Pinangba leadership team is to continue to explore and understand the historical context of social justice issues which impact the people we care for. This includes sharing uncomfortable truth in recognising the trauma and harm caused from colonisation

109. Pinangba employees are being support to complete formal qualifications from certificate three level through to Graduate certificate level. These qualifications range from Family Therapy through to Leadership and Management to ensure sustainable pathways that uphold the vision of self-determination.

Signed: _____

Date: 31 May 2019

Witness: _____

Date: 31 May 2019