



Our Care, Our Way, Our Future

Transforming care pathways for Aboriginal and Torres Strait Islander Elders


5-Year Plan for Aboriginal and Torres Strait Islander Aged Care (2021–2026)

Indigenous-led reform priorities in response to the Royal Commission into Aged Care Quality and Safety's Final Report

June 2021



NATIONAL ADVISORY
GROUP ON ABORIGINAL
AND TORRES STRAIT
ISLANDER AGED CARE



We respectfully acknowledge the First Nations people of Australia and the cultural and spiritual connections

We pay our respect to Elders past and present as well as the existing and emerging leaders who walk together in partnership with this journey

In this document, Indigenous refers to Aboriginal and Torres Strait Islander

About NAGATSIAC

This paper has been prepared by the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC).

NAGATSIAC is the ministerially appointed national advisory group for Indigenous aged care funded by the Commonwealth Department of Health. NAGATSIAC has been operating as a peak voice for Indigenous aged care at the national level. The 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.

The role of NAGATSIAC is to:

- promote the views and aspirations of older Aboriginal and Torres Strait Islander people in the development and implementation of Government ageing and aged care policies and strategies;
- provide policy advice to inform Government aged care reforms and associated program design and service delivery to ensure equitable access to aged care, which meets the needs of all older Aboriginal and Torres Strait Islander people; and
- identify priorities and contribute to research to enhance the evidence base on Aboriginal and Torres Strait Islander people's ageing experiences, aged care needs and strategies which are effective in meeting those needs.

NAGATSIAC and its members made key contributions to the Royal Commission into Aged Care Quality and Safety.

NAGATSIAC Secretariat:

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
E enquiries@vaccho.org.au

Contact:

Jill Gallagher AO, Chair NAGATSIAC and CEO VACCHO

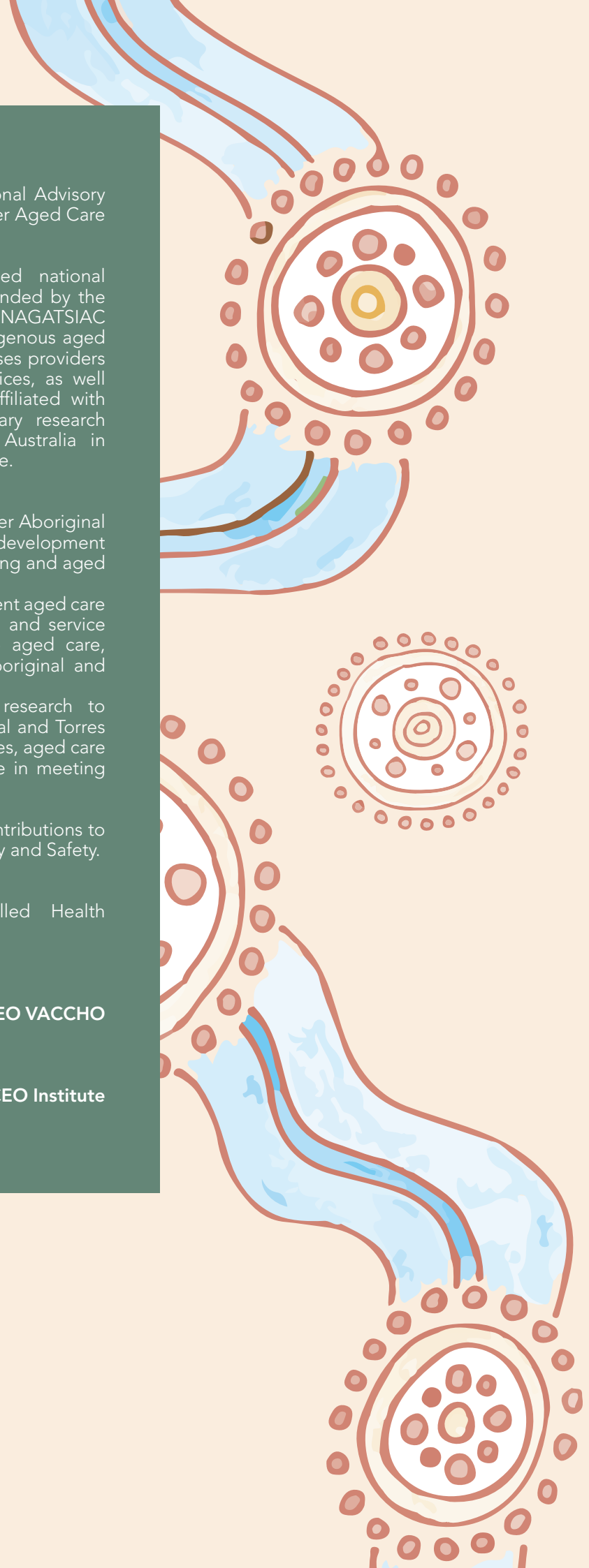
T (03) 9411 9411

E Jill.Gallagher@vaccho.org.au

Adrian Carson, Member NAGATSIAC and CEO Institute for Urban Indigenous Health (IUIH)

T (07) 3648 9500

E Adrian.carson@iuih.org.au



Introduction

This 5-Year Plan was initially prepared by the Institute of Urban Indigenous Health (IUIH) and confirmed by the National Advisory Group on Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC).

NAGATSIAC is the peak voice for Aboriginal and Torres Strait Islander Aged Care. NAGATSIAC brings together Indigenous community-based providers of in-home and residential aged care services, as well as invited researchers engaged with Aboriginal and Torres Strait Islander communities on aged care.

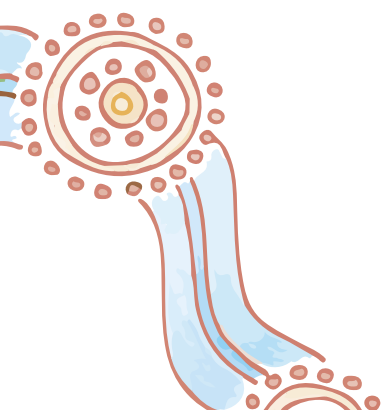
NAGATSIAC is funded by the Commonwealth Department of Health.

In March 2021, the Royal Commission into Aged Care Quality and Safety (Royal Commission) delivered its Final Report *Care, Dignity and Respect*. The Final Report laid bare the systemic failure of the aged care system to respect and care for older Aboriginal and Torres Strait Islander people (Indigenous Elders).

To remedy these failures, the Royal Commission's recommendations included a *blueprint for transformational change in Indigenous aged care*. This included the need for a 'cultural rebuild' of Indigenous aged care through the creation of specific Indigenous aged care pathways, where responsibility for access, assessment, and service delivery for Indigenous Elders is placed in the hands of the Indigenous community.

Preceding the release of the Royal Commission's Final Report, a national videoconference with key industry stakeholders was convened and chaired by the Commonwealth Minister for Health and Aged Care, The Hon Greg Hunt, MP, on 28 January 2021. During the videoconference, Minister Hunt invited executive NAGATSIAC member Adrian Carson, the Chief Executive Officer of the Institute for Urban Indigenous Health (IUIH), to come forward with a coherent 5 Year Plan describing the future directions of Indigenous Aged Care.

This 5 Year Plan for Aboriginal and Torres Strait Islander Aged Care (2021 -2026) (the Plan) is in response to the Minister's invitation.



Royal Commission into Aged Care Quality and Safety

Chapter Seven of the Royal Commission's Final Reportⁱ was specifically focussed on Aged Care for Aboriginal and Torres Strait Islander people and made recommendations including:

- An Aboriginal and Torres Strait Islander aged care pathway within the new aged care system
- Ensuring cultural safety in the aged care sector
- An Aboriginal and Torres Strait Islander Aged Care Commissioner
- Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers
- Employment and training for Aboriginal and Torres Strait Islander aged care
- Setting a funding cycle for Aboriginal and Torres Strait Islander aged care
- Providing appropriate funding and program streams for Aboriginal and Torres Strait Islander aged care.

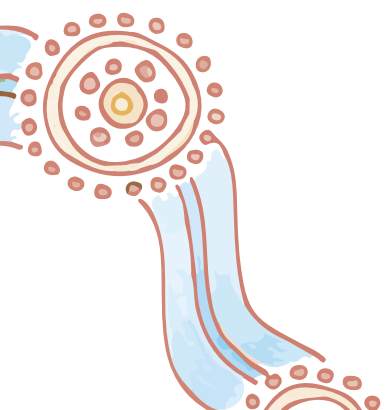
Critically, the Royal Commission recommended a new rights-based Aged Care Act to fundamentally reform the aged care system. To ensure the success of these reforms for Aboriginal and Torres Strait Islander people, NAGATSIAC must have a voice in the redrafting of the new Aged Care Act to ensure that cultural safety be a preeminent reference point for any reform.

The Government has outlined that its response to the Royal Commission will be driven by the principles of respect and care, and through the lens of 5 broad pillarsⁱⁱ:

- Home care
- Residential aged care quality and safety
- Residential aged care services and sustainability
- Workforce
- Governance.

The reform priorities outlined in this 5-Year Plan support the above five pillars.

For the evidentiary documentation highlighting the deficiencies in the aged care system in relation to this 5-Year Plan, refer to NAGATSIAC's *'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*.ⁱⁱⁱ



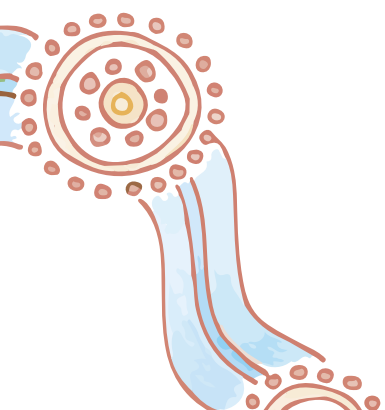
Overview

The 5-Year Plan describes practical calls for immediate action by the Commonwealth Government in 6 reform areas:

1. Indigenous Access Pathways
2. Indigenous Assessment Pathways
3. Indigenous Service Delivery Pathways
4. Indigenous Urban/Regional Strategy
5. Integrated Service Delivery
6. Indigenous Direct Care Workforce

There are **8 priority actions** under these 6 reform areas:

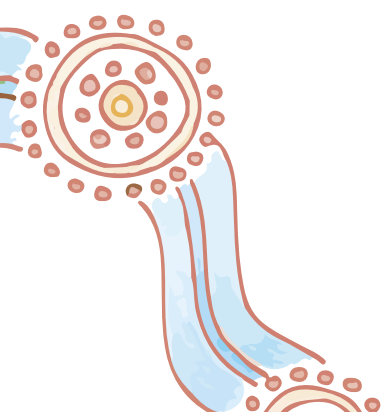
1. Set and fund access targets to address the massive underrepresentation of Indigenous Elders in aged care. This will require increasing current aged care recipient numbers by at least 2.4 times to support an additional 42,000 Elders with life-changing care.
2. Fund a national rollout of Indigenous Trusted Navigators to help Indigenous Elders enter and navigate the aged care system.
3. Fund Indigenous assessment services in every aged care planning region so that assessments for Indigenous Elders are done by Indigenous assessors.
4. Fund a major expansion of Indigenous aged care providers to provide genuine choice for Indigenous Elders to receive culturally safe care from Indigenous community-controlled organisations.
5. Direct investment to respond to the rapid growth of Indigenous Elders in urban and regional areas, including to fix a significant shortfall of Indigenous providers in capital cities.
6. Preserve the flexibility and funding features of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) in the new Aged Care Act.
7. Implement best practice integrated aged and primary health care models, including leveraging existing partnerships and the national network of 150 Aboriginal Community Controlled Health Services
8. Expand the Indigenous direct care workforce, including training and wage subsidy funding to support mandated qualifications.



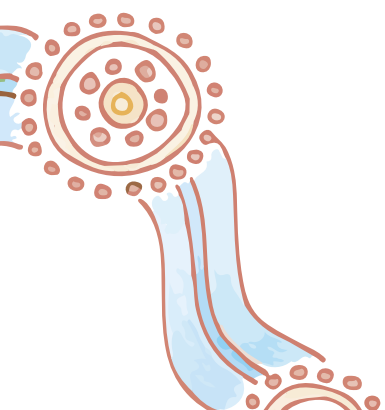
Summary of priority actions

Table 1. 5-Year Reform Priorities to achieve equity

Reform Areas	Reform Actions (to be progressively implemented over 5 years)
<p>The 5-Year Plan needs to be underpinned by structural and funded Indigenous governance arrangements which, for the first time, ensure there is a genuine Indigenous mandate to codesign, share decision making, and jointly monitor all aged care reforms.</p>	
Indigenous Access Pathways	<ol style="list-style-type: none"> 1. Set annual access targets and monitor them as part of the National Agreement on Closing the Gap. Allocate additional and discrete funding to meet these targets outside mainstream competitive rounds. This will require dramatic increases in the percentage of eligible Indigenous population (50+) receiving aged care, with 2026 targets of: <ul style="list-style-type: none"> • 26% for Clth Home Support Program (CHSP), from current 12.5% • 10% for Home Care Packages (HCP), from current 2.2% • 5% for Residential Care (primarily community hostels), from current 1.4% <i>(note: the above targets are still applicable to the proposed new support at home program, combining CHSP and HCP)</i> 2. Establish and fund a nation-wide network of local and trusted Indigenous Trusted Navigators to help individual Indigenous Elders navigate the aged care system
Indigenous Assessment Pathways	<ol style="list-style-type: none"> 3. Establish and fund Indigenous Assessment pathways <ul style="list-style-type: none"> • For CHSP, establish and fund a nation-wide network of Indigenous Regional Assessment Services (RAS) • For HCP and residential care: <ul style="list-style-type: none"> ○ Establish and fund Indigenous operated Aged Care Assessment Teams (ACATs) in each Aged Care Planning Region (ACPR) with more than 1,500 Indigenous Elders ○ Employ Indigenous ACAT Assessors in all mainstream ACATs where ACPRs have less than 1,500 Indigenous Elders <p><i>For noting: While these reform actions relate to the current RAS and ACAT assessment framework, they can be applied to any revised assessment framework as now proposed by the Government in its response to the Royal Commission</i></p>
Indigenous Service Delivery Pathways	<ol style="list-style-type: none"> 4. Establish and fund an Aged Care Capacity Building Program to support the priority expansion of existing, and facilitate entry of new, Indigenous community-controlled aged care providers, including through: <ul style="list-style-type: none"> • Flexible and sustainable funding models, including capital, provider development, pooled home/residential and block grants • Matching rates of health access to Indigenous providers, by at least doubling percentage of Indigenous aged care recipients accessing care from Indigenous aged care providers (to 40% to 50% from current 23%)



Reform Areas	Reform Actions <i>(to be progressively implemented over 5 years)</i>
Indigenous Urban Strategy	5. Direct investments to support rapid urbanisation of Indigenous Elders including to ensure Indigenous providers operate in all capital cities (which have the largest and fastest-growing Indigenous Elder populations, but Indigenous provider market failure) 6. Preserve the flexibility and funding features of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) in the new Aged Care Act, including extending its features into all capital cities and major urban areas
Integrated Service Delivery	7. Implement holistic and Integrated Primary Health Care and Aged Care models in every ACPR, including leveraging the national network of 150 Aboriginal Community Controlled Health Services (ACCHSs) and promoting regional delivery arrangements where possible
Indigenous Direct Care Workforce	8. As part of developing an Indigenous workforce strategy: <ul style="list-style-type: none"> • Implement and fund mandated minimum qualifications (Certificate III Individual Support) for all Indigenous direct care workforce • Increase the Indigenous workforce to meet access targets, including through expansion of the Indigenous Employment Initiative (IEI) program (wage subsidy and training) to all Indigenous Providers



Reform Area 1: Indigenous Access Pathways

Reform opportunity

Because the Aged Care System has been excluded from the Federation's original Closing the Gap Commitments in 2007, it is unsurprising that the concomitant absence of participation targets for Elders has resulted in discriminatory outcomes.

The Commonwealth Government's own data for participation rates by Indigenous Elders in the program components of the Aged Care System confirm this embedded, systemic discrimination:

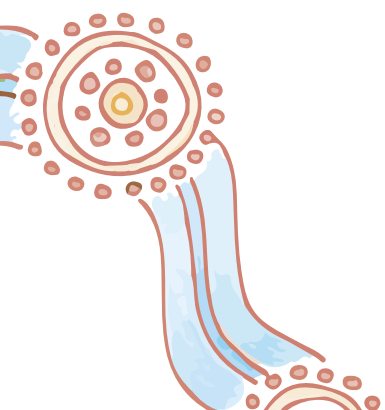
- For the Aged Care System as a whole, the national average rate of participation across all program components for Elders is 16% of the total population of Indigenous Elders aged 50 years and above, compared to 26% for the non-Indigenous population.
- Within the program structure of the Aged Care System, Indigenous Elders have been congregated at the low-value/low-cost end in the Commonwealth Home Support Program (CHSP) – 21,791 in 2019/2020 - such that an even smaller number have been granted access to Home Care Packages – 3,977 in 2019/2020.
- Despite acknowledgement that mainstream nursing homes/aged care residential facilities are culturally inappropriate and consequently only 1.4% of their residents are Indigenous Elders, the only Indigenous-specific aged care program in the entire Aged Care System for Elders is focused on hostel accommodation restricted to remote areas .

The barriers to access for Indigenous Elders to enter the Aged Care System have been well-documented and are no longer challenged by any serious policy analyst.

Table 2 below summarises the known data from 2018/2019 in relation to the numbers of Elders provided with CHSP and HCP service supports, by jurisdiction, from Indigenous organisations and from non-Indigenous organisations.

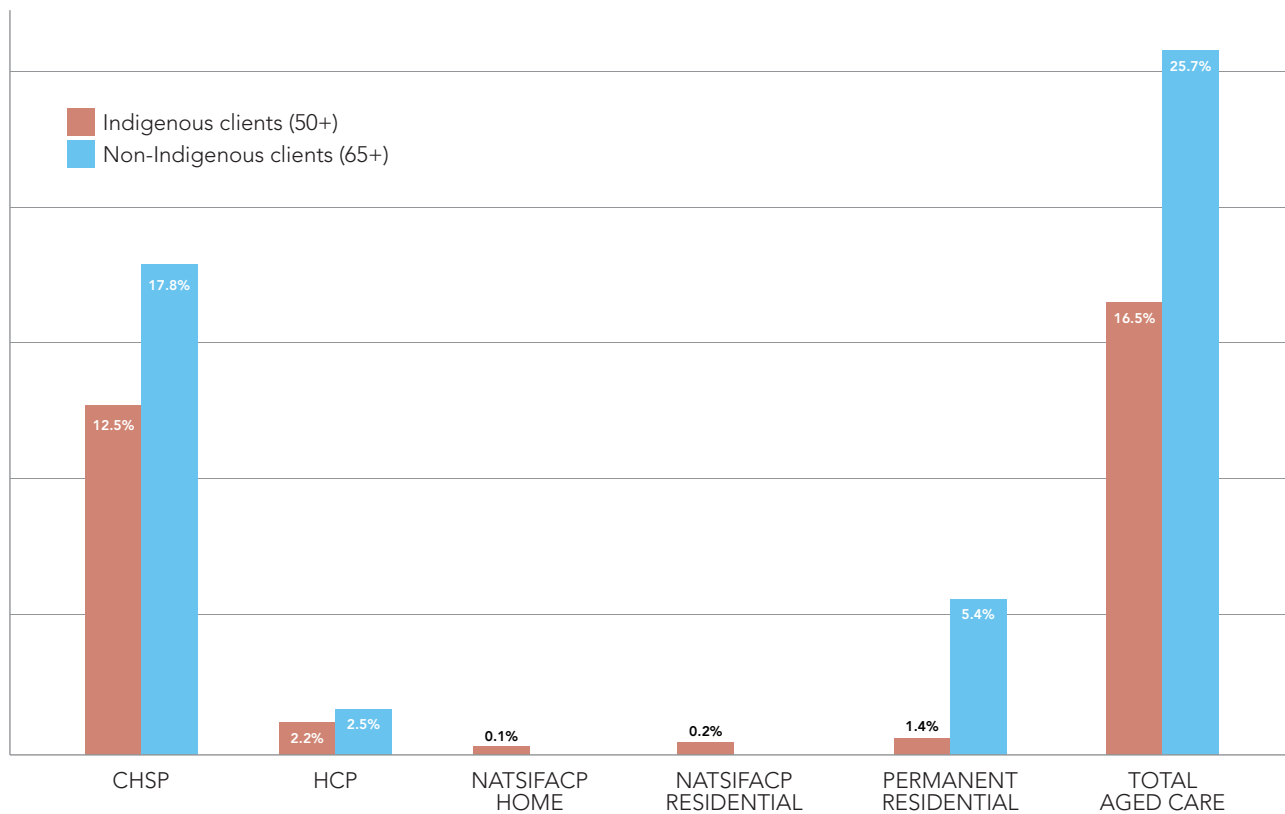
Table 2: Supply of CHSP and HCP to Elders by Provider Type
(Source: DOH custom data, 2018-19 reference year)

Service	Indigenous Providers		Non-Indigenous Providers		Total
	No.	%	No.	%	
CHSP	5,011	22.6	17,137	77.4	22,148
HCP	998	26.3	2,793	73.7	3,791
TOTAL:	6,009	23.1	19,930	76.9	25,939



The data in Table 2 confirm that provision of CHSP and HCP home-and-community aged care services to Indigenous Elders is currently the dominant preserve of non-Indigenous organisations – more than three-quarters of Elders received these aged care services from non-Indigenous providers in 2018/2019. By contrast, 43% of Indigenous health clients are estimated to receive care from community-controlled health providers. Figure 1 further depicts comparative Indigenous and non-Indigenous access to aged care.

Figure 1. Percentage of eligible clients accessing aged care, by Indigenous status. Source AIHW GEN Aged Care Data, Aged Care Snapshot 2020. Population Estimates based on ABS Census data



CHSP – Commonwealth Home Support Program
HCP – Home Care Packages
NATSIFACP – National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Priority Actions

1. **Establish annual targets** from 1 July 2021 for participation by Indigenous Elders in the Aged Care System to be achieved in the next 5 financial years (by 30 June 2026) through their parallel Access Pathway. These end-targets are:
 - i) 26% of the national Indigenous Elders population for CHSP
 - ii) 10% of the national Indigenous Elders population for HCP
 - iii) 5% for all options of residential accommodation but principally Community Hostels

For noting, these reform targets also apply to any combined CHSP/HCP home care program, as proposed by government in its Budget response.

2. **Establish an Indigenous Elders Access Pathway** from 1 July 2021, which will be parallel to the existing mainstream pathway and consistent with the standards of the mainstream access pathway.

The parallel Indigenous Elders Access Pathway has the following three characteristics:

i) Indigenous Elders will be encouraged to give their formal, written consent for a local Indigenous intermediary organisation known to them and trusted by them to assist them to broker access into the Aged Care System via MyAged Care, Regional Assessment Services (RAS) and Aged Care Assessment Teams (ACAT). A nationally consistent Consent Form can quickly be agreed to by NAGATSIAC in dialogue with the Commonwealth Department of Health (DoH).

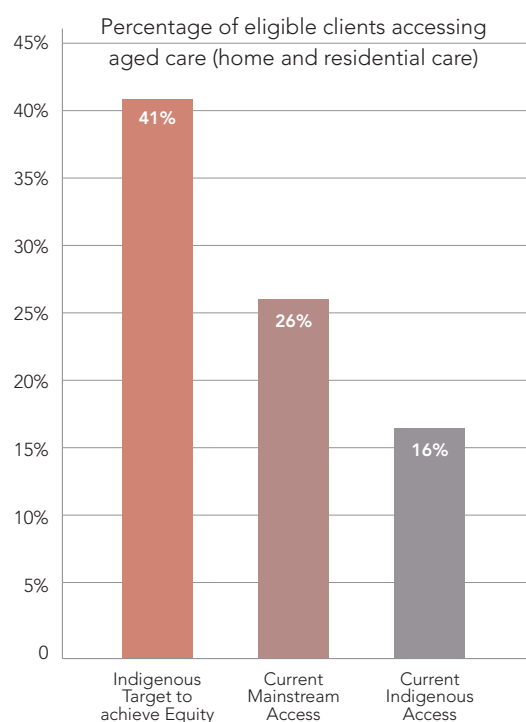
ii) The Commonwealth Government will fund this intermediary navigation role by extending the current “Aged Care System Navigation Trial Measure” nation-wide and making it a continuing program within the parallel Indigenous Elders Access Pathway. In its 2021 Budget, the Government has funded 250 Care Finders to support this Access Pathway. The Government must now codesign the scope and implementation of this initiative with NAGATSIAC.

iii) The Indigenous Elders Access Pathway will incorporate practical operational assistance measures by the trusted Indigenous intermediaries, including the use of template, web-based individual applications to MyAgedCare consented to by the individual Elder as well as the direct engagement with MyAgedCare by the Indigenous intermediaries’ representative/s for and on behalf of the consenting Indigenous Elder. The UIH has piloted this web-based application approach, which is immediately available for installation in the parallel Indigenous Elders Access Pathway.

A centerpiece of the 2021-22 Budget provides for an additional 80,000 Home Care places, yet there are no dedicated allocations for Indigenous Elders to close the biggest care gap in Australia, where the access data is alarming. For example, it is estimated that **an additional 42,000 Indigenous Elders need to start receiving culturally safe aged care services just to achieve equity:**

Only 16% of Indigenous Elders (28,000) are currently receiving aged care compared to 26% of older Australians.² This includes major cities, where access is just as poor as remote areas. Because Indigenous Elders’ care needs are at least twice that of non-Indigenous folk, the real Indigenous access rate to achieve equity should be at least 41%. This means there are 42,000 Indigenous Elders – or 1 in 4 – who are currently missing out on life-changing help right now. This is only catch up. Fast forward 5 years, with the Indigenous Elders growing at twice the rate of other older Australians, an estimated further 40% Indigenous Elders population growth means this unmet need will swell to 57,400 by 2026. Further, all important culturally safe and best practice access to Indigenous aged care providers is only half the rate of health service access to Indigenous community-controlled health providers.

(Figure 2)



Reform Area 2: Indigenous Assessment Pathways

Reform opportunity

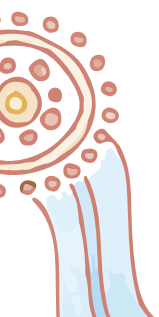
The strategic intent of the Commonwealth Government has been to establish one national assessment framework for the Aged Care System. This is instead of perpetuating one assessment framework for home-and-community care (CHSP, HCP) service supports using Regional Assessment Services (RAS) and a second assessment framework for complex need care and residential (supported accommodation) care options using Aged Care Assessment Teams (ACAT). Victoria continues to use the nomenclature Aged Care Assessment Services (ACAS).

The Commonwealth Government introduced Regional Assessment Services as part of the roll-out of its Living Longer, Living Better Aged Care Reforms. Victoria and Western Australian State Governments delayed their decision to join in this reform program for several years, frustrating national uniformity. Interested entities and consortia were required to compete through a national tender application to be authorised by the Commonwealth Minister for Aged Care to operate as a RAS. A condition for authorisation was the capability to deliver RAS assessment services to all potential client groups, including Indigenous Elders. Sadly, there is no publicly available evidence that this condition has ever been enforced, so that culturally inappropriate RAS assessments characterise this framework.

State and Territory Government-run Hospitals have continued to dominate, if not quite monopolise, the provision of Aged Care Assessment Teams, and early attempts to diversify the range of ACAT Assessors were frustrated by a guild-like resistance from ACAT personnel, essentially nurses. The Commonwealth Government is still in the anomalous position of authorising jurisdictionally employed ACAT Assessors to make funding commitments of Commonwealth money for approved access to Home Care Packages and residential aged care facilities.

In general, ACAT/ACAS have demonstrated a poor record in providing HCP assessment outcomes to Indigenous Elders; ACAT/ACAS are not culturally appropriate nor often culturally respectful or culturally connected entities. Compared to their 3.4% representation of the population, Indigenous Elders are only receiving 1.9% of ACAT assessments; this is without factoring in the additional needs of Elders arising from their much greater indicators of disadvantage and their virtual non-representation in residential aged care facilities .

There is one Indigenous-specific aged care program only within Australia's Aged Care System. This is the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP), which is almost entirely focused on remote locations. NATSIFACP funds community Hostels for Elders, with some flexibility to dispose of a portion of the NATSIFACP funding for home-and-community care services. Providers of services under the NATSIFACP have the authority to conduct their own needs and entry assessments for Elders. The numbers of Indigenous Elders participating in service supports funded from the NATSIFACP are small.



Priority Actions

3. Establish and fund Indigenous-specific assessment pathways.

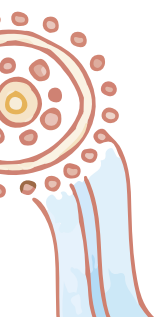
The Royal Commission recommended the integration of current RAS and ACAT assessment processes into one new aged care assessment body. While the reform actions below relate to the current RAS and ACAT assessment framework, they can be applied to any revised assessment framework as now proposed by the Commonwealth in its response to the Royal Commission recommendations

3a. Establish a nation-wide network of Indigenous Regional Assessment Services (RAS), commencing from 1 July 2021, and to be fully operational in every Aged Care Planning Region (ACPR) by the end of 5 years (30 June 2026):

- i.** This Indigenous RAS network will conduct entry-level assessments either as stand-alone RAS or as RAS embedded in regional Indigenous community-controlled organisations, including but not limited to Aboriginal Medical Services. Given the significant challenge of culturally thin markets, including in urban settings, appropriate exemptions to manage 'conflict of interest' perceptions will need to be in place to support proposed assessment/delivery colocation arrangements, where applicable.
- ii.** The Assessors working in these Indigenous RAS would be required to have attained the same credentials to fulfill their assessing functions as Assessors in mainstream RAS.
- iii.** During the five years proposed for the roll-out of this parallel Indigenous Regional Assessment Service, mainstream RAS operating where there is no Indigenous RAS will be compelled by their funding agreement with DoH to employ at least one full-time Indigenous, qualified Assessor whose training is paid for by the mainstream RAS. A staged rollout should be based on NAGATSIAC identified sites.
- iv.** Funding should be based on an outcome-based framework, with Aboriginal Community Controlled organisations given control over resources to deliver culturally safe outcomes for Indigenous Elders.

3b. Establish a nation-wide infrastructure of Indigenous ACAT/ACAS Assessors commencing from 1 July 2021, so that after 5 years (by 30 June 2026) in every Aged Care Planning Region in Australia with a population cohort of 500 Indigenous Elders there is at least one full-time Aboriginal and Torres Strait Islander accredited ACAT/ACAS Assessor specialising on assessments of Indigenous Elders but available also to assess non-Indigenous clients:

- i.** Implementation of this reform must be mandated from and funded by the Commonwealth Government.
- ii.** Based on the participation target above of 10% of Indigenous Elders receiving Home Care Packages by 30 June 2026, an ACPR with 500 Indigenous Elders could expect to have at least 50 HCP-eligible Elders, which effectively averages out to more than one Indigenous Elder assessment per working week per annum.
- iii.** For every additional 500 Indigenous Elders in any ACPR above the first 500 up to 1,000 Indigenous Elders (such as in metropolitan ACPRs), an additional full-time Indigenous ACAT/ACAS Assessor will be employed.

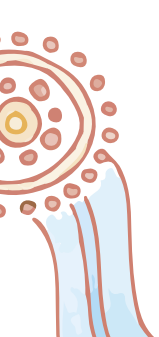


3c. Establish an Indigenous ACAT/ACAS embedded in a regional-scale Aboriginal Medical Service in each ACPR with more than 1,500 Indigenous Elders, employing Aboriginal and Torres Strait Islander accredited ACAT/ACAS Assessors authorised by the Commonwealth Government to conduct assessments for Indigenous Elders only in parallel to mainstream ACAT/ACAS.

i) Such ACPRs will principally be in metropolitan areas (Brisbane, Sydney, Melbourne, Adelaide, Perth), in a few large regional centres such as Townsville, Northern Rivers and Mid-North Coast NSW.

ii) A staged rollout should be based on NAGATSIAC identified sites.

iii) Funding should be based on an outcome-based framework, with Aboriginal Community Controlled organisations given control over resources to deliver culturally safe outcomes for Indigenous Elders.



Reform Area 3: Indigenous Service Delivery Pathways

Reform opportunity

While the *Living Longer, Living Better Aged Care Reforms* were being rolled out in several phases, because the Aged Care System operated outside of any Closing the Gap Commitment targets, no particular effort was made by the Commonwealth Government to address one market failure, namely, to encourage the emergence of Indigenous providers competent and approved to offer delivery of service supports for CHSP and HCP to Indigenous Elders.

Whilst there are few substantial barriers to entry for an Indigenous organisation to become a provider of CHSP service supports, the requirements for obtaining approval to deliver HCP services have been substantial and the impositions for application have been increased as a result of the proceedings before the Royal Commission into Aged Care Quality and Safety. However, Community Controlled Organisations navigating through these requirements/impositions can call upon peer-to-peer advice, guidance, and assistance to comply with the formalities.

The experience of IUIH has been that the most significant barrier confronting existing Indigenous service delivery organisations which consider entering the Aged Care System, and especially for Home Care Packages, is the extent of change management that is required, the associated disruption, and the increased complexity which affects the organisations':

- culture
- operating systems
- information technology
- quality management system
- workforce
- finance and reporting procedures
- management structures

These real 'costs' to an Indigenous organisation taking on the provision of new and complex service supports under the Aged Care System constitute a determining disincentive for many erstwhile Community Controlled Organisations who rightly question the business sense of having to compete with established mainstream providers - who are a mixture of faith-based, commercial, family-based, State Government hospitals/community health corporations, local government, not-for-profits – in a rationed marketplace where DoH almost always fails to designate Indigenous numbers in their contestable allocation Rounds.

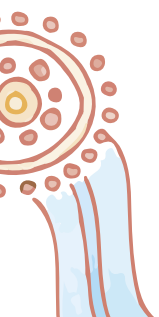


Table 3 below summarises the known data from 2018/2019 in relation to numbers of Indigenous organisations providing CHSP and HCP to Elders by jurisdiction.

Table 3: Indigenous Providers of CHSP and HCP Service Supports to Elders
(Source: DoH custom data, 2018-19 reference year)

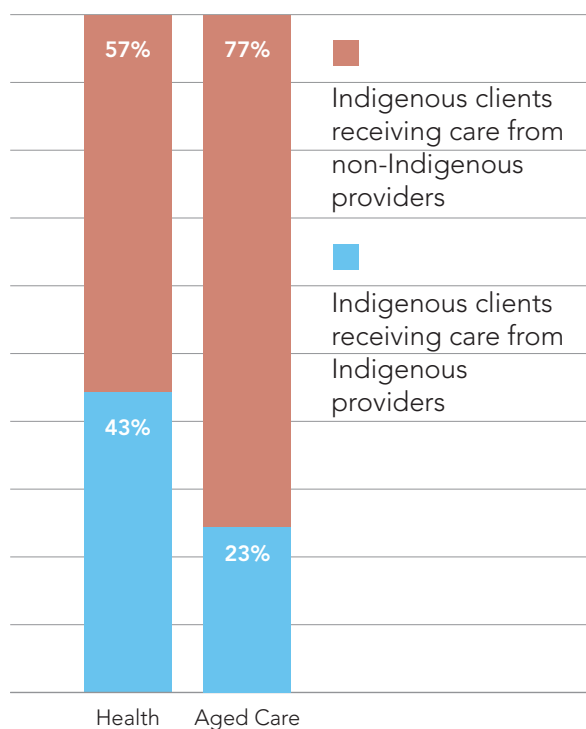
Jurisdiction	CHSP Providers	CHSP Elders	HCP Providers	HCP Elders
QLD	25	1,849	12	218
NSW	21	883	13	417
VIC	21	779	3	141
SA	10	784	1	78
NT	12	434	8	103
WA	8	229	2	21
TAS	4	53	4	20
TOTAL:	101	5,011	43	998

In Queensland, there are 10 Aboriginal and Torres Strait Islander Shire Councils which operate CHSP services, of whom 7 also deliver HCP service supports to Indigenous Elders. In the Northern Territory, one Aboriginal Community Council (Belyuen) delivers both CHSP and HCP service supports to Elders.

That is the not very satisfactory summary of the infrastructure of the total Indigenous providers of CHSP and HCP service supports to Elders across Australia (2018/2019).

The access rates to Indigenous aged care providers (23%) are only around half the access rates of Indigenous people to Indigenous health providers (43%). Refer Figure 3.

Figure 3. Percentage of Indigenous Clients receiving care from Indigenous Providers, National



Priority Actions

4. Establish an Indigenous Aged Care Capacity Building Program commencing 1 July 2021 which is offered to Indigenous organisations only which will at the end of 5 years (by June 2026) have achieved approval for a minimum of one 'flexible care' (i.e., HCP) Community Controlled Organisations in every Aged Care Planning Region in Australia with a cohort of at least 500 Indigenous Elders:

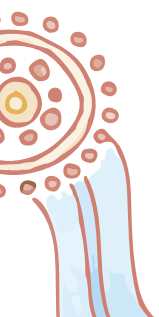
- i) Based on the participation access targets referred to above for CHSP and for HCP, it should be possible for a Community Controlled Organisations to be competitively sustainable in an ACPR with a minimum of 500 Indigenous Elders.
- ii) NAGATSIAC, auspiced currently by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), would be the most appropriate entity to be contracted by the DoH to roll out the customised transition programs to participating Community Controlled Organisations.
- iii) The target will be to more than match rates of health access to Community Controlled Organisations, by increasing the percentage of Indigenous aged care recipients **accessing care from Indigenous aged care providers** to at least 40% to 50% (from the current 23%)
- iv) Given the significant challenge of culturally thin markets, including in urban settings, appropriate exemptions to manage 'conflict of interest' perceptions will need to be in place to support proposed assessment/delivery colocation arrangements, where applicable.

4a. To ensure the success of this action NAGATSIAC to actively contribute to design and implementation of any new aged care pricing authority arrangements:

- This is consistent with the government's commitment to co-design and shared decision making with Indigenous people.

4b. To ensure the success of this action NATATSIAC to actively contribute to the redrafting of any new quality and safety Standards:

- This is consistent with the government's commitment to co-design and shared decision making with Indigenous people.



Reform Area 4: Indigenous Urban Strategy

Reform opportunity

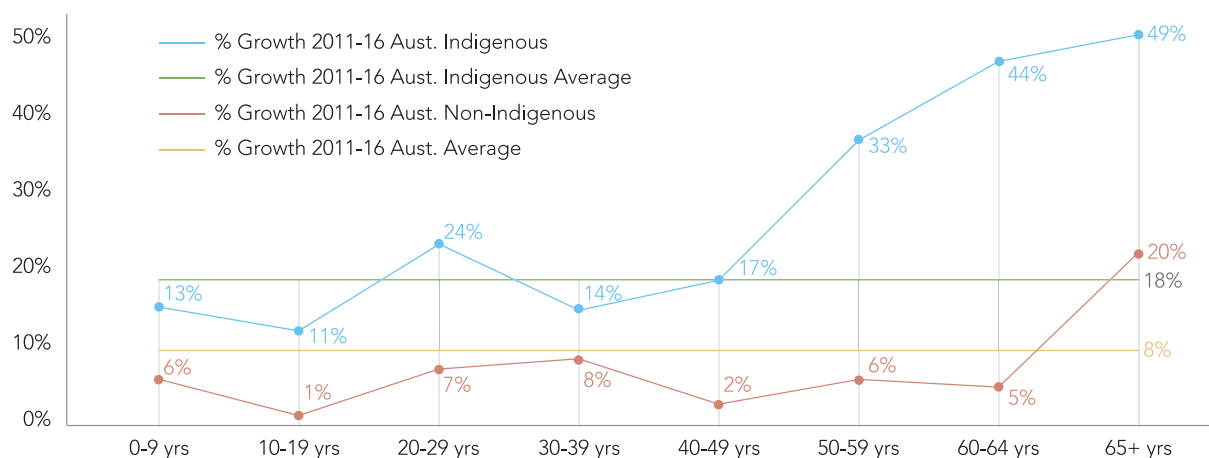
Government Ministers at Commonwealth, State and Territory levels, and public servants at senior and middle levels of management are slowly gaining an understanding that 80% of Aboriginal and Torres Strait Islander people live in urban environments, and 39% of all Indigenous Australians currently reside in capital cities.

It is the experience of the Institute for Urban Indigenous Health (IUIH) in South East Queensland that policymakers and program managers at all levels of government have greater difficulty in comprehending that indicators of disadvantage in health and wellbeing are as bad as, if not worse for, Indigenous Australians living in urban environments as those who live in remote environments. The data to validate this reality is incontrovertible.

Additionally, demographic data Australia-wide confirm that:

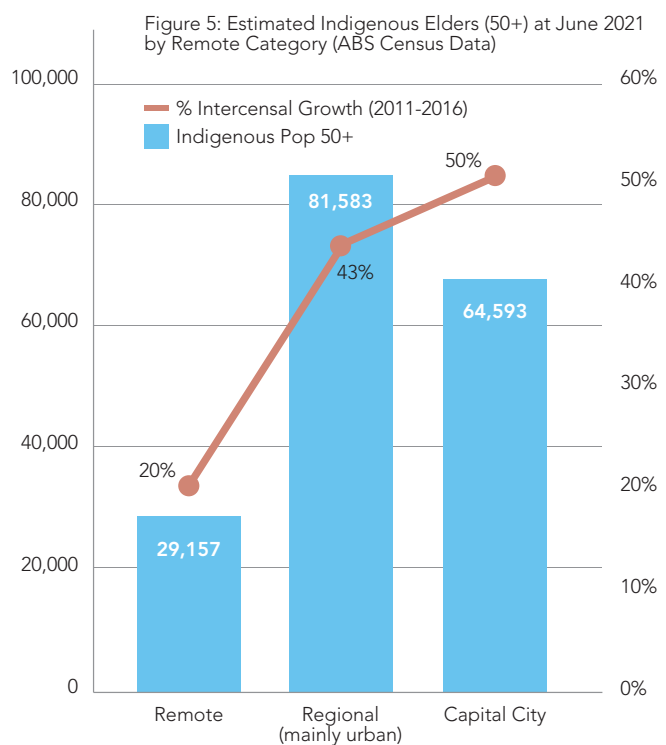
- Australia's Aboriginal and Torres Strait Islander population is on an unstoppable pathway to greater urbanisation. Refer Figure 4 which highlights that the highest growth of Indigenous Elders is in Capital Cities, where there has been a 50% intercensal growth rate, compared to remote areas (only 20%).

Figure 4. Intercensal growth rates (2011 -2016) by Indigenous status and age, National Source: ABS Estimates of Population (2011, 2016)



- Urban population growth is concentrated on a small number of geographic regions, with 50% of 2011-2016 intercensal population growth in the three Indigenous Regions of Brisbane, Central/North Coast NSW, and Sydney/Wollongong.
- Aboriginal Elders, i.e., aged 50 years and above, are amongst the fastest growing cohort of all Aboriginal and Torres Strait Islander people, and in major cities and regional urban centres Elders comprise 1 in every 5 or 1 in every 4 Indigenous persons. Refer Figure 5.

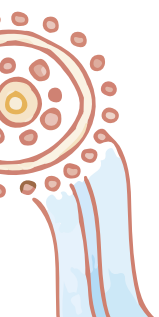
Because of its Integrated Model of Care, and following on from the successful completion of national consultations contributing to the finalisation of the inaugural Aboriginal and Torres Strait Islander Action Plan for the *Aged Care Diversity Framework*, the Institute for Urban Indigenous Health was asked by the National Advisory Group on Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) to undertake demand-supply-competitor analyses of the aged care services for Indigenous Elders in six capital cities (excluding Greater Brisbane and Canberra) and three major regional urban centres (Townsville, North Coast NSW, Bunbury/South-West WA). The Greater Melbourne analysis included Greater Geelong.



IUIH completed the nine analytical reports in December 2020. The analyses confirmed for each metropolitan area and each regional urban centre the nation-wide patterns of domination by mainstream, non-Indigenous providers of aged care service delivery to Elders in CHSP, HCP, and residential accommodation. The individual analyses also identified differences in patterns of supply of aged care service programs to Indigenous Elders between capital cities. In Perth, for example, there is no Indigenous provider of Home Care Package services and just one small Indigenous CHSP provider on the far outskirts delivering services to 7 clients.

Priority Actions

5. **Direct CHSP and HCP investments towards all the capital cities**, commencing from 1 July 2021, which is essential to achieve the respective 26% and 10% access targets within 5 years (i.e., by June 2026).
 - i) This investment/allocation pivot has to proceed hand-in-hand with the preceding action plan reforms on access, assessment, Indigenous providers, integrated primary health care/aged care delivery, and growth of the Indigenous direct care workforce.
6. **Preserve the flexibility and funding features** of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) in the new Aged Care Act, including extending its features to all capital city and major urban regions
 - i) NATSIFACP currently provides stability and flexibility to Community Controlled Organisations through block and 'poolable' funding.
 - ii) This stability and flexibility must be preserved and protected in the new Aged Care Act.



Reform Area 5: Integrated Service Delivery

Reform opportunity

IUIH recognised in 2012 that the only sensible approach that could be taken for incorporating “Aged Care” into its suite of service options was to integrate the delivery of aged care services with primary health care services. Accordingly, top management at IUIH set about ‘process mapping’ and identifying formal ‘operating protocols’ that would underpin its new ‘Integrated Model of Care’.

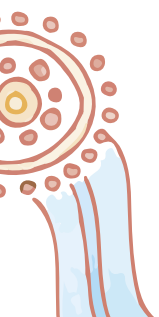
By 2016 this Integrated Model of Care had evolved to the extent that a ‘joint monitoring committee’ of the Senior Management Team was meeting regularly to track operational performance, ensure consistency of implementation, and authorise continuous improvements. In 2017, IUIH’s detailed specifications commissioned the design and implementation of data harmonisation between the electronic patient records used for delivery of the primary health care services and the electronic point of service system used for delivery of aged care services in the home and the community. The resultant Data Warehouse has enabled forensic micro, sub-regional, and region scale data analytics spanning both service systems in the Integrated Model of Care.

The actions below are consistent with Recommendation 56 in the Royal Commission Final Report.

Priority Actions

7. Establish regionally Integrated Primary Health Care and Aged Care service delivery providers in every Aged Care Planning Region in Australia with an Indigenous Elder cohort of a minimum of 500 Elders, commencing 1 July 2021 and to be fully rolled out in 5 years (by June 2026).

- i) Where there are currently successful partnership models between standalone aged care providers and health services, these should be preserved and not be unnecessarily interrupted.
- ii) ACCO providers of Aged care who do not currently have partnerships with health services should be supported to develop these.
- iii) The logical implementation approach would be for DoH to leverage the Department’s existing contractual relationships with Aboriginal community-controlled aged care providers and health services (Aboriginal Medical Services), of which there are around 150 nationwide in urban, regional, and remote areas of every State and Territory.
- iv) This would necessitate DoH taking decisive internal action to overcome its internal ‘silos’ between its various Aged Care Divisions and its Indigenous Health Division
- v) This change management outcome could be a sub-program of the previously mentioned ‘Aged Care Capacity Building Program’. Currently, around 30% of Aboriginal Medical Services provide some form of aged care – principally CHSP – but only 11% of Aboriginal Medical Services are ‘approved providers’ for Home Care Packages.
- vi) Integrated primary health and aged care models will achieve optimal benefit if implemented on a regional scale, as has been demonstrated in South East Queensland by IUIH.



Reform Area 6: Indigenous Aged Care Workforce

Reform opportunity

As the numbers of Indigenous aged care service providers increase over the five years 2021/2026 and as the numbers of Indigenous Elders receiving aged care services also increase, there will be a need to increase the numbers of Aboriginal and Torres Strait Islander aged care workers.

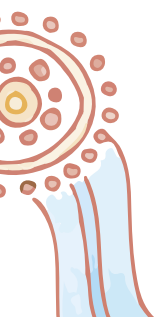
Reference has been made previously in this 5 Year Plan to the establishment of Indigenous Assessors in Indigenous Regional Assessment Services and Aged Care Assessment Teams. Supplying these Indigenous Assessors is incontrovertibly a Commonwealth Government responsibility.

The biggest single workforce development task will be to train, recruit and employ an Indigenous direct care workforce in sufficient numbers and with sufficient training to deliver quality personal care, domestic assistance, transport services, individual social support, and group social support.

The IUIH has implemented a policy that every Aboriginal and Torres Strait Islander direct care worker will complete the *Certificate III in Individual Support* qualification, to drive a consistent quality standard of service to Indigenous Elders. The Institute has adapted training materials, so they are culturally appropriate. Additionally, the Institute provides an Indigenous Mentor who maintains a personal, direct relationship with all students in every cohort (there have been more than 10 cohorts), both in-room and out-of-room; this has been one of the keys to an extraordinarily high completion rate (above 80%).

Responsibility for training an accredited workforce in these job roles resides with State and Territory Governments, who have responsibility for vocational education and training. This is a structural disconnect when it is the Commonwealth Government that is setting aged care policy and aged care program targets.

With Recommendation 52, the Royal Commission proposes the Commonwealth Government engages with NAGATSIAC on an Indigenous aged care workforce plan. NAGATSIAC's is currently undertaking the first stage of this workforce plan, the *Aboriginal and Torres Strait Islander Workforce Strategy*. The priority actions below represent the immediate actions the Government should take to create an enabling environment for the Aboriginal and Torres Strait Islander Workforce Strategy.



Priority Actions

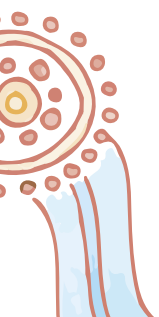
8. Mandate completion of the Certificate III in Individual Support, commencing from 1 July 2021, as the minimum qualification required for direct care workers delivering any type of aged care service to Indigenous Elders, and that every employer delivering aged care services to Elders has until June 2026 to fully comply for their direct care workforces.

8a. To expand the scale of the wage subsidy component of the Indigenous Employment Initiative (IEI) Program from 1 July 2021 so that every Indigenous aged care provider organisation is eligible; and review efficiency, performance, and benefits of the current allocations.

8b. To re-design the training component of the Indigenous Employment Initiative (IEI) Program to \$6,000 p.a., from 1 July 2021, for training delivery and mentoring costs per Aboriginal and Torres Strait Islander direct care worker to fund completion of the Certificate III in Individual Support by Aboriginal and Torres Strait Islander direct care workers.

Endnotes

- i. Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, vol. 3A The new system, available <https://agedcare.royalcommission.gov.au/publications/final-report-volume-3a>
- ii. The Hon Greg Hunt MP, Minister for Health and Aged Care, Respect, Care and Dignity – Aged Care Royal Commission \$452 million immediate response as Government commits to historic reform to deliver Respect and Care for Senior Australians [Media Release], 1 March 2021, available: Respect, Care and Dignity – Aged Care Royal Commission \$452 million immediate response as Government commits to historic reform to deliver Respect and Care for Senior Australians | Health Portfolio Ministers
- iii. NAGATSIAC, 'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders', 2020. Available at: <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NAGATSIAC/PAPERS/Our-Care-Our-Way-Transforming-Care-Pathways-for-Indigenous-Elders.pdf>
- iv. Department of Health custom data, 2018-19 reference year
- v. Australian Government, Report on Government Services 2020, Aged Care Services, Canberra, 2020





NATIONAL ADVISORY
GROUP ON ABORIGINAL
AND TORRES STRAIT
ISLANDER AGED CARE