

# Aged Care Taskforce Consultation

Draft Aged Care Funding  
Principles

National Aboriginal and Torres Strait  
Islander Ageing and Aged Care  
Council Submission  
September 2023



**NATSIAACC**

# National Aboriginal and Torres Strait Islander Ageing and Aged Care Council - NATSIAACC

## About NATSIAACC

NATSIAACC is the national peak body for Aboriginal and Torres Strait Islander ageing and aged care.

NATSIAACC works to ensure that Aboriginal and Torres Strait Islander older people can access support and care that is culturally safe, trauma aware and healing-informed, and recognises the importance of their personal connections to community and Country.

NATSIAACC is building a membership base of:

- Aboriginal and Torres Strait Islander community-controlled providers of ageing and aged care, and
- non-Indigenous entities with an interest in culturally appropriate ageing and aged care services.

NATSIAACC's founding Directors are all leaders within Aboriginal and Torres Strait Islander ageing and aged care provision. They are all current or former CEOs of established and groundbreaking services within their relevant state.

## Our Vision

All Aboriginal and Torres Strait Islander people are thriving, healthy, strong, with ongoing cultural connections in their older years.

## Our Purpose

NATSIAACC supports Aboriginal and Torres Strait Islander older peoples, their families and communities to identify, engage in, advocate for and lead systemic reform to embed culturally safe practices across the aged care and ageing sector.

## With thanks

This submission has been developed in consultation with NATSIAACC's members, stakeholders and other peak bodies. NATSIAACC thanks its members, stakeholders and other peak bodies for their valuable contributions and time engaging in this consultation.

## Funding

NATSIAACC is currently funded by the Commonwealth Department of Health and Aged Care (the Department) for establishment and has been in operation for less than a year. In the context of the current aged care reforms and the need for extensive advocacy, input and leadership in the sector, it will be necessary to provide additional funding to support NATSIAACC to provide the input and engagement required to ensure that the reforms deliver much needed support to Aboriginal and Torres Strait Islander older people and Elders.

## Introduction

NATSIAACC welcomes the opportunity to make a submission to the Aged Care Taskforce on the Draft Aged Care Funding Principles (the Draft Principles).

Our comments below are informed by the broader context of the aged care reforms, and the impact on Aboriginal and Torres Strait Islander older people and providers of aged care services to Aboriginal and Torres Strait Islander people.

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) stated that:

*We are also concerned that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with their level of need. A combination of factors creates barriers to Aboriginal and Torres Strait Islander people's access to the aged care system. These arise from social and economic disadvantage, a lack of culturally safe care, and the ongoing impacts of colonisation and prolonged discrimination. Access issues are further compounded by Aboriginal and Torres Strait Islander people's additional vulnerability arising from higher rates of disability, comorbidities, homelessness and dementia. To feel secure and obtain culturally safe services, many Aboriginal and Torres Strait Islander people prefer to receive services from Aboriginal and Torres Strait Islander people and from Aboriginal and Torres Strait Islander organisations. However, there are currently not enough Aboriginal and Torres Strait Islander people, and other people with high levels of cultural competency, employed across the aged care system.*<sup>1</sup>

The Royal Commission made recommendations for Aboriginal and Torres Strait Islander people to address these issues.

There is also a wider framework that is interconnected with the aged care sector. The National Agreement on Closing the Gap<sup>2</sup> (the National Agreement) contains four Priority Reform, these are:

- Strengthening and establishing formal partnerships and shared decision-making.
- Building the Aboriginal and Torres Strait Islander community-controlled sector.
- Transforming government organisations so they work better for Aboriginal and Torres Strait Islander people.
- Improving and sharing access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

These priority reforms contribute to improving outcomes for older Aboriginal and Torres Strait Islander people in aged care.

The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) (the Health Plan) forms part of this. The Health Plan is also consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),<sup>3</sup> these rights include:

- the right to practice culture
- the right to self-determination

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<sup>1</sup> Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, p67.

<sup>2</sup> <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/1-preamble>, accessed 27 July 2023.

<sup>3</sup> <https://declaration.humanrights.gov.au>.

- the right to make decisions on matters that affect lives and communities.<sup>4</sup>

The Health Plan also provides that Aboriginal and Torres Strait Islander people have a right to culturally safe and responsive health care, free of racism and inequity.<sup>5</sup> A significant part of this is ensuring that the aged care system is appropriately funded to provide culturally safe and high-quality aged care services and support to Aboriginal and Torres Strait Islander older people, irrespective of their geographical location or financial circumstances.

The United Nations (UN) General Assembly declared 2021–2030 the UN Decade of Healthy Ageing.<sup>6</sup> This seeks to reduce health inequities and improve the lives of older people, their families and communities through collective action in four areas:

- changing how we think, feel and act towards age and ageism
- developing communities in ways that foster the abilities of older people
- delivering person-centred integrated care and primary health services responsive to older people, and
- providing older people who need it with access to quality long-term care.<sup>7</sup>

The funding of the aged care system needs to acknowledge the diversity of older people and their health and wellbeing needs. The Principles for funding the aged care system need to demonstrate that there is scope to include elements that are important to people of Aboriginal and Torres Strait Islander cultures, such as identity, kinship, Country or Island Home, totems, lore and spirituality.

We know that the Stolen Generations<sup>8</sup> are largely now over 50 years of age<sup>9</sup>, and therefore, now eligible for aged care services. While Aboriginal and Torres Strait Islander people do not have the same level of health and life expectancy and other Australians,<sup>10</sup> people of the Stolen Generations are more likely to have even poorer health and socioeconomic outcomes.<sup>11</sup> These issues must be addresses urgently.

To address the gaps and disadvantage, we must increase the numbers of Aboriginal and Torres Strait Islander people receiving culturally safe support and care in their older years. The future funding and sustainability of the aged care system must support this goal and align with the broader context of the National Agreement and the Health Plan, and also be consistent with the recommendations of the Royal Commission.

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<sup>4</sup> Department of Health, [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#), p2.

<sup>5</sup> Department of Health, [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#), p17.

<sup>6</sup> World Health Organisation, [Ageing and health \(who.int\)](#).

<sup>7</sup> World Health Organisation, [Ageing and health \(who.int\)](#).

<sup>8</sup> Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

<sup>9</sup> Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

<sup>10</sup> Australian Institute of Health and Welfare, [Deaths in Australia, Life expectancy, aihw.gov.au](#).

<sup>11</sup> Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

## Summary of recommendations

NATISAACC makes the following recommendations:

- We recommend that the Draft Principles are consistent with, and support the implementation of, the Royal Commission recommendations 47 to 53, inclusive.
- We recommend the Taskforce consider including a glossary or explanatory statement to provide guidance on terminology contained in the Draft Principles. NATISAACC would be pleased to support and inform this important work.
- To assist with clarity, and avoidance of confusion, we recommend the inclusion of an 'Objective' or 'Purpose' of the Draft Principles, which provides context for interpretation of all of the Draft Principles, and for funding the aged care system. We suggest consideration be given to including a Purpose or Objective along the following lines:

*The aged care system should observe the human rights of all older people and support all Australians in their older years with universal access to holistic, high quality, culturally safe and appropriate health and aged care. All services must be delivered with dignity and respect and acknowledge the older person's individual preferences and connection to family and community.*

- We recommend Draft Principle 1 should be amended as follows:

*The aged care system should provide services and support to enable older people to choose where they would like to live and receive aged care services. This may be at home, in residential aged care or similar, and in urban, remote, or regional areas.*

- We recommend accessible resources designed in consultation with older people and Communities including, but not limited to short videos, case studies, audio materials, flip charts and cards to support older people to navigate the system. Any videos or audio should be accessible in multiple formats, so that they can be played on a mobile phone or tablet by another person, to increase accessibility. Resources must also be adapted or adaptable to location, people and Community.
- We recommend that Draft Principle 2 be amended to include reference to 'equity' and 'flexibility', as follows:

*Aged care funding arrangements must be equitable, flexible, fair, simple, transparent and sustainable.*

- Means testing and co-contribution requirements must take into account the higher costs of vulnerable groups, particularly those with chronic disease or disability with the need for additional supports and medications. It should also consider the higher costs for accessing services - such as travel and accommodation involved in attending health and wellbeing appointments, which is particularly important for those living in areas where there are

limited services or thin markets. It should also include travel for to support connection to Country, Community or Island Home.

- We recommend clear guidance, communication, and training to assist providers to comply with any new accountability measures.
- In the context of the complexity of the current aged care system, we recommend additional, more appropriate and accessible information to support older people to navigate the system and understand how their money is spent. It is also necessary to support older people to understand how to access complaints systems and any recourse open to them.
- We recommend the Taskforce consider including an additional category of capital funding for Aboriginal and Torres Strait Islander aged care providers in all locations and for all aged care services. This would be consistent with Royal Commission recommendation 53 and the Health Plan more broadly.
- That a review mechanism for the funding of the aged care system should be built-in to the implementation, to ensure that it is achieving its goals and is fit-for-purpose. A specific assessment for the impact on Aboriginal and Torres Strait Islander older people and their aged care providers should be a designated part of this review mechanism.
- There is currently a complex range of funding systems in place across the aged care, disability and veterans' sectors. In the context of the broader harmonisation<sup>12</sup> across these sectors, we suggest the Taskforce consider opportunities to make access easier and more equitable across all sectors.

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<sup>12</sup> Department of Health & Aged Care, [Aligning regulation across care and support, health.gov.au](https://www.health.gov.au/aligned-regulation).

## Overall comments on the Draft Principles

We are increasingly concerned that the proposed aged care reforms are not considering the impact on all Australians, including Aboriginal and Torres Strait Islander people and diverse and vulnerable groups. The Royal Commission made a number of recommendations for the future funding of aged care for Aboriginal and Torres Strait Islander people.<sup>13</sup>

While we understand that the Draft Principles will apply to the entire aged care system, there must be scope for flexibility and to ensure consistency with the implementation of the Royal Commission recommendations as these reforms take place.

We recommend that the Draft Principles are consistent with, and support the implementation of, the Royal Commission recommendations 47 to 53, inclusive.

### Terminology

The Draft Principles content and terminology should be consistent with all other elements of the aged care system. With a number of aged care reforms underway, but many yet to come into effect, any inconsistencies across the aged care sector will need to be addressed.

The term 'culturally safe' can have many different meanings – but at the heart of it, culturally safe care is care that is safe for *all* people, respecting their culture and preferences. To be culturally safe for Aboriginal and Torres Strait Islander people, the care must be informed by Aboriginal and Torres Strait Islander people. However, culturally safe care should also cater for all cultures. All people should have access to care that is culturally safe. While 'culturally appropriate' can often be used in the context of providing care to diverse groups, in our view, it is not an alternative to providing culturally safe care. These are not mutually exclusive terms, and we support the provision of both culturally safe and appropriate care for all people.

We recommend the Taskforce consider including a glossary or explanatory statement to provide guidance on terminology contained in the Draft Principles. NATISAACC would be pleased to support and inform this important work.

### All people, all locations

Our members and stakeholders have raised concerns about how the Draft Principles will support all vulnerable and disadvantaged groups, in all locations and in all forms of aged care. We ask the Taskforce to consider including an additional Draft Principle to support older people in rural and remote areas, or incorporating rural and remote locations in another way, such as through our suggested amendments. Consideration should also include the many varied aged care arrangements older people may have in place, such as group or shared housing and hostels, as well as those who are homeless, or have transient lifestyles.

An approach that supports Aboriginal and Torres Strait Islander people to receive culturally respectful and safe, high quality, trauma-informed, needs-based and flexible aged care services regardless of where they live is consistent with the Royal Commission recommendations, specifically recommendation 47.

It is important to build the aged care system based on how it will meet the needs of our most vulnerable people. When we build a system to support the most vulnerable in our society, we will make the system better for all.

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<sup>13</sup> Royal Commission recommendations 47 to 53, inclusive.

## Objective/Purpose of the Draft Principles

While the Draft Principles may be intended to focus on the funding of the aged care sector, this is not entirely clear. Further, to assist with clarity, and avoidance of confusion, we recommend the inclusion of an 'Objective' or 'Purpose' of the Draft Principles, which provides context for interpretation of all of the Draft Principles, and for funding the aged care system. We suggest consideration be given to including a Purpose or Objective along the following lines:

*The aged care system should observe the human rights of all older people and support all Australians in their older years with universal access to holistic, high quality, culturally safe and appropriate health and aged care. All services must be delivered with dignity and respect and acknowledge the older person's individual preferences and connection to family and community.*

All the Principles can then be beneficially interpreted in accordance with the above premise.

This Objective provides the context for ensuring that all people receive this level of care. It is the foundation of the aged care system. By having this principle upfront, we are establishing that this is the expectation of what the aged care system must fund.

### Draft Principle 1

**The aged care system should enable and encourage participants to remain in their home for as long as they wish and can do so.**

While we understand that older people generally prefer to remain in their own homes, there are many reasons why all options for aged care should remain open to older people.

Wherever possible, older Aboriginal and Torres Strait Islander people also usually prefer to be close to their family, living on Country or Island Home and speaking their own language. Older people often prefer to remain whether they are familiar and comfortable and often do not want to be put in a clinical or institutional setting. In the context of the Stolen Generations, residential aged care can be seen as another form of removal, inflicting renewed trauma.<sup>14</sup>

However, there may be some exceptions to this for older people, including in cases of abuse, lack of support or at their home location, homelessness and inappropriate housing arrangements. On this basis, we are of the view that it is necessary to provide flexibility for older people to choose their preferred location of care, wherever possible. Where older people are unable to remain at their preferred location, transport costs must also be considered to ensure connection to Country of Island Home. This is also consistent with the Royal Commission recommendations.

NATSIACC supports choice for older people. Wherever possible, all older people should be able to receive aged care services at the location of their choice. Flexibility within the system is very important. The aged care system should enable older people to choose where they would like to live and receive aged care services, irrespective of their personal financial circumstances. If choice cannot be provided, then connection to Country or Island Home must be supported, including transport to return to Community as needed.

Further, and crucially, Aboriginal and Torres Strait Islander people need the opportunity to choose if they would like to die/finish up/pass on Country or Island Home wherever possible. There are

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<sup>14</sup> Healing Foundation (2019) *Working with Stolen Generations Aged Care Fact Sheet*, [healingfoundation.org.au](http://healingfoundation.org.au).



transport and medical costs associated with this, and these costs need to be factored into the funding model.

On this basis, we recommend Draft Principle 1 should be amended as follows:

*The aged care system should provide services and support to enable older people to choose where they would like to live and receive aged care services. This may be at home, in residential aged care or similar, and in urban, remote, or regional areas.*

### Staying at Home

To support older people to remain in their homes as long as possible, there will be a need for an appropriate level of care to be provided. This includes increased need for allied health, particularly a focus on preventative treatments and reablement. It is also important that the full range of services to support cleaning and maintaining a home are provided within the aged care sector. These include light and heavy cleaning, general maintenance and emergency repairs and regular safety checks. We have received feedback that older people can be living in extremely poor conditions, such as without running water for showers or functioning toilets. This is not an acceptable standard of living, and support must be provided to ensure home environments are appropriate. If found to be inappropriate, consideration must be given to how to improve the home environment, rather than forced movement to residential aged care being the only solution.

Annual respite for carers must be included in the funding of home care as there is a significant risk of burnout across the sector, – particularly with unpaid carers.<sup>15</sup> Properly funded home care must also include transport services to ensure that older people can stay connected with their Community, attend appointments, and have social engagement – including to cultural events, all of which to positively contribute to the health and wellbeing of a person.<sup>16</sup>

In addition, consideration needs to be given to the flexibility of funding arrangements to support those moving to residential aged care, including temporary respite care arrangements, to ensure that older people are able to maintain their home during the transition period or while receiving respite care.

### Draft Principle 2

**Aged care funding arrangements and their outcomes should be fair, simple, transparent and sustainable.**

NATSIAACC is broadly supportive of this Draft Principle, as currently the system so complex, inflexible and difficult to understand that providers and older people frequently engage support to assist with navigating the system. Further, the aged care system needs adequate long-term funding to ensure that older Australians can access all the services and supports they need.

The information available on [MyAgedCare](#) can be brief, repetitive, and challenging (sometime impossible) for older people to navigate and understand, with or without support from others. If people do not understand the system, they are less likely to engage and seek the support they need to maintain their health and wellbeing. This is not acceptable and can lead to inequity for those who

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<sup>15</sup> Carers Australia, [The importance of having access to support for unpaid carers is clear](https://carersaustralia.com.au), [carersaustralia.com.au](https://carersaustralia.com.au).

<sup>16</sup> Oxley, J.; Logan, D.B.; Coxon, S.; Koppel, S. Understanding Current and Future Transport Needs of Older Australian Drivers to Guide Development of Sustainable and Smart Initiatives to Support Safe Mobility of Older Adults. *Sustainability* 2022, 14, 5906. <https://doi.org/10.3390/su14105906>.

do not have the ability to seek support for navigating the system. The system needs to be more transparent and supportive for those who currently cannot navigate or access it.

We note the diversity of Aboriginal and Torres Strait Islander Communities and communication preferences. We also note that there are Aboriginal and Torres Strait Islander communities which primarily use aural communication and the power of storytelling. Resources that adopt and reflect preferred methods of communication will be more effective with many older people and their Communities. Given the diversity of Communities and people, it will be important to ensure that such resources are properly informed and adapted to the relevant communities. This is particularly useful for diverse and vulnerable groups, who may speak multiple languages, may not have a mobile phone of their own, and may not have access to written materials.

We recommend accessible resources designed in consultation with older people and Communities including, but not limited to short videos, case studies, audio materials, flip charts and cards to support older people to navigate the system. Any videos or audio should be accessible in multiple formats, so that they can be played on a mobile phone or tablet by another person, to increase accessibility. Resources must also be adapted or adaptable to location, people and Community.

### **What is meant by ‘fairness’?**

Fairness in a funding context is about providing people with the care that they need to maintain optimum health and wellbeing. Currently the system is not fair as it results in different levels of access and health outcomes for people, particularly Aboriginal and Torres Strait Islander people, as identified by the Royal Commission and the National Agreement.

Fairness includes flexibility for immediate adjustment in the case of injury or rapid decline in health, such as in the case of palliative care needs. This also includes flexibility to take into account the cost of meeting the higher health needs of people with chronic diseases and higher burden of disease.<sup>17</sup>

There also needs to be sufficient flexibility in the system to allow a person to move smoothly between respite care, residential and home care, and between remote and urban locations, without impact on their aged care package or arrangements. Aged care packages, payments and supports do not interconnect well, especially if they are location based according to the Modified Monash Model. This is particularly relevant for mobile/transient communities whose aged care needs and the costs associated with delivering culturally safe care do not necessarily change when they move locations.

A fair system supports diverse and vulnerable groups, including those with disabilities, living in poverty and those who have suffered trauma. Fairness is a system that is equitable and meets the needs of our most vulnerable people and funds culturally safe care to support healing and optimal health and wellbeing.

Fairness also includes building a system that is accessible and easy to navigate, for both older people, their carers, families and Communities and for providers.

On the basis of the above, we recommend that Draft Principle 2 be amended to include reference to ‘equity’ and ‘flexibility’, as follows:

*Aged care funding arrangements must be equitable, flexible, fair, simple, transparent and sustainable.*

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<sup>17</sup> Australian Institute of Health & Welfare, [Older Australians, Older Aboriginal and Torres Strait Islander people - Australian Institute of Health and Welfare, aihw.gov.au](https://www.aihw.gov.au/reports/older-australians/older-aboriginal-and-torres-strait-islander-people).

**Draft Principle 3 – Government is and will continue to be the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net.**

### **Government funding**

We welcome the assertion that the Government will continue to fund aged care.

We note that, due to the reference to ‘accommodation costs’, this Draft Principle appears to be focused on residential care, however, it is not entirely clear. We suggest this should be clarified in the Draft Principle.

We are also of the view that the term ‘care costs’ requires further consideration and clarity. We suggest that ‘care costs’ includes all care required to support the optimum health and wellbeing of older people. This includes medical and hygiene care, as well as rehabilitation and allied health services to improve and/or maintain quality of life, wherever possible. ‘Care costs’ should also include palliative care. Universal care must be provided irrespective of location or preferences, to ensure the system is equitable and provides flexibility for how a person’s care needs and preferences can be met. Increasing access to block funding, as recommended by the Royal Commission<sup>18</sup>, is also required, as it gives the flexibility to meet the varied needs of older people.

Care costs should also include quality, appropriate and culturally safe care, delivered by a skilled workforce.<sup>19</sup> This includes Aboriginal and Torres Strait Islander Health Workers and Practitioners.<sup>20</sup>

We have received questions from our members about whether care costs will include access to communication methods, absorption of provider administrative costs, and have built-in flexibility to adapt to the needs of older people in all locations. We suggest the Taskforce consider the inclusion of such costs to make the system equitable, as without these inclusions, there is a risk of decreasing Aboriginal and Torres Strait Islander access to safe aged care. This would be inconsistent with the Royal Commission recommendations to increase Aboriginal and Torres Strait Islander access to aged care, the number of providers of culturally safe aged care, as well as those that are community-controlled.<sup>21</sup>

### **Personal contributions and safety net**

We note that while this Draft Principle refers to a ‘safety-net’ it is unclear how this will be applied. We are of the view that there should be a multifaceted approach to aged care funding. The safety-net must mean that those without the financial ability to fund their aged care needs, will receive the same level of care and service as a person who is able to fund (in full or part) their aged care needs, irrespective of their background, preferences, or culture.

Means testing and co-contribution requirements must take into account the higher costs of vulnerable groups, particularly those with chronic disease or disability with the need for additional supports and medications. It should also consider the higher costs for accessing services - such as travel and accommodation involved in attending health and wellbeing appointments, which is

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<sup>18</sup> Royal Commission recommendations 47 and 52.

<sup>19</sup> Consistent with Royal Commission recommendations 47, 48 and 51.

<sup>20</sup> NAATSIHWP (2019) *The important of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in the Australian Health System*, [naatsihwp.org.au](http://naatsihwp.org.au).

<sup>21</sup> Royal Commission recommendation 50.

particularly important for those living in areas where there are limited services or thin markets. It should also include travel for to support connection to Country, Community or Island Home.<sup>22</sup>

We have received input that many providers of aged care services to Aboriginal and Torres Strait Islander people do not charge co-payments, rather, the provider absorbs these costs within their service. We also understand that some people may be confused or concerned by the co-payment requirements and may not proceed with receiving aged care services. If these practices continue, it does not reflect the true cost of the system, and also risks adverse impact on Aboriginal and Torres Strait Islander people as well as their aged care providers. On this basis, we suggest consideration of how the system can require co-payments in appropriate circumstances, with flexibility for vulnerable people.

#### **Order and content**

We also note that the Draft Principles 3 and 4 could be adjusted, so that Draft Principle 3 refers to the broader funding arrangements (government funding and personal contributions), which is the precursor for the items listed in Draft Principle 4 (quality and appropriate care, workforce and innovation across the systems).

**Draft Principle 4 – Government and participant contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems.**

#### **Quality and appropriate care**

We have outlined above our views on fairness and care costs – which should be considered in the context of the meaning of ‘quality care’. We also note the Aged Care Taskforce Terms of Reference refer to the Taskforce advice for supporting ‘high quality care’.<sup>23</sup> Further, *A New Aged Care Act: the foundations, Consultation paper No. 1*, also refers to the provision of ‘high quality care’.<sup>24</sup> As referenced above, NATSIAACC recommends consistency of terminology across all aged care sector reforms and documentation.

Irrespective of the term used, we are of the view that quality care must respect a person’s human rights, and meet the health and wellbeing needs of older people. Quality care must include culturally safe and care that is individualised to meet the need of the person, their family and Community. This includes medical and personal needs, hygiene, dental, allied health, nutrition, mental health, palliative care, social supports and engagement and opportunity for engaging in meaningful activities, irrespective of cognitive and physical abilities.

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<sup>22</sup> Royal Commission recommendation 47 and 53.

<sup>23</sup> Prime Minister & Cabinet, [Aged Care Taskforce Terms of Reference, pmc.gov.au](https://www.pmc.gov.au/aged-care-taskforce-terms-of-reference).

<sup>24</sup> Department of Health & Aged Care, (2023) *A New Aged Care Act: the foundations, Consultation paper No.1*, p26.

## Innovation in design

We welcome a funding system that supports and encourages innovation in the health, hospital and aged care systems. Part of this is developing an integrated care system – and part of this is ensuring that essential needs are met.

In our view innovation in the health, hospital and aged care system should include:

- Culturally safe, healing aware and trauma-informed care for all people.
- People need to be able connect with the natural living environment and land, being able to touch the ground, dirt and grass, breathe fresh air, and feel sunshine on their skin.<sup>25</sup>
- Access to gardens, including community and private gardens.
- Privacy and choice for engaging with other people, or being alone, depending on personal preferences.
- All people have the opportunity to engage in meaningful activities, with a sense of purpose and irrespective of cognitive ability.
- Trauma-informed loss and grief support for older people. People should be given the opportunity to discuss their feelings and grief when people die in residential care.
- Providing quality dementia care on Country or Island Home, with flexibility and adjustments to support behavioural issues.
- As referenced above, many Aboriginal and Torres Strait Islander peoples would prefer to receive palliative care and end-of-life care in Community, on Country or Island Home, but there is limited ongoing support for this. Innovations in providing palliative care are required to ensure older people are provided with dignity, respect and pain management when diagnosed with a life-limiting illness and in their final days.

## Draft Principle 5

**There should be accountability for funding received from government and participants, how it is spent, and the quality of the services provided.**

We support this Draft Principle, as we are of the view that there should be accountability for funding received from government and older people.

We note that should there be additional requirements for providers, additional consultation and co-design will be required to ensure that providers are familiar with the requirements. Further, if additional accountability requirements increase provider administration costs, this will require government funding support to assist with the transition. We recommend clear guidance, communication, and training to assist providers to comply with any new accountability measures.

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<sup>25</sup> See ATSICHS and QUT - Jimbelunga Nursing Centre (2023) [Model of Care](#).

Older people must also be protected from fraudulent service providers. Further consideration will need to be given to how this Draft Principle might operate in the context of online platforms and unregistered providers, anticipated under the aged care regulatory reforms.<sup>26</sup>

Finally, in the context of the complexity of the current aged care system, we recommend additional, more appropriate and accessible information to support older people to navigate the system and understand how their money is spent is required. It is also necessary to support older people to understand how to access complaints systems and any recourse open to them.

#### **Draft Principle 6**

**The residential sector should have access to sufficient, and new, capital to encourage the development of new accommodation and upgrades to existing accommodation.**

We welcome the investment of capital to encourage the development of new accommodation and upgrade to existing accommodations.

We also note that there needs to be further consideration of new types of accommodation for older people, particularly in rural and remote settings. This may include appropriate hostel accommodation, for those who do not receive aged care services, or need short-term accommodation. All facilities should be community based, so as to be more like home environments and be connected to Community.

Support for providers of home-care services to upgrade existing buildings – particularly those that provide meals and emergency support to older people should also be considered as part of this Draft Principle. On-site day centres that support people who are living rough due to overcrowding, and lack of appropriate housing, due to long waiting lists, can result in older people living on verandas or temporarily with family members. Often these alternative arrangements are not equipped for older people with mobility issues, and do not have rails, ramps or walk-in showers. These arrangements lack the facilities and equipment required to safely meet older people’s personal care and increasing medical needs.

Our members have advised that there is little or no private investment in aged care in remote locations. Our members have also suggested that funding for hostel-like accommodation, would be welcomed. We have been advised that providers in rural and remote areas are prepared to approach varied methods of funding, including philanthropic options to fund aged care, as there is insufficient funding at the moment, let alone to support growth in the sector to meet the looming demand.

As there is a need to increase the number of providers of culturally safe care for older Aboriginal and Torres Strait Islander people, we recommend the Taskforce consider including an additional category of capital funding for Aboriginal and Torres Strait Islander aged care providers in all locations and for all aged care services. This would be consistent with Royal Commission recommendation 53 and the Health Plan more broadly.

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<sup>26</sup> Department of Health & Aged Care (2023) *A new model for regulating aged care – Consultation paper No.2*, p27.

## Other matters

We ask the Taskforce to consider the following:

- There are currently significant barriers to both people and providers when accessing the system, these need to be resolved as part of the funding of the aged care system.
- The system is currently complex, and the burden of compliance is expensive and time consuming. Smaller providers are particularly impacted by this.
- There are considerable issues meeting the diverse needs of mobile communities and transient populations. Consideration must be given to the flexibility of the system to support diverse groups and vulnerable people.
- There is concern that the burden of funding of the system will be placed on future generations. Some stakeholders have indicated that they do not want their children and grandchildren to carry the financial burden of paying for older people's aged care. On this basis, options such as increasing any form of taxes or levies should be carefully considered. We also welcome the Taskforce Terms of Reference that: *aged care funding is affordable for the Commonwealth with arrangements that balance equity and fairness between older and working-aged Australians.*<sup>27</sup>
- Local providers are relied on to adapt, innovate and create solutions at their own expense as there are limited appropriate resources to train local Aboriginal and Torres Strait Islander staff, or to explain the system to Aboriginal and Torres Strait Islander older people. NATSIAACC would be pleased to assist with the co-design of appropriate resources.
- That a review mechanism for the funding of the aged care system should be built-in to the implementation, to ensure that it is achieving its goals and is fit-for-purpose. A specific assessment for the impact on Aboriginal and Torres Strait Islander older people and their aged care providers should be a designated part of this review mechanism. We also encourage the Taskforce to consider staged options for funding, so that testing of undesirable consequences of each stage can be undertaken before the full funding system comes into effect.
- The ongoing aged care reforms provide a unique opportunity to align policies, processes and regulation where applicable. There is currently a complex range of funding systems in place across the aged care, disability and veterans' sectors. In the context of the broader harmonisation<sup>28</sup> across these sectors, we suggest the Taskforce consider opportunities to make access easier and more equitable across all sectors.

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<sup>27</sup> Prime Minister & Cabinet, [Aged Care Taskforce Terms of Reference, pmc.gov.au](https://www.pmc.gov.au/aged-care-taskforce-terms-of-reference).

<sup>28</sup> Department of Health & Aged Care, [Aligning regulation across care and support, health.gov.au](https://www.health.gov.au/aligning-regulation-across-care-and-support).