

Strengthened Aged Care Quality Standards Guidance

Consultation

National Aboriginal and Torres Strait Islander
Ageing and Aged Care Council

Submission

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NATSIAACC



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National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

About

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) is the national peak body for Aboriginal and Torres Strait Islander ageing and aged care.

NATSIAACC works to ensure that Aboriginal and/or 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, Country and Island Home.

NATSIAACC is building a membership base of:

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

NATSIAACC's founding Directors are all leaders in Aboriginal and Torres Strait Islander ageing and aged care provision.

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/or 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

NATSIAACC thanks its members, stakeholders and other peak bodies for their valuable contributions to this submission and for generously giving their time to support older Aboriginal and/or Torres Strait Islander people.

Funding

NATSIAACC is funded by the Commonwealth Department of Health and Aged Care (the Department) and has been in operation for less than two years. In the context of the current aged care reforms and the need for extensive advocacy, input, and leadership in the sector, NATSIAACC is seeking increased and longer-term funding to provide the input and engagement required to ensure that the reforms deliver much needed support to Aboriginal and/or Torres Strait Islander older people and Elders.



Introduction

NATSIAACC welcomes the opportunity to make a submission to the Aged Care Quality and Safety Commission (the Commission) on the *Strengthened Aged Care Quality Standards Guidance Consultation*.

NATSIAACC commends the Commission on its detailed *Guidance material for the strengthened Aged Care Quality Standards* (Guidance Material) to support the application of the new Aged Care Quality and Safety Standards. We recognise the significant amount of work and effort to deliver such extensive Guidance Materials.

In formulating this submission, NATSIAACC has consulted with its members which are largely aged care providers to Aboriginal and/or Torres Strait Island people as well as other health and aged care peak organisations and stakeholders.

NATSIAACC strongly advocates for the Guidance Material to acknowledge and support the unique needs of Aboriginal and/or Torres Strait Islander people and support them to remain connected to their culture, family and community while providing a culturally safe and appropriate aged care.

Context

To fully understand the issues associated with delivering culturally safe and appropriate aged care to older Aboriginal and/or Torres Strait Islander it is important to consider the broader context.

The [Royal Commission into Aged Care Quality and Safety](#) (the Royal Commission) made the following observation:

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.¹

¹ Royal Commission into Aged Care Quality and Safety, Volume 1, page 67.



We know that survivors of the Stolen Generations² are now largely over 50 years of age³, and are now eligible for aged care services. While Aboriginal and/or Torres Strait Islander people do not have the same level of health and life expectancy as other Australians,⁴ people affected by the Stolen Generations are likely to have even poorer health and socioeconomic outcomes.⁵ These issues must be addressed urgently. We must ensure Aboriginal and/or Torres Strait Islander people, including those impacted by the Stolen Generations, have access to the aged care services they need. Further, we must create an environment of trust and understanding to ensure Aboriginal and/or Torres Strait Islander people are supported to safely access these services.

The [National Agreement on Closing the Gap](#) (the National Agreement) is a crucial agreement aimed at addressing the inequality experienced by Aboriginal and/or Torres Strait Islander people that was developed in genuine partnership between Australian governments and the Coalition of Peaks. The National Agreement centres around four Priority Reforms that aim to transform the way governments collaborate with Aboriginal and/or Torres Strait Islander people and communities:

1. Formal Partnerships and Shared Decision Making
2. Building the Aboriginal and Torres Strait Islander Community-Controlled Sector
3. Transforming Government Organisations
4. Shared Access to Data and Information at a Regional Level.

These reforms are directly informed by the voices of Aboriginal and/or Torres Strait Islander communities and are pivotal to achieving progress in closing the gap and reflect a commitment to genuine collaboration, empowerment, and positive change for Aboriginal and/or Torres Strait Islander peoples. As these Priority Reforms are implemented, we anticipate that there will be a commensurate improvement for older Aboriginal and/or Torres Strait Islander people in aged care. However, as we know from the recent Productivity Commission [Review of the National Agreement on Closing the Gap, Study Report](#), there is a very long way to go, and there is now an opportunity to:

recognise that Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) have knowledges, expertise and connection to community that governments do not have. This means that ACCOs are often better placed than governments to design and deliver high-quality, holistic and culturally safe services.⁶

The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) (the Health Plan) is the national policy aimed at improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next decade and emphasises cultural safety in health care, prioritises Aboriginal and/or Torres Strait Islander community-controlled services and adopts a holistic and strengths-based approach, recognising the cultural and social factors that impact a

² 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](#).

³ 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](#).

⁴ Australian Institute of Health and Welfare, [Deaths in Australia, Life expectancy, aihw.gov.au](#).

⁵ 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](#).

⁶ Productivity Commission, 2024, *Review of the National Agreement on Closing the Gap*, p 12.



person's health and wellbeing throughout their life. A significant part of this is ensuring that the aged care system is appropriately funded to provide culturally safe and quality aged care services and support to Aboriginal and/or Torres Strait Islander older people, irrespective of their geographical location or financial circumstances.

The Health Plan is also consistent with the [United Nations Declaration on the Rights of Indigenous Peoples](#) 2007 (UNDRIP), a global milestone in recognising and safeguarding the rights of indigenous peoples worldwide. Having endorsed the UNDRIP, Australia recognises that:

...indigenous peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests...

Recognizing the urgent need to respect and promote the inherent rights of indigenous peoples which derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies, ...⁷

To address these gaps and resulting disadvantage, we must increase the numbers of Aboriginal and/or Torres Strait Islander people receiving culturally safe support and care as they age. The aged care system must support this goal and align with the broader context of the UNDRIP, National Agreement, the Health Plan, and be consistent with the recommendations of the Royal Commission.

We must ensure the Guidance Materials are able to support mainstream services to provide culturally safe, trauma aware and healing informed care and allow Aboriginal and Torres Strait Islander providers of aged care to continue to provide holistic, wrap around services to support the optimal wellbeing of Aboriginal and/or Torres Strait Islander Elders and older people.

Commentary

Cultural safety

The health of Aboriginal and/or Torres Strait Islander people is intrinsically intertwined with their culture and connection to ancestral lands.⁸ Consequently, understanding and delivering the holistic care required to support the social-emotional wellbeing of older Aboriginal and/or Torres Strait Islander people will have a commensurate effect on their health and wellbeing.

We note that the Guidance Material uses 'Country' to refer to the physical, cultural and temporal spaces identified by Aboriginal and/or Torres Strait Islander people. We **recommend** the Guidance Material include reference to both 'Country' and 'Island Home' to ensure relevance to both Aboriginal and Torres Strait Islander cultures, as 'Country' is not necessarily inclusive of Torres Strait Islander people. As a national peak body, NATISIAACC would like to ensure that all

⁷ UNDRIP, 2007, p3.

⁸ Ganesharajah, C (2009) *Indigenous Health and Wellbeing: The Importance of Country*, Australian Institute of Aboriginal and Torres Strait Islander Studies, Native Title Research Report No.1/2009.



First Peoples are properly recognised and supported, including the way in which they refer and connect to their traditions, knowledges and ancestral lands.

We note that the Commission’s Guidance Materials includes a glossary definition for ‘culturally safe care’. NATSIAACC has been developing a definition for cultural safety in aged care for older Aboriginal and/or Torres Strait Islander people. This definition has taken into account input from the Commission. While still in draft form, once the definition for cultural safety is finalised and released, we **recommend** the Commission engage NATSIAACC to assist with incorporating the definition into the Guidance Materials.

In our view additional resources or recommended contact points to assist with how to operationalise terms such as ‘culturally safe’, ‘trauma aware and healing informed’ will support providers who are less familiar with these practices to take genuine steps to implement appropriate and safe care for Aboriginal and/or Torres Strait Islander people, diverse groups, as well as vulnerable older people more generally. Importantly, it will be necessary for providers to implement person-centred and place-based approaches. We **recommend** funding NATSIAACC to assist with the co-design and development of these resources.

In some instances, including examples of how to establish a culturally safe environment and service may assist with this. By way of example, this could include different ways to assist older people to connect to Country/Island Home and community while living away or travelling. While supporting connection will depend on the person, their family and community, this may include speaking on video call to a loved one on the beach, seeing a loved one’s feet connected to land, bringing Country/Island Home mementos, such as sand, earth and plant cuttings. If this cannot occur, additional options to support connection include pictures/artwork/ images, music, language, songs and dance and can be integrated into activities. There are many ways to assist an older person fulfill their spiritual needs, and this will vary from place to place, person to person, community to community. We **recommend** that the Commission funds NATSIAACC to support the co-design process to develop examples of the varied options available to genuinely meet the health and wellbeing needs of Aboriginal and/Torres Strait Islander people, as well as the requirements of the new Aged Care Quality Standards.

Cultural load and practicalities

We welcome the inclusion of requirements for diverse groups, including Aboriginal and/or Torres Strait Islander representation on advisory bodies referenced in the Guidance Material, however, we are also mindful of the burden of cultural load on older Aboriginal and/or Torres Strait Islander people.

Further, an issue raised by our members is that facilitating advisory groups can pose challenges, particularly due to remote locations for home care services. Travelling for meetings can be very difficult and is not always possible in some remote areas, while there can also be issues with Online/Zoom meetings. Challenges include the costs of travel, caring commitments, mobility difficulties and access to internet or phones. It is also difficult to engage communities who have concerns with safety and food insecurity.



Further, we also note that there may be situations in which there is one Aboriginal and/or Torres Strait Islander person on a committee. In such circumstances, it will be necessary to ensure that the environment is culturally safe, and measures are in place to ensure the person is appropriately supported.

We **recommend** further engagement and co-design with providers and older people on how to best meet the requirements associated with advisory committees or similar, including whether exemptions or substitute arrangements should apply. NATSIAACC would be pleased to support this engagement.

Format and Accessibility of Information

While we appreciate the extensive nature of the guidance material, the current format of the Guidance Material is dense and relatively hard to navigate. We also note the audience for the Guidance Material is often time poor and this should be taken into account in the development of the materials. NATSIAACC **recommends** the Commission develop a condensed version with a high-level table and links to relevant sections to allow the audience to find useful information quickly.

Many of the examples included in the Guidance Material are strongly geared towards a residential aged care context, even though both residential and home care providers will be required to adhere to many of the same standards. We **recommend** developing separate Guidance Material for home and residential care to make it easier for the audience to identify the most relevant content.

We note that for 21% of the total direct care workforce identifies as being from a culturally and linguistically diverse background⁹. NATSIAACC **recommends** the Commission should ensure that the Guidance Material use plain English and be provided in multiple translated formats. The aged care system should not rely on providers to have these materials translated for their staff or board members. We also **recommend** having the Guidance Material also available in an audio format (including translations) to provide support to those who are visually impaired, or for those who prefer auditory information delivery.

The layout of the Guidance Material is not user friendly as it requires a large amount of repetition throughout the document due to the necessary separation of information by governance, provider and worker. The use of tables and placement of 'Actions' next to 'Associated activities' seems to disrupt the flow of reading and could cause issues with screen reading software, on this basis, we suggest simple formatting adjustment to assist with readability.

NATSIAACC **recommends** the Commission should consider both web-based and printable formats for the Guidance Material. A web-based format with accessible customisations such as larger font, high contrast options and read aloud functionality could assist the audience with different accessibility needs to the greater public¹⁰. Having a web-based format will also

⁹ Department of Health (2020) *2020 Aged Care Workforce Census Report*

¹⁰ Australian Government Style Manual, *Design for accessibility and inclusion*.



allow for the inclusion of links and easy integration of the glossary. The inclusion of a printable format that has basic design elements to allow for easy printing would also be useful as there are some governance boards, older people, and aged care workers that do not have access to computers, internet or printing.

Additional Resources and Support

Even though providers are working hard to prepare for the reforms, they only have access to the Exposure Draft of the new Aged Care Act, that may change significantly and is not yet drafted in full. Many providers are under-resourced, time poor and currently focused on the delivery of quality services, so may find it challenging to prioritise implementation processes that may be subject to further amendments. To successfully implement the new Aged Care Quality and Safety Standards, NATSIAACC **recommends** additional support for providers in the form of sufficient transition time to adequately prepare, funding for transition, additional resources to support implementation, and fully funded training, including funding for agency staff backfill while workers are attending training.

We **recommend** transitional ICT funding is needed for providers to ensure successful implementation. NATSIAACC members have advised that there are a number of providers whose systems are largely paper-based, generally because they do not have the resources to move to software-based systems. Funding to support the transition to software-based systems, that are available offline for facilities that don't have consistent access to internet, would support providers to deliver data and evidence more efficiently to the Commission.

NATSIAACC **recommends** funding and support for providers to train staff (including backfill) and implement the systems and policies to give effect to the requirements of the new Aged Care Quality and Safety Standards. The aged care workforce is susceptible to burn-out, due to the demands of the job such as staffing pressures, increasing demand for care, increasing complexity of care needs, family expectations, being unable to take breaks, and risks of injury and abuse,¹¹ to expect a diverse workforce to rapidly undertake extensive education and training without additional supports is unsustainable and unachievable. NATSIAACC **recommends** worker training should be available in relevant languages and delivered in community to reduce the burden of extensive travel for staff and in a culturally safe and appropriate way for workers.

We **recommend** the Commission provides additional resources, supports and tools to the workforce to fulfil their obligations under the new Aged Care Quality and Safety Standards. Some of these resources could include establishing Communities of Practice and free advisory services. Other resources could include documents supporting the provision of services to diverse cohorts, including, but not limited to providing trauma-aware and healing-informed care, as this terminology is new and unfamiliar for many providers and staff.¹² Guidance Material could also include resources for workers on how to safely and appropriately approach conversations with Aboriginal and/or Torres Strait Islander people, families and communities to

¹¹ Aged Care Research & Industry Innovation Australia (ARIIA) (2023), [Staff Burnout](#).

¹² Aged Care Quality and Safety Commission, [The Aged Care Quality Standards](#).



explain if a provider is declining to provide care and services to the older person. Additional tools to support these conversations may include providing a list of options and recommendations (including contact points and other supports) for care for the older person.

NATSIAACC **recommends** the Commission should fund training for unpaid community board members so they can receive governance training and training on their obligations under the new Aged Care Quality and Safety Standards. Volunteer board members and providers may not be in a financial position to fund these training requirements, particularly as volunteers are not paid for their services. In 2021 Australians generated at least \$287.86 billion in value through unpaid social contributions equating to 14% of Australia's GDP¹³ and for every dollar the Commonwealth invests in volunteer work, there is a return on investment of \$83.¹⁴ In addition, due to the increased demand on the community to provide support and feedback to providers, we **recommend** funding should be available for providers who would like to provide compensation for volunteer community members' time.

NATSIAACC **recommends** the development of user-friendly printable templates and tools that are accessible on currently available software systems. Templates that assist with guiding providers to genuinely establish and continuously improve cultural safety practices and identify the commensurate organisational and governance systems changes would also be of value. NATSIAACC **recommends** the Commission engage and fund NATSIAACC to assist with the co-design and development of templates and tools to meet provider's needs.

¹³ University of Sydney (2023), *A Contributing Life: A Snapshot of the Value of Social Production*.

¹⁴ Volunteering Australia (2017), *The Value of Volunteering Support Services*.