About AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group

The Australian Association of Gerontology (AAG) has been Australia's peak body linking professionals working across the fields of ageing since being established in 1964. AAG's multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing. AAG has over 1,450 members, with 4.2% identifying as Aboriginal and Torres Strait Islander people.

AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) is formed from AAG members who are Aboriginal and/or Torres Strait Islander people. ATSIAAG reports to the AAG Board and assists in building evidence regarding gaps, challenges and opportunities, as well as providing guidance and advice on all issues related to the ageing of Australia's First Peoples. The ATSIAAG achieves its objectives through consultation and the development of partnerships with Aboriginal and Torres Strait Islander people and communities, as well as researchers, practitioners, policy experts and organisations.

Purpose of this submission

This submission is intended to assist the Royal Commission into Aged Care, governments and other key stakeholders to address inequities of access and outcomes for older Aboriginal and Torres Strait Islander peoples and communities under the current aged care reform program, and suggest directions for the future by:

- raising the profile of the needs of older Aboriginal and Torres Strait Islander peoples and communities
- informing policy and advocacy for older Aboriginal and Torres Strait Islander peoples and communities
- ensuring that the aged care reform process meets the needs of older Aboriginal and Torres Strait Islander peoples and communities
- identifying priority areas for action.

Individual AAG members (including ATSIAAG members) have, or are intending to, provide separate submissions to the Royal Commission which provide additional information on issues identified in this submission, including better practice examples to address priority areas for action.

This submission should be read in conjunction with AAG's Response to the Royal Commission into Aged Care – dated TBC July 2019.

The submission is informed by the key issues and recommendations from ATSIAAG's 2017 and 2018 national workshops[1] and a 2018 ATSIAAG policy roundtable which focused on improving data to drive better aged care for Aboriginal and Torres Strait Islander people[2].

[1] https://www.aag.asn.au/about-us/aboriginal-and-torres-strait-islander-ageing-advisory-group-atsiaag/aboriginal-and-torres-strait-islander-ageing-advisory-group-atsiaag Accessed 20 June 2019
[2] https://www.aag.asn.au/documents/item/2860 Accessed 20 June 2019

Barriers to equity and access and quality outcomes

The number of Aboriginal and Torres Strait Islander people aged 55 years and over is projected to more than double from 59,400 in 2011 to up to 130,800 in 2026. An appropriate response to support older Aboriginal and Torres Strait Islander people who were part of the Stolen Generations is essential in responding to this significant growth. It is estimated that up to one in three Aboriginal and Torres Strait Islander children were forcibly removed from their families between 1910 and the early 1970's. The aged care sector is not prepared for the unique needs of this group, many of whom have been left severely traumatised: a history of childhood experiences in institutional or out-of-home care significantly affects individual and community responses to seeking services and affects how services should be provided. AAG's ATSIAAG and The Healing Foundation will provide a joint submission to the Royal Commission focusing on the Stolen Generations.

Aboriginal and Torres Strait Islander peoples and communities face a combination of challenges in accessing and receiving services and support, including economic and social disadvantage, remoteness, and the need for culturally appropriate services.

Aboriginal and Torres Strait Islander peoples have a greater need for aged care services at younger ages due to multiple health and social disadvantages. However, they are under-represented in aged care relative to the broader aged care population, for example:

- the rate of assessment for aged care for Aboriginal and Torres Strait Islander people is less than half the rate for the broader population
- Aboriginal and Torres Strait Islander people are relatively lower users of residential care than the broader population
- Aboriginal and Torres Strait Islander people have significantly different access patterns from one jurisdiction to another.

There is growing evidence of a higher prevalence and incidence of dementia and a younger onset of the disease amongst Aboriginal and Torres Strait Islander people when compared with non-Indigenous Australians. Research in remote and urban areas demonstrate rates of dementia in Aboriginal Australians are among the highest in the world. However, relatively few Aboriginal and Torres Strait Islander people with dementia access formal government support programs. Limited availability of services in remote areas contributes to these low access levels. In urban areas low access is related to social isolation and difficulty accessing culturally appropriate services. It is particularly salient to recognise that Aboriginal and Torres Strait Islander Elders pass on lessons in traditional law, land and language by relying on their memory, so the impact of dementia can be devastating not just for the individual and their immediate family, but for the entire community.

Barriers to equity of access and quality outcomes for Aboriginal and Torres Strait Islander people include:

- systems, which many older people must navigate, are disjointed, with inadequate linkages between health, disability care, community care and residential aged care
- no clear connection between aged care policy in relation to Aboriginal and Torres Strait Islander peoples, and Closing the Gap health strategies
- the cumulative effect of multiple additional needs; for example, individuals may experience homelessness, a mental health issue, poverty, low education status and English as a second language
- access issues facing many remote communities.

Aged care reforms such as consumer directed care and individualised budgets, do not meet the needs of Aboriginal and Torres Strait Islander people, for example:

- limited service and care options within a community make it difficult to offer any real change or options
- funds available for direct support is compromised by the need for case management
- the high unit cost of service operation and provision in remote areas may leave little funding available beyond the most basic of needs
- literacy issues, including financial literacy, make it difficult to fully understand consumer directed care.

Promoting more effective and appropriate services and support for Aboriginal and Torres Strait Islander peoples and communities

The aged care needs of older Aboriginal and Torres Strait Islander people differ from those of their non-Indigenous counterparts. Professor Sir Michael Marmot, AAG's 2018 Gary Andrews International Fellow and WHO lead on the social determinants of health, has stated that the persisting effects of colonialism and racism, including institutional racism, the removal of people from their land, and the removal of children from their families and communities, all need to be considered when looking at health, wellbeing and ageing for Aboriginal and Torres Strait Islander peoples. Professor Marmot has noted that general models of inequity overlook these issues and stated that closing the gap needs to be an active process which respects traditional values and relationships with Country, and acknowledges the impact of colonisation on health and wellbeing.

AAG's ATSIAAG has identified the following priority areas to address barriers to equity of access and quality outcomes in aged care for older Aboriginal and Torres Strait Islander people:

- expanding specialist, targeted aged care services for Aboriginal and Torres Strait Islander people
- promoting appropriate care delivery by mainstream aged care service providers
- ensuring appropriate aged care needs assessment
- improving the cultural competence of the aged care workforce
- increasing the number of Aboriginal and Torres Strait Islander people employed in the aged care workforce
- expanding advocacy services
- using an evidence-based approach to improve care.

<u>Expanding specialist, targeted aged care services</u>

All Aboriginal and Torres Strait Islander people should have the option of accessing Aboriginal and Torres Strait Islander-specific aged care services if they choose to do so, with more of these services needed across Australia. While many Aboriginal and Torres Strait Islander people access mainstream aged care services, it is important that this is a choice rather than the only option available.

Services and support for Aboriginal and Torres Strait Islander people should be aligned with the model of Aboriginal community controlled health services, which take a holistic and generalist approach and are based on principles of social and emotional wellbeing which are acknowledged as being central to health.

Specific initiatives to support more specialist, targeted services include:

- expanding the number of Aboriginal and Torres Strait Islander-specific services to ensure Aboriginal and Torres Strait Islander people can access services where they live
- identifying and replicating/further developing better practice models for example, the model used on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands
- ensuring continuity of funding and service delivery
- promoting innovative models that are appropriate to Aboriginal and Torres Strait Islander communities; for example, blended models of care that combine aged, disability and health care services; and intergenerational activities linked to residential care to strengthen the relationship between aged care services and the community
- improving information and referrals to Aboriginal and Torres Strait Islander-specific services.

More appropriate care delivery by mainstream providers

It is acknowledged that, even with an expansion of specialist Aboriginal and Torres Strait Islander providers, there will always be a significant number of Aboriginal and Torres Strait Islander people accessing mainstream aged care services, whether by choice or otherwise. It is therefore critical that all mainstream aged care services are ready, willing and able to provide culturally safe services for Aboriginal and Torres Strait Islander people.

Specific initiatives to promote more appropriate care delivery by mainstream providers, include:

- making funding to service providers dependent on providing culturally safe care
- having formal mechanisms in place so that older people and their carers have a voice in identifying their own needs and providing feedback on service provision
- ensuring appropriate standards and accreditation support cultural safety
- having meaningful performance indicators to support cultural safety
- providing education and information for service providers and ensuring that all staff access ongoing appropriate education and training in cultural safety.

Appropriate aged care needs assessment

Improving aged care needs assessment for Aboriginal and Torres Strait Islander people is an important prerequisite to improving access to aged care services. Accessing aged care services through *My Aged Care* can present multiple challenges, particularly for those living in remote and very remote areas. While there are several good models and tools in place and/or under development for aged care assessment for older Aboriginal and Torres Strait Islander peoples, uptake is not consistent or mandated.

Key areas to improve assessment include:

- increasing the number of trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia through:
  - training of Aboriginal Health Workers as aged care assessors, with up-skilling and cross-skilling across pathways being recognised as a better option than building a new workforce
  - requiring Regional Assessment Services (RASs) and Aged Care Assessment Teams (ACATs) to employ or engage Aboriginal and Torres Strait Islander people as assessors for Aboriginal and Torres Strait Islander clients

  - ensuring that ongoing support systems are in place to retain Aboriginal and Torres Strait Islander people as assessors.

- promoting cultural competence in aged care assessment for non-Aboriginal and Torres Strait Islander aged care assessors through:
  - mandatory competency based cultural safety training for aged care assessors, tailored to local protocols and areas
  - regular follow up and refreshment of cultural safety training
  - funded mentoring programs, to enable Aboriginal and Torres Strait Islander people to mentor non-Indigenous aged care assessors
  - community/client surveys to identify whether the service is culturally safe
  - inclusion of Aboriginal and Torres Strait Islander people in every aged care assessment team
  - partnerships with Aboriginal and Torres Strait Islander organisations
  - mandatory use of interpreters (unless this service is clearly not required).
- requiring the use of more culturally appropriate assessment tools, including better uptake of current better practice tools.
- integrating assessment with service provision recognising that the aged care assessment system focuses solely on assessment, while to better meet the needs of Aboriginal and Torres Strait Islander people assessment should be integrated with case management and service provision.

<u>Improving the cultural competence of the aged care workforce</u>

The aged care workforce is a critical factor in the delivery of appropriate aged care for Aboriginal and Torres Strait Islander people. Specific initiatives to improve the cultural competence of the aged care workforce include:

- cultural safety training for all non-Indigenous employees in the aged care sector
- recognising that short courses can only teach cultural awareness, not cultural safety (i.e. a short course is just the start of the journey)
- management leading the approach on cultural safety and setting the right culture within the service.

<u>Increasing the number of Aboriginal and Torres Strait Islander people employed in the aged care workforce</u>

Increasing Aboriginal and Torres Strait Islander people's participation in the Aged Care workforce has many benefits including ensuring cultural competency of the workplace and economic participation by local people in an expanding area of work. Specific initiatives include:

- an Aboriginal and Torres Strait Islander aged care workforce training and employment strategy
- measures to promote recruitment and retention of Aboriginal and Torres Strait Islander aged care employees.

<u>Expanding advocacy services</u>

Adequate advocacy services are required to ensure that Aboriginal and Torres Strait Islander people have the best chance of achieving equity of access and quality outcomes in the aged care system. If a family member is unable to provide advocacy, there are critical gaps that need to be publicly provided or purchased to help an older person navigate the aged care

system and advocate on their behalf. This may include the availability of Aboriginal and Torres Strait Islander support workers to follow and assist the person and their family.

Privacy legislation can be a barrier to effective advocacy, and indeed effective service provision. For example, providers may be unable to talk with a person's family members without the person's permission, which presents a major barrier to assessing the needs of Aboriginal and Torres Strait Islander people for whom English is not a first language, or for those with dementia or with other barriers to communication.

Using an evidence-based approach to improve care

Evidence from research and data can be better connected with policy and practice, to improve equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people.

Specific initiatives to promote an evidence-based approach to improving care includes:

- grounding research in community concerns and needs
- having a holistic, life span approach to research
- consistent and comprehensive routine data collection from the aged care system
- integration of data from a range of sources
- research and data analysis that establishes causality
- ensuring that qualitative data are coupled with quantitative data sets to provide insights into needs, access and outcomes.

Conclusion

Due to social disadvantage leading to poorer health and premature ageing, Aboriginal and Torres Strait Islander people need access to aged care services at a younger age. Despite this higher need, Aboriginal and Torres Strait Islander people are under-represented in aged care programs.

There are a range of challenges in ensuring equity of access and outcomes in aged care for Aboriginal and Torres Strait Islander peoples. These include:

- geographic and cultural diversity
- lack of culturally appropriate care
- lack of service availability and choice (particularly in regional, rural and remote locations)
- high rates of dementia in Aboriginal and Torres Strait Islander communities
- the response of Aboriginal and Torres Strait Islander people who have been institutionalised as children, who often see residential aged care as another form of institutionalisation
- the challenges in meeting the contemporary health and aged care needs of people living in remote communities who have the right to age on country.

AAG's ATSIAAG has identified several priority areas to address these challenges, including:

- addressing barriers to access including lack of culturally appropriate care and lack of service availability and choice
- ensuring that culturally valid understandings shape the provision of services and guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health and wellbeing

- promoting the importance of understanding the person in the context of their community, family and living arrangements, noting that physical health is only one part of the picture
- supporting ageing in place to maintain community connection and provide opportunities for older people to give back to their community
- using an evidence-based approach to improve care.

Improving outcomes for older Aboriginal and Torres Strait Islander people will require consideration and development of new models of care which meet the health, social and cultural needs of older Aboriginal and Torres Strait Islander people.

In summary, specific areas for immediate attention include:

- expanding specialist, targeted aged care services for Aboriginal and Torres Strait Islander people including identifying and replicating/further developing better practice models and improving information and referrals to Aboriginal and Torres Strait Islander-specific services
- promoting appropriate care delivery by mainstream aged care service providers through ensuring appropriate standards, accreditation and performance measures to support cultural safety
- ensuring appropriate aged care needs assessment through increasing the number of trained Aboriginal and Torres Strait Islander aged care assessors; promoting cultural competence in aged care assessment for non-Aboriginal and Torres Strait Islander aged care assessors; developing and implementing more culturally appropriate assessment tools and better integration of assessment with case management and service provision
- improving the cultural competence of the aged care workforce through ongoing cultural safety training for all non-Aboriginal and Torres Strait Islander employees and strong leadership from management on cultural safety
- increasing Aboriginal and Torres Strait Islander people's participation in the Aged Care Work force through a training and employment strategy
- expanding advocacy services, including the availability of Aboriginal and Torres Strait Islander support workers to follow, particularly for individuals that do not have assistance from family members
- using an evidence-based approach to improve care, particularly ensuring a better connection to policy and practice.