Submission to Royal Commission into Aged Care Quality and Safety

Koorie Caucus of the Aboriginal Strategic Governance Forum

24 September 2019

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1. Acknowledgement of Traditional Owners in Victoria

We pay our respect to our Elders past and present and acknowledge their integral role in our community structures to carry our stories and history. We acknowledge the duty of Elders to share and maintain our cultural and spiritual connections to country, dreaming and ancestors.

We acknowledge Victoria's Aboriginal[1] people and communities and their rich culture. We also acknowledge Aboriginal people as Australia's first peoples and Traditional Owners and custodians of the land and water on which we live and rely.

2. Introduction

The Victorian Department of Health and Human Services (the department), has established an *Aboriginal governance and accountability framework* to support the advancement of self-determination to improve the health, wellbeing and safety of Aboriginal Victorians.

2.1 Koorie Caucus of the Aboriginal Strategic Governance Forum

The Koorie Caucus of the Aboriginal Strategic Governance Forum[2] (Koorie Caucus) is a statewide Aboriginal governance group, who contributes to setting and overseeing strategic directions in the context of Aboriginal-specific matters relevant to the department's portfolio areas.

The Koorie Caucus consists of representatives from Aboriginal peak bodies, statewide Aboriginal organisations and other Aboriginal representative bodies, which includes the Co-chairs of the department's Divisional Governance Committees. Koorie Caucus along with Area and Divisional level Aboriginal Governance Committees, bring the voice of Aboriginal community leadership into decision-making regarding the design, development and delivery of departmental policies and funded services. Koorie Caucus plays a key role in informing, monitoring and overseeing strategic plans and identifying emerging issues and priorities, as well as opportunities for collaboration across government.

3. Purpose

The purpose of this submission to the Commonwealth Royal Commission into Aged Care Quality and Safety is to present a snapshot of the unique needs, concerns and aspirations voiced by Older Aboriginal Victorians, Aboriginal people with disabilities, their families and communities regarding the provision of aged care services and supports under the current system.

It presents place-based issues facing Victorian Aboriginal communities, and the common themes shared by the broader Victorian Aboriginal population and service sector. The submission broadly addresses the key areas of interest identified in the Commission's Terms of Reference.

Section 7 outlines the recommendations to ensure the future aged care system provides access to high quality, culturally responsive and safe services and supports for Older Aboriginal people and communities.

4. Background

Recent data from the Australian Institute of Health and Welfare's report, *Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over,* Older Aboriginal shows that people over 65 years make up a small percentage (less than 10 per cent) of the Victorian Aboriginal

[1] In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people
[2] Department of Health and Human Services, 2017. *Aboriginal governance and accountability framework*.

population of roughly 45,000 people, while Aboriginal people over 50 years of age comprise just 20 per cent of the Victorian Aboriginal communities' population.[3]

Despite the small numbers, Aboriginal people over 65 years are a rapidly growing age group in Victoria. With a growing ageing population, more Aboriginal people are projected to be needing aged care services in the coming years. There is national data that indicates that Older Aboriginal people in Australia are under-represented in the utilisation of aged care services. This data is presented in Table 1: Older Aboriginal people (>50 years of age) Aged Care Service Usage.

Table 1: Older Aboriginal people (>50 years of age) Aged Care Service Usage

Aged Care Service	Percentage
Aged care assessments	1.4 % are Indigenous clients
Commonwealth Home Support Program (CHSP)	3.1% are indigenous clients
Home care packages	3.9% are Indigenous clients
Residential aged care	0.9% of aged care residents are Indigenous

Source: Australian Institute of Health and Welfare, 2019. *Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over.*

It is crucial that the barriers to accessing services experienced by Older Aboriginal people, their families and communities are better understood to guide system reform.

Ensuring that aged care services are well-designed to meet the needs of Aboriginal communities is paramount. Older Aboriginal people and Elders are holders and teachers of language and traditional knowledge and play a vital role within their communities. They often hold the responsibility to care for country and family, inclusive of kinship care.

It is critical that Older Aboriginal people receive services that are accessible, acceptable, culturally safe and seamless. The provision of services, by all providers must ensure the rights and dignity of Older Aboriginal people are respected to ensure they are empowered to live their lives to the fullest, whether they are cared for on country or elsewhere.

5. Consultation Process

Development of our submission is informed by stakeholder consultations conducted across Victoria in August 2019. The consultations captured the voice and perspectives of Aboriginal community members' and service users' as well as Aboriginal organisation perspectives.

Consultations that informed development of the submission were primarily undertaken through regional and state-wide networks.

Network structures support 25 funded Aboriginal organisations across Victoria to deliver aged care services to their communities. These network structure includes:

- four regional networks,
- a state-wide network, and
- the Victorian Committee for Aboriginal, and & Torres Strait Islander Aged Care and Disability (VCAACD).

[3] Australian Institute of Health and Welfare, 2019. Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over, 2019 Cat.no. IHW 218. Canberra: AIHW.

Regional Indigenous Aged Care and Disability Networks have been operating throughout the Commonwealth Department of Health regions since 1995 and hold a wealth of knowledge and expertise about the service system, including Aboriginal-specific organisations as well as mainstream providers in their regions.

Consultations via the network structures were coordinated and undertaken with assistance from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), its member organisations, and the department's Operational Divisions' Managers Aboriginal Engagement.

Independent facilitators led the consultation sessions and outlined the key findings in regional summary reports. The department's Aboriginal Strategy and Oversight Branch supported the review of regional summary reports to identify key themes and recommendations.

In addition to the network consultations, input was provided by regional Aboriginal governance group and executive leaders of Aboriginal Community Controlled Organisations (ACCOs).

6. Key themes

In keeping with the Royal Commission's stated objectives and areas of interest, feedback was sought during the consultation sessions around six key areas of interest:

1. Access and inclusion
2. Lack of culturally appropriate services
3. Complexity and fragmentation of the service system
4. System barriers
5. Quality and safety and
6. Funding model considerations.

6.1 Access and inclusion

Access and inclusion issues are addressed first in this submission, as all consultations identified that Aboriginal people in Victoria do not currently have equitable access to aged care services under the current system. Several serious concerns were consistently highlighted with regards to access and equity for Older Aboriginal people seeking aged care services.

A range of reasons were provided by stakeholders to explain why Older Aboriginal people are not utilising services at the same rate as others in the broader community. Aboriginal people, like most older people prefer to age in place, in their homes, close to family and within community.

> *"Families prefer to keep Older Aboriginal people at home, and don't send them to residential care. This puts stress on families and impacts family life, particularly when they [family] do not receive any funding or support to keep their family member at home"*

For those living in rural and regional Victoria, geographical barriers exist in accessing services due to the distance required to travel to said services, limited transportation, financial barriers and access to telephones, internet, computers.

There was consensus that the aged care system is not meeting the needs of Victorian Aboriginal people and their families. The current system was described as fragmented and poorly designed, when it comes to Aboriginal people's cultural and health beliefs, family structure and lived experience.

The barriers in initially accessing aged care services that were identified often led those seeking services to "give up" or "slip through the cracks".

Given the considerable barriers to access services, experienced by Older Aboriginal people, the quality and safety of care becomes a secondary concern.

> *"The people who really need the support miss out"*

6.2 Lack of culturally appropriate services available

6.2.1 Aboriginal run services

There are only two Aboriginal-run aged care residential service options for Aboriginal people across Victoria. These two dedicated facilities are funded under the National Aboriginal and Torres Strait Islander Flexible Care Program (NATSIFACP).

One is located in central Victoria at Rumbalara Aboriginal Co-operative Elders Facility, and the other is the Aboriginal Community Elders Services Inc. (ACES) located in the Melbourne metropolitan region. This leaves many regions under-served and without options for Older Aboriginal people needing residential care close to their families, communities and country.

Consultation with stakeholders showed that the Aboriginal-dedicated residential services were viewed favourably and considered to be of high quality and culturally safe.

There was a shared view that these models need to be replicated across the state to:

- provide greater choice in regional and metropolitan areas
- expand culturally safe aged care options around the state
- allow Older Aboriginal people to age with dignity
- support Aboriginal families in sharing the care of those who need higher level of care
- accommodate the growing number of Older Aboriginal people.

In one Victorian region alone, it was estimated that there are currently 1000 Older Aboriginal people eligible to receive residential aged care services and few options outside mainstream organisations. In addition, service providers anticipate that the requirement for aged care services for Older Aboriginal people in this region will double in the coming years.

Stakeholders consulted felt that many Older Aboriginal people are reluctant to move away from family and community to access these facilities, even when they require a high level of care. As a result, stakeholders consulted expressed a need to explore opportunities to expand this model to provide culturally appropriate residential aged care facilities in each region.

> *"We need more funding to establish Aboriginal controlled residential aged care services, so there is more choice"*
>
> *"Elders like to be together with other Elders in care"*
>
> *"There is only one Elder in the local residential care service. If he wants to have any engagement with other Aboriginal people, we (Aboriginal Community Controlled organisation) have to pick him up and bring him to the PAG (Planned Activity Group). This is the only way he is able to engage with Aboriginal people and his culture"*

6.2.2 Mainstream services

Given the limited options to access Aboriginal-led community based aged care services designed for Older Aboriginal people elders and families, there is essentially no choice available in service provider. As a result, they turn to mainstream aged care providers to fulfil their needs.

Stakeholders shared that often, mainstream services have limited knowledge, understanding or experience with their local Aboriginal communities and lack expertise in delivering culturally safe and family inclusive services.

An example was given where an Older Aboriginal person was denied access to a mainstream residential care facility, within their local community. The reason given by the local mainstream aged care provider for not accommodating the family's needs was on the basis that the client had a previous mental health issue. Access was denied even though the client's mental health had stabilised and the local ACCO had agreed to provide ongoing support services.

Stakeholders also gave examples where Older Aboriginal people in mainstream settings were not treated respectfully, family were not made to feel welcome and culturally safe services were not provided.

> *"When our Elders are in mainstream [services] they isolate themselves, they die younger because they [mainstream services] say they're culturally safe, but they're not"*

Stakeholders also gave an example of a promising practice in regional Victoria, where mainstream residential services and respite care services are co-located and partnering to deliver services for Aboriginal people with complex health care issues.

This was presented as a model which could be expanded to other communities, in cases where Aboriginal people require outpatient treatment such as renal dialysis. This means they can remain in their communities and in independent living settings while receiving the health and mental health support they need.

Stakeholders consulted stressed the importance of Older Aboriginal people and their families having 'real' choice around the services they wish to use. Some choose to remain close to family so they choose to access services from mainstream providers. Private and public mainstream aged care facilities must be equipped and accountable for addressing cultural safety plans within their Aged Care Diversity Framework and Action Plans. Ideally these plans should be jointly developed and demonstrate strong partnerships with Aboriginal organisations in the region.

Such plans need to be operationalised and monitored. In addition, the mainstream aged care workforce needs to be appropriately skilled to provide culturally responsive and safe services to Aboriginal people in mainstream settings. This includes being able to deliver trauma informed and family inclusive care that many Older Aboriginal people need, particularly those who have been impacted by Stolen Generations and institutional abuse.

6.3 Complexity and fragmentation of the service system

Overall feedback was that Aboriginal clients and families trying to access the aged care system, particularly at key access points and through the various assessment processes, found it confusing, convoluted and disempowering. This frequently resulted in them reportedly, missing out on needed services. Community members and clients also reported finding the system to be:

- confusing and difficult to understand

- convoluted and fragmented
- hard to navigate
- unclear about users' rights and entitlements
- culturally insensitive to their needs, concerns and circumstances
- incompatible with Indigenous concepts of social, emotional and cultural health and wellbeing
- duplicative and inefficient, particularly with the assessment process
- untimely with long wait times for higher level services

The comparative complexity and inflexibility of the Commonwealth Home Support Program (CHSP) is a direct barrier to services for Older Aboriginal people.

6.3.1 Culturally Responsive Services

The consultations revealed that current Aged Care service system does not engender trust or foster engagement with Older Aboriginal people in Victoria and their families. It is frequently experienced as:

- not culturally responsive, trauma informed or family inclusive
- not sensitive to promoting holistic physical and mental health, or social and emotional wellbeing
- rarely delivered by Aboriginal workers
- more often delivered by mainstream service providers with a lack of awareness of cultural differences and preferences
- culturally unsafe which results in people withdrawing from or discontinuing services
- lacking in options for culturally safe community based residential care
- lacking support for clients to navigate the system requiring assistance from ACCO's for advocacy around access and inclusion

This often results in Older Aboriginal people remaining in the home without the appropriate level of care.

6.3.2 System barriers

Participants reported that due to the barriers at the system's access point and across the multiple assessment processes, Older Aboriginal people in Victoria are under-represented in uptake of aged care services, particularly higher-level home care packages and residential care. Many participants personally knew of Elders who were not receiving any aged care services, because they refused to participate in the My Aged Care (MAC) process or were deterred by the Regional Assessment Service (RAS) or Aged Care Assessment Service (ACAS) process.

6.3.2.1 Access to My Aged Care

The My Aged Care access point is internet and telephone based. Anecdotal evidence provided through the consultations suggests that many eligible Aboriginal people "give up" or "drop out" at this point due to:

- a lack of access to the internet or telephone
- the heavy reliance on computer access, computer literacy, internal access and internet navigation skills
- missing or failing to return telephone calls from MAC
- Aboriginality not being identified before age and being screened out for being too young
- confusion about or missing deadlines for returning calls and/or accepting services

"It (My Aged Care) is a bureaucratic nightmare. People give up and don't follow through."

"It is difficult for Aboriginal people to access and engage without an Aboriginal person to assist them."

6.3.2.2 Engagement with assessment processes

The Regional Assessment Service (RAS) process is generally viewed by stakeholders as culturally unsafe. Aboriginal workers reported that they frequently need to provide assistance to clients to navigate the process as it is not culturally appropriate, holistic or family inclusive. Furthermore, there is a lack of Aboriginal assessors and the home visit requirement is viewed as intrusive for Aboriginal people. Assessment tools are not considered to be trauma informed or culturally appropriate and in general, assessors lack cultural awareness, understanding and competence.

"The assessment services are not culturally appropriate, they are not trauma informed. Often Elders do not disclose their full range of issues and problems to assessors. As a result, the assessment findings are not based on need and Elders miss out on the services and supports they need"

Stakeholders stressed the importance of establishing RAS Aboriginal identified assessor and case manager positions to support Aboriginal clients and families navigate through the ACAS process. Currently, local Aboriginal organisations provide follow-up on their clients' assessments which are frequently lost in the system. More culturally appropriate assessments in the first place by Aboriginal workers using Aboriginal informed tools, will streamline the process for Aboriginal people and improve timely access to services.

Representatives from Aboriginal organisations also reported that their staff routinely assist older people and families to navigate the aged care service system, and advocate on their behalf. Often this involves workers from Aboriginal organisations, educating assessors about the needs and concerns of Aboriginal people. The role that these workers in Aboriginal organisation play in system navigation, education and advocacy is vital to many Aboriginal clients gaining access to the aged care services they are entitled to. However, while some Aboriginal organisations are funded to do this work (e.g. Access and Support Workers) many are not funded directly for this activity.

Access and Support Workers have also voiced that the role they play, and expertise they bring, is not formally recognised. On occasion, in their professional capacity assisting clients during the assessment process, support workers reported have been asked to provide personal information, such as their home address. This both undermines their professionalism and is invasive.

"We assist them (Elders) through the MAC process. We need ongoing Access and Support funding"

6.3.2.3 Lengthy waiting periods to access home care package (estimated two years).

During consultations, it was reported that the anticipated waiting periods (estimated two years) to access a home care package has deterred Older Aboriginal people and their families from applying for a home care package. In addition, examples highlighted concerns regarding management of the waiting list, with people losing their position on the list for not responding promptly.

As a result of the lengthy waiting period and management of this waiting list, there are examples of applicants' health rapidly deteriorating while waiting for a package, relying on CHSP and Aboriginal organisations to meet their needs.

> *"There is a two year wait for a package. During this time their (Elder) health deteriorates. Then they need reassessment and go to the back of the line."*
>
> *"People are dying waiting."*
>
> *"Given our community…they should be like, a priority."*
>
> *"I know of Elders who are sharing oxygen, because their package has been spent, or because one of the Elders is on the waiting list for a package."*
>
> *"Families think, it's a two year wait [for a home care package], why bother."*
>
> *"Recently we had an Elder discharged from hospital who was bed ridden. It took longer than expected for her to recover. They [home care package provider] told the Elder that all her package funding had been spent. We [ACCO] stepped in and paid for a bed."*

6.3.2.4 Administrative concerns

Many Older Aboriginal Victorians are reportedly losing trust in the aged care system due to concerns about the administration and management of home care packages including; high administration fees, substantial exit fees, and poor case management practices such as charging for phone calls and case manager visits.

An example of inappropriate management of a home care package experienced by a client included having to pay (out of their individual home care package funding) for the travel and accommodation expenses associated with a visit from their case manager, because the service provider did not have an office in the town.

Many anecdotes and concerns were raised around the administration and management of home care packages, including:

- clients being told they cannot use their package funding to return to country or to purchase items (fridge or air conditioner) so they can remain at home
- families 'spotlighting' Older Aboriginal people for vouchers and fuel from their package
- clients not receiving regular updates on their package expenditures and, as a consequence, not knowing what they have spent or what they have left in their package
- clients being told that their entire package funding has been spent and left without any funding in a crisis or having to wait long periods without support
- high administration fees, in some cases up to 50 per cent of the value of the home care package
- exorbitant fees being charged to transfer package management from one provider to another

"I spoke to them [home care package provider] and told them that vouchers were not a good use of the package funding."

"You know, he was always confused about the fees and how they were charging and he was too intimidated to talk to his Case manager who only come out once a year."

6.2.3.5 A lack of cultural competency across the aged care workforce, including assessors, case managers and service providers.

The overwhelming feedback from consultations was that the existing aged care system, inclusive of the client journey, aged care service types, mainstream service providers and workforces lacks cultural awareness and is not culturally safe for Aboriginal people.

"We really need to integrate cultural safety around package providers. There's so many case workers and every time I meet a new one I have to educate them, educate them educate them. You know, so they understand why we have the barriers, why our elders…fall through the gaps and why they need higher level packages."

"As Aboriginal people we must be allowed to do our cultural business (return to country) but package funding does not allow for this."

6.4 Quality and safety

Many of the same issues outlined above negatively impact Older Aboriginal people's access to and inclusion in the aged care system, also influence the quality and cultural safety of services.

Stakeholders held the belief that respect for Aboriginal culture and practices and an understanding of the history of colonisation, dispossession and racism, must underpin all elements of the aged care system, including:

- the client journey through the assessment process for MAC, RAS and ACAS, and participation in service planning, goal setting, service delivery, review and re-assessment, and transition between services.
- the delivery of all types of aged care, including the CHSP, home care packages and residential care.
- the competency and work practices of the aged care service providers and the aged care workforces.

"Elders should be treasured. It brings tears to your eyes to see how Elders are treated in mainstream."

"Services are not culturally appropriate."

"Mainstream is not responsive to cultural needs, particularly at the end of life."

6.4.1 Aboriginal Community Controlled Organisations

Many stakeholders expressed concern that a lack of 'quality and safety' for Aboriginal people in the aged care system, means that Older Aboriginal people and families are increasingly choosing not to engage with mainstream aged care services. Instead, they are seeking assistance from their local Aboriginal organisation. Stakeholders indicated that this reluctance by Older Aboriginal people to engage with aged care services was becoming an unfunded obligation for Aboriginal organisations, most of which receive only small amounts of CHSP funding or no funding to provide aged care packages.

> *"Many Older Aboriginal people are isolated, most just want to participate and be around other Aboriginal people."*
>
> *"ACCO's are supporting older people and families navigate an intrusive, complex and inflexible service system."*

ACCO's are committed to providing a comprehensive social, health and cultural "wrap around" service which is being undermined by the transactional nature of the CHSP.

Stakeholders conveyed that Victoria's Aboriginal Organisations are well-placed to respond to their local aged care needs of community members that are culturally responsive, particularly CHSP and home care packages for their community. They are also well-positioned to offer mainstream aged care providers support with developing cultural safety plans to improve the quality of care delivered to Aboriginal people.

> *"Mainstream has a different way of operating and don't get what our Older Aboriginal people and community members need."*
>
> *"We work locally, we know the elders, their needs, their living situation and families."*

It was noted that mainstream service providers do not effectively utilise the skills, experience and knowledge that Aboriginal organisations and workers hold. There are currently missed opportunities for mainstream organisation to partner with Aboriginal organisations to improve facilities, cultural safety and to reduce the social isolation of Aboriginal residents. The current system and ways of working do not support or promote the opportunity or value in developing partnerships.

This could be addressed by strengthening quality assurance requirements in all aged care settings to:

- incentivise partnerships between mainstream providers with Aboriginal organisations
- foster innovation and measure progress towards models of shared care and
- support the ongoing development of culturally safe practices.

This would better position Aboriginal organisations to co-design programs and adoption of good practice, improve cultural awareness and safety, and ensure strong connections to culture, community and country for Older Aboriginal people in mainstream aged care settings.

6.5 Funding model considerations

A high proportion of Older Aboriginal people experience economic disadvantage, and many do not own their home or have access to superannuation funds. Stakeholders identified that the current service system and funding model is not adequately designed for people in these circumstances. This affects their ability to leverage assets and their eligibility for services and support. As a result, many Older Aboriginal people are unable to access key services and supports that would improve their quality of life.

Quality and safety in the aged care system is based on the concept of Client Directed Care (CDC) which many felt is a concept that is inconsistent with an Aboriginal worldview. It focuses on the individual's needs and often ignores cultural considerations and practices, including the importance of family, community, kin, country and spirituality. This results in service provision that is culturally unsafe and that does not meet the needs of Older Aboriginal people.

> *"It's a convoluted system, it is supposed to be based on individual control, but there are no tools or supports to assist people to manage their own care."*
>
> *"The focus should be on keeping people well – where is the funding for this."*
>
> *"A lot of Older Aboriginal people do not have superannuation and do not own their own home – the funding models need to reflect these differences."*
>
> *"We need to flip the system and design a new system that is responsive to needs of Aboriginal people. Take a self-determining approach, rather than expecting Aboriginal people to fit into silos."*

The process of negotiating the mix and scope of services with ACCO's has not been effective and often funding agreements have been inaccurate. ACCO's need greater flexibility to design and deliver services that meet the needs of their Older Aboriginal people and communities. Funding agreements that specify the service mix and targets need to be revisited with ACCO's to enable flexibility and innovation in services.

7. Recommendations

The Aboriginal Strategic Governance Forum's Koorie Caucus submits the following recommendations to improve the proportion of Older Aboriginal people who access high quality, safe and inclusive aged care services in Victoria.

7.1 Service access and inclusion

a) Establish Aboriginal-led care coordination teams across Victoria, to facilitate Older Aboriginal people's access to culturally safe aged care services and supports that are responsive to their social, emotional, cultural and physical health, wellbeing and safety needs.

b) Expand the proportion of funding allocated to ACCOs to coordinate Older Aboriginal people's navigation of the aged-care system, inclusive of assessment activities to ensure equitable access to services and supports.

c) Expand Aboriginal integrated care initiatives, that improve aged care access points and assessment processes for Aboriginal people across Victoria to increase service use.

d) Establish practice guidelines that prioritise Older Aboriginal people's access to higher level home care packages and respite care.

e) Embed a requirement within existing practice guidelines to regularly provide Older Aboriginal people with a user-friendly record and explanation of expenditures associated with their home care package, to ensure they clearly understand their aged-care service and support arrangements.

7.2 Funding

f) Develop an investment plan to respond to the growing demand for culturally responsive aged care services and supports required by Older Aboriginal people.

g) Expand funding for the Flexible Aged Care Program (NATSIFACP) to build and embed Aboriginal -dedicated service models across Victoria.

h) Fund Aboriginal organisations to develop culturally appropriate aged-care resources, to build community awareness of older people's right to quality, culturally safe care aged care services.

i) Design and implement an Aboriginal-led funding model that is responsive to the complex access issues experienced by Older Aboriginal people.

7.3 Quality and Safety

j) Design and implement minimum access and inclusion targets, to hold all Aged Care providers accountable for the provision of culturally safe services to Older Aboriginal people.

k) Establish a transparent monitoring and reporting framework to hold funded aged care providers accountable for meeting minimum access and inclusion targets for Aboriginal people.

l) Incentivise the formation of partnerships between mainstream aged care providers and Aboriginal organisations to develop cultural safety plans for inclusion in their Diversity Framework and Action Plans with particular attention to the needs of Stolen Generation clients to prevent re-traumatisation

m) Review all aspects of the Aboriginal client's journey through the aged care system that will inform system improvement and re-design to ensure it is person-centred and fit for purpose.

7.4 Workforce Development

n) Inject resources into the aged care system to respond to the growth in service demand associated with an ageing Aboriginal population.

o) Invest in an Aboriginal employment strategy to grow and develop the Aboriginal aged care workforce across the system. This should include establishing Aboriginal identified positions at access points, assessors, case managers and administrators to improve access to Older Aboriginal people.

p) Invest in the growth and development of the broader Aged Care Workforce, to support ongoing provision of culturally appropriate aged care services and supports for Older Aboriginal people across Victoria.

8. Acknowledgements

Koorie Caucus would like to thank all who participated in the consultation process that informed this submission including Older Aboriginal people, ACCOs, representatives of Aboriginal Governance groups and Networks and the front-line aged care support workers who work tirelessly to improve the lives of our Older Aboriginal people.

We would especially like to thank the:

- Victorian Committee for Aboriginal Aged Care and Disability
- Koorie Aged and Disability Network Advisory Committee

- North Metro Aboriginal Strategic Governance Group
- Loddon Mallee Aboriginal Reference Group
- Victorian Aboriginal Community Controlled Health Organisation and their member organisations
- Regional session facilitators and local report authors, Juliet Frizzell and Roger Hastrich
- Department of Health and Human Services