VACCHO

Royal Commission into Aged Care Quality and Safety

Submission from the Victorian Aboriginal Community Controlled Health Organisation

Victorian Aboriginal Community Controlled Health Organisation Inc.

VACCHO is the peak body for the health and wellbeing of Aboriginal peoples living in Victoria.

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Acronyms in order of appearance

VACCHO – Victorian Aboriginal Community Controlled Health Organisation
ACCO - Aboriginal Community Controlled Organisation
CHSP – Commonwealth Home Support Program
HCP – Home Care Packages
NATSIFACP - National Aboriginal and Torres Strait Islander Flexible Care Program
VCAACD - Victorian Committee for Aboriginal Aged Care and Disability
NAGATSIAC - National Advisory Group for Aboriginal and Torres Strait Islander Aged Care
IUIH - Institute of Urban Indigenous Health
LMARG - Loddon Mallee Aboriginal Reference Group
NMASGG - North Metro Aboriginal Strategic Governance Group
AAG - Australian Association of Gerontology
ATSIAGG - Aboriginal and Torres Strait Islander Ageing Advisory Group
NeuRA - Neuroscience Research Australia
ICESCR - International Covenant on Economic, Social and Cultural Rights
ICCPR - International Covenant on Civil and Political Rights
PHNs - Primary Health Networks
RAS – Regional Assessment Service
ACAS – Aged Care Assessment Services
MAC – My Aged Care
NSAF - National Standardised Assessment Form

Terminology

Throughout this document, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people. Use of the terms 'Koori', 'Koorie' and 'Indigenous' are retained in the names of plans, programs and initiatives, and unless noted otherwise, are inclusive of both Aboriginal and Torres Strait Islander peoples.

1. Introduction

Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the peak body for Aboriginal health in Victoria, welcomes the opportunity to make this Submission to the Royal Commission into Aged Care Quality and Safety.

VACCHO and its Members are greatly concerned that many elements of the aged care system are not working for, or meeting the needs of, Aboriginal Elders, families and communities across Victoria. As such, the focus of this Submission is to offer practical solutions that will address these concerns and drive improvements in the quality and safety of the aged care system for Aboriginal Victorians.

1.1 About VACCHO

VACCHO is the peak Aboriginal health body representing 100% of those Aboriginal Community Controlled Organisations (ACCOs) which provide primary health services in Victoria. A list of VACCHO's 31 Members is provided in section 5 of this Submission. VACCHO's role is to build the capacity of the membership and to advocate for the health and wellbeing of Aboriginal people.

Aged care has been a key focus and important policy area for VACCHO and its Members for many years:

- VACCHO's Members deliver a range of aged care services that enable older Victorian Aboriginal people to live independently and safely at home, including home care packages and residential care, funded through the Commonwealth Home Support Program (CHSP), the Home Care Packages (HCP) Program and the National Aboriginal and Torres Strait Islander Flexible Care Program (NATSIFACP). Members also deliver a broad range of primary health care services and supports to older Victorian Aboriginal people and their families, including: housing, drug and alcohol, mental health, dental care, gambling, family violence, and healthy lifestyles
- VACCHO auspices and chairs the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD), and hosts the VCAACD Support and Training Officer role
- VACCHO is an active participant in the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC), and also manages the NAGATSIAC Senior Policy Officer position
- VACCHO, along with the Institute of Urban Indigenous Health (IUIH) was contracted to develop the Aboriginal and Torres Strait Islander Action Plan recently commissioned as part of the Commonwealth Government's Aged Care Diversity Framework.

1.2 About this Submission

1.2.1 Submission Content

This Submission to the Royal Commission was informed by:

- VACCHO's Members' experience delivering aged care and primary care services to the Aboriginal communities across Victoria over many years
- VACCHO's extensive experience researching, developing policy and advocating for improvements in aged care for Aboriginal Victorians
- a series of consultations held in August 2019 specially designed to gather information to inform the development of this Submission. Consultations were held with:
  - the Loddon Mallee Aboriginal Reference Group (LMARG) in Bendigo, on Tuesday 13 August 2019
  - the North Metro Aboriginal Strategic Governance Group (NMASGG) in Melbourne, on Friday 16 August 2019
  - the VCAACD in Melbourne, on 21 August 2019
  - VACCHO Members CEOs, via a teleconference held on Friday 30 August 2019.

VACCHO's Submission should be read alongside other submissions and testimonies provided to the Royal Commission, by:

- individual VACCHO Member organisations and other ACCOs from Victoria
- other representative bodies and groups from Victoria, including the Koorie Caucus and the LMARG
- our national partners including:
  - The NAGATSIAC
  - Australian Association of Gerontology (AAG) and the AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG)
  - The Healing Foundation
  - NeuRA (Neuroscience Research Australia)
  - Australian Human Rights Commission.

1.2.2 Underpinning Concepts and Frameworks

The framing of this Submission is underpinned by three key factors:

1. The Aboriginal and Torres Strait Islander ***understanding of health***.

"Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total

wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life."[1]

In practice, this means that health care for Aboriginal people extends beyond the body and mind of the individual. It accounts for a holistic approach to mental and physical health, where the wellbeing of the individual and the community are mutually inclusive.

2. Aboriginal and Torres Strait Islander peoples' human rights, in particular, the ***human rights of self-determination and health***, as outlined in:
    - The International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) both of which Australia has ratified[2]
    - Section 3 of the objects of the *Aboriginal and Torres Strait Islander Act 2005* (Cth) which aims to ensure the maximum participation of Aboriginal and Torres Strait Islander people in the formulation and implementation of government policies that affect Community, and promotes the development of self-management and self-sufficiency among Aboriginal and Torres Strait Islander communities [3]
    - Victoria's *Charter of Human Rights and Responsibilities Act 2006 (Vic)* and *The Advancing the Treaty Process with Aboriginal Victorians Act 2018 (Vic)* which aim to recognise the unique status, rights, cultures and histories of Aboriginal Victorians, using a self-determining approach[4]
    - The Victorian Government's key frameworks and plans, which include: the Victorian Aboriginal Affairs Framework (VAAF), Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027 and Balit-Murrup Aboriginal social and emotional wellbeing framework, which seek to implement the right to self-determination in conjunction with to the right to health and wellbeing for Aboriginal Victorians.[5]

In short, the right to self-determination and the right to health for Aboriginal and Torres Strait Islander people cannot be separated. The Commonwealth is obligated under the human rights conventions and the corresponding legislation mentioned above to respect

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[1] https://www.naccho.org.au/about/aboriginal-health/definitions/
[2] United Nations, International Covenant on Civil and Political Rights, Article 1 and 12; and United Nations, International Covenant on Economic, Social and Cultural Rights, Article 1.
[3] Section 3 (s3) of the Aboriginal and Torres Strait Islander Act 2005 (Cth) states that: "The objects of this Act are, in recognition of the past dispossession and dispersal of the Aboriginal and Torres Strait Islander peoples and their present disadvantaged position in Australian society: (a) to ensure maximum participation of Aboriginal persons and Torres Strait Islanders in the formulation and implementation of government policies that affect them; (b) to promote the development of self-management and self-sufficiency among Aboriginal persons and Torres Strait Islanders; (c) to further the economic, social and cultural development of Aboriginal persons and Torres Strait Aboriginal persons and Torres Strait Islanders by the Commonwealth, State, Territory and local governments, without detracting from the responsibilities of State, Territory and local governments to provide services to their Aboriginal and Torres Strait Islander residents."
[4] https://w.www.vic.gov.au/aboriginalvictoria/treaty.html
[5] The Victorian Aboriginal Affairs Framework (VAAF), Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027 and Balit-Murrup Aboriginal social and emotional wellbeing framework are examples of Victorian Government policies that implement the right to self-determination in conjunction with to the right to health and wellbeing for Aboriginal communities.

Aboriginal Victorians right to health, and the right to self-determination, in all aspects of service delivery, policy, practice, monitoring and evaluation of aged care supports and services.

3. The strongly held view of VACCHO and its Members that ***the Aboriginal model of holistic, community centred care that is trauma-informed, and provides wrap around services to community members***, illustrates a way forward for all older Australians in the provision of aged care services. Mainstream service providers could benefit from this model of care, so all older Australians can access respectful, community-based and holistic care.

With the abovementioned framings, the aim of this Submission is to ensure that any policies, funding, programs or legislative instruments that result from the Royal Commission into Aged Care Quality and Safety be implemented and aligned with Section 3 of the *Aboriginal and Torres Strait Islander Act 2005* (Cth) and Victoria's *Charter of Human Rights and Responsibilities Act 2006*, insofar as these outcomes will have direct impact on the health and wellbeing of older Aboriginal people, their families and Aboriginal communities across Victoria.

VACCHO and its Members believe that a high quality and safe aged care system for Aboriginal people must be underpinned by:

- the Aboriginal and Torres Strait Islander understanding of health
- Aboriginal and Torres Strait Islander peoples' human rights, in particular the human rights of self-determination and health
- Aboriginal models of holistic, community centred care that is trauma-informed, trusted and provides wrap around service to community members.

1.2.3 Submission Purpose

The purpose of this Submission is to inform the Royal Commission of the concerns of VACCHO Members and Aboriginal Victorians, and to offer practical solutions to the Commonwealth, Primary Health Networks (PHNs), mainstream aged care service providers, and aged care assessment services, to address the inequality of access to, and participation in aged care services by older Victorian Aboriginal people.

The Submission explores five key areas for improvement:

- The ***under-representation of Aboriginal Victorians in the aged care system***, which means that older Victorian Aboriginal people and their families are not accessing the range and level of aged care services and support they need and are entitled to (section 4.1).

- The ***current weaknesses in the quality and safety of available aged care services***, in particular a lack of culturally appropriate and trauma-informed service offerings available for older Victorian Aboriginal people from mainstream aged care providers, which undermines the principle of 'choice' envisioned in the *Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016* (section 4.2).
- The ***limitations of the aged care funding model and arrangements***, which have the unintended effect of limiting older Victorian Aboriginal people's right to choose and access, culturally safe and trauma-informed services, and can undermine the ability of Aboriginal community controlled organisations to provide holistic, culturally appropriate and trauma-informed aged care services to Elders in their community (section 4.3).
- The opportunity to ***improve the integration of primary care and aged care services***, and in doing so improve the health and wellbeing outcomes for older Victorian Aboriginal people (section 4.4)
- The urgent need to address the identified ***gaps in the cultural competency and safety of the aged care workforces***, including My Aged Care (MAC) assessors (currently Regional Assessment Service (RAS) and Aged Care Assessment Services (ACAS)), case managers, personal care workers, nurses, allied health practitioners, GPs, etc. (section 4.5).

2. Summary of Recommendations

Recommendations that address the under-representation of Aboriginal Victorians in the aged care system (section 4.1).

Recommendation 1. Fund trusted organisations to provide culturally appropriate **navigation support** for Aboriginal people and families across the aged care system, including support to access and participate in MAC, assessments and all services types. This is necessary to ensure that all elements of the aged care system are accessible and safe for Aboriginal people, and to improve older Victorian Aboriginal people's representation at all levels of aged care.

There is an effective, valued and culturally appropriate navigation support model (Access and Support Program, funded through the CHSP) currently operating in Victoria. Unfortunately, the Access and Support Program is only funded in a small number of locations. VACCHO encourages the Royal Commission to consider the learnings from the Access and Support Program, with a view to broadening the coverage of this model across Victoria and replicating it nationally.

Recommendation 2. **Strengthen the aged care assessment services** (RAS and ACAS) to ensure assessment outcomes reflect the needs of Aboriginal people and to facilitate access to appropriate aged care services and levels of care by Aboriginal people and families.

To achieve effective, culturally appropriate and safe assessment services, the following improvements are required:

- Recognition that trusted Aboriginal organisations are ideally placed to leverage their existing relationships with Aboriginal people, families and communities to support culturally appropriate and responsive assessment services.
- A formal review and redevelopment of the National Standardised Assessment Form (NSAF) and ancillary forms to ensure they effectively assess and capture the needs of Aboriginal people, are trauma-informed, and are culturally appropriate. VACCHO notes that recent review of the NSAF did not include any specific consideration of cultural needs and differences, or input from Aboriginal people, Aboriginal organisations, Aboriginal peak bodies or the NAGATSIAC.
- Guidelines, standards and targets which outline how Aboriginal staff and/or trusted Aboriginal organisations should be engaged in the delivery of assessment services to Aboriginal people. In particular, the expectation that all assessment services employ Aboriginal staff and/or have formalised partnerships to fund assessment by local

Aboriginal organisations so that all assessments of Aboriginal people are conducted with an Aboriginal person / Aboriginal Health Worker present and in a culturally appropriate and safe manner.

- A compliance, monitoring and reporting process to ensure providers of aged care assessment services are accountable for the delivery of culturally safe and appropriate assessment services, including provision of assessments by Aboriginal assessment staff and/or Aboriginal organisations.
- Introduction of a financial 'loading' for assessments of Aboriginal people that reflects the complexity, partnerships and skills required to effectively engage and deliver aged care assessments to Aboriginal people and families. In particular, people impacted by the Stolen Generations and to reflect the high levels of trauma experienced by Aboriginal people and families.

Recommendation to address the current weaknesses in the quality and safety of the aged care services (section 4.2).

Recommendation 3. The foundational, moving forward and leading the way actions proposed for outcomes 3, 4, 5 and 6 outlined in **the Action Plan for older Aboriginal and Torres Strait Islander people be resourced and implemented as a matter of priority**. In particular, the actions which relate to the following:

- Enhancing the recruitment, retention, development and deployment of a skilled and culturally competent aged care workforce.
- Improving mainstream organisations' capacity to provide culturally safe and responsive services.
- Encouraging partnerships between mainstream services and trusted Aboriginal organisations to support the codesign, development and delivery of shared and flexible service delivery models for older Aboriginal people.
- Increasing the accountability of mainstream organisations for delivering accessible, culturally safe, trauma informed and responsive services to Aboriginal people.
- Implementing the cultural safety requirements of Aged Care Quality Standard 1: Consumer dignity and choice, and a Quality Scale for culturally safe providers.

In addition, there is need to improve the capacity of Aged Care Quality and Safety Commission assessment staff to understand

and recognise the elements of culturally safe service provision. This will enable them to hold service providers to account for their implementation of Aged Care Quality Standard 1.

Recommendation to address the weaknesses in the current aged care funding model and arrangements (section 4.3).

Recommendation 4. The aged care funding model and arrangements are refined to strengthen the supply side of the aged care market. In particular, funding formulas are adjusted to value specialist/niche service providers and actively support these organisations to exist, operate viably and be sustainable across all elements of the aged care system.

If the supply-side and market failure issues are not urgently addressed, Aboriginal organisations will find it increasingly difficult to operate and play the role of trusted local organisation for Aboriginal families in need of support from the aged care system. This will further diminish Aboriginal people's right to 'choose' a culturally safe service from the aged care system.

In refining the aged care funding model and arrangements, consideration should be given to adjusting the unit price (and possibly adopting a hybrid funding formula) that takes in to account the following factors:

- The important role that trusted Aboriginal organisations play in engaging Aboriginal people and providing holistic culturally safe care; and the role of Aboriginal organisations in capacity building and partnering with mainstream agencies to ensure aged care services are culturally safe and informed.
- The additional resourcing involved in appropriately engaging and supporting Aboriginal people and families.
- The complexity and cultural requirements involved in delivering quality and safe aged care services to Aboriginal people.
- The unique cost structures of smaller organisations - fixed costs in particular.
- The challenges faced by Aboriginal organisations in achieving economies of scale due to the size and geographical distribution of Aboriginal populations.
- The disproportionate impact of the aged care funding model (i.e. funding individuals using the service, rather than block funding the organisation) on smaller

organisations, in particular, its impact on budget certainty, employment models, security for staff, etc.

VACCHO and its Members would welcome the opportunity to trial alternative funding models and to demonstrate how value for money can be achieved.

Recommendation to improve the integration of primary care and aged care services (section 4.4)

Recommendation 5. Implement a **codesign process to explore and trial models which integrate aged care with other services,** such as primary health, mental health and disability services, leveraging the trusted Aboriginal organisation model, as the basis for providing a holistic response for older Aboriginal people.

Recommendation to address the gaps in cultural competency and safety of the aged care workforces (section 4.5).

Recommendation 6. Aboriginal people, organisations, peak bodies and NAGATSIAC are engaged and contribute to the operationalisation and implementation of the strategic actions outlined in **Australia's Aged Care Workforce Strategy**. In particular they provide expert advice in relation to the following actions:

- Reframing the qualification and skills framework – addressing current and future competencies (Strategic Action 3). Consideration should be given to recognising the specialist cultural knowledge Aboriginal people bring to their role in the aged care sector.
- Defining new career pathways, including how the workforce is accredited (Strategic Action 4). This should include targeting programs in pre-employment and career to support and prepare Aboriginal people for entry into the aged care workforce.
- Establishing a new industry approach to workforce planning, including skills mix modelling (Strategic Action 6). This should include tailored training programs for Aboriginal people wishing to work in aged care and a framework for recognising and valuing cultural knowledge/skills.
- Implementing new attraction and retention strategies for the workforce (Strategic Action 7). This should include a focus on national and local workforce strategies that attract

and retain Aboriginal people and culturally safe trained non-Aboriginal staff.

- Strengthening the interface between aged care and primary/acute care (Strategic Action 9).
- Current and future funding, including staff remuneration (Strategic Action 9). Consideration should be given to how funding models can more effectively support the development and retention of an Aboriginal workforce, which is able to access secure, appropriately remunerated and ongoing roles in the aged care sector.

3. Context

3.1 Recognition of the specific needs of Aboriginal people

Governments recognise that Aboriginal people have different and specific needs. In aged care, this is evidenced by the Action Plan for older Aboriginal and Torres Strait Islander people developed for the Commonwealth's Aged Care Diversity Framework. The Action Plan was the first time that effective recognition had been given to the specific needs of Aboriginal and Torres Strait Islander people in the national reform agenda for Australia's aged care system.[6] VACCHO and its Members fully support the Action Plan, including outcome measures and proposed foundational, moving forward and leading the way actions.

VACCHO and its Members fully support the Action Plan for older Aboriginal and Torres Strait Islander people, including the outcome measures and the proposed foundational, moving forward and leading the way actions.

Recognising that a 'one size fits all' approach to aged care services will not work for older Victorian Aboriginal people, is not enough. VACCHO and its Members strongly believe that this sentiment will only be realised if significant changes are made to the aged care policy framework, system and funding instruments.

VACCHO and its Members have first-hand experience that the 'one size fits all' approach to aged care services does not meet the needs of older Victorian Aboriginal people, their families or the broader Aboriginal communities.

3.2 Demographics

While Australia's Aboriginal and Torres Strait Islander population has a relatively young age structure compared to non-Aboriginal Australians, the number and percentage of older Aboriginal and Torres Strait Islanders is rapidly increasing.

The Aboriginal and Torres Strait Islander population is projected to grow by 59% by 2031, with the 65 and over Aboriginal and Torres Strait Islander population projected to grow by 200 per cent by 2031, much faster than the population aged 0-24 (47%).[7]

[6] Australian Government Department of Health. *Action Plan for older Aboriginal and Torres Strait Islander people* (draft) 2019.
[7] CAEPR, CAEPR Indigenous Population Project 2011 Census Papers, Paper no.14 Population Projections, (2011) Australian National University.

According to Census data,[8] in 2016 there were 9,060 Aboriginal people over 50 years of age living in Victoria. By 2031, medium range estimates project that the number of Aboriginal people over 50 years of age will reach 15,086 people (an additional 6,026 Aboriginal people). This is equivalent to a 66.51% increase, or averaging 4.43% increase year on year.

The rapid population growth is even more prevalent in cohort of Aboriginal Victorians of retirement age (65+). This cohort is projected to increase by 142% from 2,676 people in 2016 to 6,470 people in 2031.

Overall, the cohort of Aboriginal people in Victoria aged 50 years will increase from 15.7% to 17.8% of the total Aboriginal population in Victoria during this period (2016 to 2031).[9]

Despite overall improvements in health, welfare and lifespan since the 1960s, evidence shows that Aboriginal people also experience high mid-life rates of multiple chronic diseases, high rates of late-life dementia (three to five times that of non-Aboriginal people) and a persisting lifespan gap of around 11 years.[10]

Urban communities carry similar lifespan gaps, equal levels of multiple chronic diseases, equally high dementia rates, equivalent social disadvantage and equal levels of difficulty accessing mainstream aged care and health services to Aboriginal people residing remotely. Over 81% of older Aboriginal and Torres Strait Islander people live in urban and urban/regional environments. The Census 2016 indicates that 36.8% of Aboriginal people live in major cities, 24.1% live in inner regional areas, and 20.5% live in outer regional areas.[11]

To date, the barriers faced by Aboriginal and Torres Strait Islander community members living remotely accessing aged care services have been well documented and recognised, and have rightly received media interest and government attention. By comparison, there is little recognition of the significant barriers to accessing culturally safe aged care services by older community members living in metropolitan and regional areas, including Victoria.

VACCHO and its Members believe that the aged care system is not prepared for the unique and complex needs of a rapidly growing older Aboriginal population, living in metropolitan and regional Australia.

[8] Australian Bureau of Statistics - '3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031'.
[9] http://stat.data.abs.gov.au/Index.aspx?DataSetCode=POP_PROJ_REGION_2012_2061#
[10] Smith K, Flicker L, Lautenschlager N et al, 'High Prevalence of Dementia and Cognitive Impairment in Indigenous Australians', 2008) (71), 1470-1473 *Neurology*. See also Broe, T, 'What do Aboriginal Australians want from their Aged Care Service Provision? Community Connection is Number One', (2019) June 19, *The Conversation*. http://theconversation.com/what-do-aboriginal-australians-want-from-their-aged-care-system-community-connection-is-number-one-118913.
[11] CAEPR, 2016 Indigenous population change in 2016. Census Paper No.1. Australian National University.

3.3 Trauma and trauma-informed aged care service delivery

It is well documented that trauma is not only an indicator for poor physical, emotional and spiritual health outcomes in and of itself for Aboriginal and Torres Strait Islander community members, but also functions as a barrier to improving Aboriginal and Torres Strait Islander wellbeing and quality of life overall.[12] Aboriginal and Torres Strait Islander communities have experienced significant trauma since colonisation, and the concurrent ripple effects have passed through generations, and across communities. A failure to look at the social determinants of health without including trauma as a determinant of health and wellbeing in and of itself is narrow and misguided.[13] Colonisation, loss of culture and land, child removal, institutionalisation, persistent discrimination and racism have had profound effects throughout Aboriginal communities. The need for individual and collective healing for communities cannot be overemphasised in order to progress towards improved health and wellbeing for all Aboriginal peoples.

Without an opportunity to heal, community members may cope with pain in ways that have negative impacts not only on themselves but on loved ones, extended family and the broader community. Substance abuse or addiction, physical, sexual, emotional and psychological violence (within the family and externally), problems with the justice system and cycles of incarceration, social and financial disadvantage and homelessness can all often be directly linked to past traumas, and can lead to cycles of transgenerational trauma.[14]

In the context of aged care service delivery, the provision of culturally safe aged care assessments and services for older community members must include the recognition of the high trauma burden Aboriginal people carry, especially older community members who have been wards of the state and survivors of the Stolen Generations.[15] Stolen Generations survivors who suffered profound childhood trauma(s) – inclusive of institutionalisation, forced assimilation, forcible removal from family, abuse and assault – naturally have the poorest health and wellbeing outcomes of all community members. In order to create a sense of safety, trust and empowerment for Aboriginal people receiving aged care services, it is vital that there be appropriate investment in training for aged care assessors and aged care staff (Aboriginal and non-Aboriginal) on healing and trauma-informed approaches, such that trauma-informed principles are embedded in all aspects of service provision. Without a healing and trauma-informed approach to aged care, older Aboriginal people are at risk of

[12] Healing Foundation, (December 2017), 'Submission to the Royal Commission on Closing the Gap Refresh'.
[13] Ibid. See also Kezelman, C and Stavropoulos, P, (2015), 'The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia', *BlueKnot Foundation.*
[14] AIHW, 'Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over', (2018) Cat no IHW 199, Canberra.https://www.aihw.gov.au/reports/indigenous-australians/stolen-generation-aged-50-and-over/related-material
[15] Healing Foundation, 'Submission to the Department of Prime Minister and Cabinet on Closing the Gap Refresh', (2017); Healing Foundation, Australian Association of Gerontology and Aboriginal and Torres Strait Islander Ageing Advisory Group, (July 2019) 'Stolen Generations Forum'.

involuntary re-traumatisation, triggering of past trauma and reduced capacity to access available services.[16]

VACCHO and its Members are of the opinion that 'high quality and safe' aged care services for Aboriginal people must be healing focussed, trauma-informed and culturally safe.

[16] Kezelman C and Stavropulous P, (2017) 'Talking about Trauma: Guide to Conversations and Screening for Health and Other Service Providers', *BlueKnot Foundation: National Centre of Excellence for Complex Trauma.*

4. Key areas for improvement

This Submission explores five key areas for improvement:

- The ***under-representation of Aboriginal Victorians in the aged care system***, which means that older Victorian Aboriginal people and their families are not accessing the range and level of aged care services and support they are entitled to (section 4.1).
- The ***current weaknesses in the quality and safety of the aged care services***, in particular a lack of culturally appropriate and trauma-informed service offerings available for older Victorian Aboriginal people, which undermines the principle of 'choice' envisioned in the *Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016* (section 4.2).
- The ***limitations of the aged care funding model and arrangements***, which have the unintended effect of limiting older Victorian Aboriginal people's right to choose and access, culturally safe and trauma-informed services, and can undermine the ability of Aboriginal organisations to provide holistic, culturally appropriate and trauma-informed aged care services to Elders in their community (section 4.3).
- The opportunities to ***improve the integration of primary care and aged care services***, and in doing so improve the health and wellbeing outcomes for older Victorian Aboriginal people (section 4.4)
- The identified ***gaps in the cultural competency and safety of the aged care workforces***, including MAC staff, assessors (RAS and ACAS), case managers, personal care workers, nurses, allied health practitioners, GPs, etc. (section 4.5).

Each of these areas for improvement is explored below.

4.1 Under-representation of older Aboriginal people in the aged care system

This section explores the factors which contribute to the under-representation of Aboriginal Victorians in the aged care system and proposes several solutions that if implemented, could significantly ameliorate this problem.

The Issues

Successive iterations of the Productivity Commission's Report on Government Services indicate that Aboriginal and Torres Strait Islander peoples who are eligible to receive an aged care assessment are less likely to be assessed than their counterparts in both the general population and in culturally and linguistically diverse (CALD) communities. This disparity is evident both at a national level and in each Australian jurisdiction, including

Victoria.[17] As a consequence many older Victorian Aboriginal people are not receiving the aged care services the need, want and are entitled to.

The abovementioned findings are consistent with the understandings, data and experiences of VACCHO and its Members.[18] Over many years, VACCHO Members have consistently and routinely reported that they are aware of Elders in the community experiencing difficulties accessing the aged care system, in particular in navigating the MAC access point and portal, and accessing culturally appropriate and safe assessment services.

As recently as August 2019, as part of the consultations to inform this Submission, VACCHO Members were highlighting current local examples of individuals and families who were struggling to navigate aged care assessment processes and access aged care services.

"Our Elders are falling through the gaps" VCAACD consultation

VACCHO Members also emphasise that they are often called upon to step-in and support the older community members who are not accessing aged care services, including providing assistance for them to remain living at home. While some ACCOs are able to use CHSP funding to provide Elders with this support, other organisations provide services and assistance using primary care and other funding sources.

"When they (Elder) have exhausted their package, they [package provider] are referring them back to us [ACCO]. When block funding finishes, we won't be able to help" VCAACD consultation

Through this Submission VACCHO and its Members seek to bring to the attention of the Royal Commission a range of complex factors that contribute to the under-representation of older Victorian Aboriginal people in all parts of the aged care system (MAC, assessment and service provision). These factors can be loosely grouped into the following areas:

- A lack of knowledge and understanding about the aged care system.
- Difficulties navigating the aged care system.
- System barriers to engaging with MAC and assessment services (RAS and ACAT).

Another key factor, the lack of access to culturally safe and trauma-informed services (assessment and aged care services), is discussed in section 4.2 of this Submission.

VACCHO Members report that there is a lack of knowledge and understanding, as well as confusion about, the aged care system and aged care reforms in their communities. Older Victorian Aboriginal people and their families routinely tell ACCO staff they are 'unsure

[17] Productivity Commission, Report on Government Services, (2019), Chapter 14, Box 14.2, p.14.13.
[18] This issue was first raised by VACCHO Members in 2012 and documented in the VACCHO report *Aged Care Issues facing Victoria's Aboriginal Community Controlled Health Organisations and their Communities - Opportunities and Threats* (2012).

where, or how to, start' and/or often approach staff the local ACCO for advice, assistance and support to access and navigate the aged care service system.

"There is so much confusion about how the My Aged Care system works. Elders do not know where to start" VCAACD Member August 2019

MAC, which is the entry point into the system for service users, is heavily reliant on computer access, computer literacy, internet access, internet navigation skills, and phone access. This impedes access for many older Australians, but especially older Victorian Aboriginal people many of whom have multiple and significant vulnerabilities and socio-economic disadvantages. Older Aboriginal people have the highest numbers of co-morbidities, the highest rates of disability, homelessness and early onset dementia across all older demographics in Australia.[19] At present, without culturally appropriate navigation supports for older community members, MAC is a barrier in and of itself.[20]

An example cited in the Action Plan for older Aboriginal and Torres Strait Islander people, is that MAC only calls three times from a private number, and if the calls are missed the application process starts all over again. Not many people answer calls from private numbers in general. Aboriginal Elders commonly do not answer calls from private numbers, in many cases due to experiencing a lack of cultural safety when interacting with unknown, unfamiliar or non-Aboriginal service providers over the phone. MAC also relies on people having a phone with a ring out capacity. Older Victorian Aboriginal people often do not have a ring out capacity due to costs associated with mobile phone contracts and SIM cards. Community members then have to go to their ACCO to assist with the application process once more. This situation is even more difficult for Elders with disabilities, who are reliant on family and Aboriginal workers to assist with the access and assessment process.

"*Elders struggle to use My Aged Care. Even those who are computer literate struggle to navigate the process*" ACCO Manager Loddon Mallee

"An Elder living in Warrigal drove to Bairnsdale (a two-hour drive) so she could sit with a staff member who supported her to register for My Aged Care. Luckily, she can still drive, what about Elders who cannot drive?" VCAACD Member from Gippsland August 2019

"*My Aged Care is horrible*" Community member NMASGG consultation

VACCHO Members were aware of reports of MAC call centre staff being difficult to understand, and reading from a generic script that is not necessarily in line with older Victorian Aboriginal peoples' needs or cultural protocols.

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[19] Randall D, Lujic S, Harvard A, Eades S, Jorm L, 'Multimorbidity among Aboriginal people in NSW contributes significantly to their higher mortality',(2018), 2July, *MJA*.
[20] Department of Health, Commonwealth, Aged Care Sector Committee Diversity Sub-Group, *Aged Care Diversity Framework: Aboriginal and Torres Strait islander Consultation Report*, (2017) 26-30.

In addition, anecdotal evidence provided by VACCHO Members suggests that 'Aboriginality' is not routinely being identified before age, and some Aboriginal people (aged under 65 years) are being 'screened out' for being too young for aged care, before Aboriginality (and hence eligibility) has been established.

Poor experiences with MAC by other older Victorian Aboriginal community members deter other Elders from seeking aged care support.

"People are hoping the new aged care system will go away" ACCO LMARG

Calls for the Commonwealth to fund navigation supports have been made for all older Australians[21] as the difficulties with MAC are well known.[22] Aside from the problems with the MAC system itself, experiences of institutional racism and abuse has understandably resulted in mistrust about government initiatives such as MAC and their ability to 'help. This is because government policies and programs have historically harmed, not helped, Aboriginal people.[23]

The consultations conducted to develop this Submission heard that ACCO staff are using pre-existing relationships with assessment organisations to try and bypass the MAC system and to navigate it. While some ACCOs have Access and Support Workers funded through CHSP to support navigation, this funding is not equitably distributed, and many ACCOs do not currently receive any funding for this purpose.

The under-representation of Aboriginal people completing the MAC process is often compounded by a reluctance to engage with assessment services (the next stage of the process), due to mistrust of mainstream agencies, and/or fear of being judged or experiencing racism. There are currently only two Aboriginal specific assessment services in Victoria, and the majority of assessment services (RAS and ACAT) do not employ Aboriginal assessors, or have partnerships with local ACCOs to deliver a culturally safe assessment.

The assessment services (RAS and ACAS in Victoria) are viewed as culturally unsafe by many ACCOs and community members. In particular, ACCOs are concerned that the majority of assessment services do not employ Aboriginal assessors, the Living at Home Assessment tools are not trauma-informed or culturally appropriate, and many assessment workers lack cultural awareness, understanding and competence.

"People will tell white people what they want to hear, but they won't tell them the real story" Aged Care Worker ACCO August 2019

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[21] National Aged Care Alliance, *2019 Federal Election Position Statement Getting aged care right for everyone*, (2019) 8 <https://naca.asn.au/wp-content/uploads/2018/11/2019-Federal-Election-Position-Statement.pdf>.
[22] Department of Health, *Aged Care Diversity Framework*, 26-28.
[23] O'Neill M, Kirov E, Thomson N, 'A review of the literature on disability services for Aboriginal and Torres Strait Islander peoples', (2004)(4) 4, *Australian Indigenous Health Bulletin*.

"So many older community members have plans that don't reflect their needs" Manager ACCO

Older Victorian Aboriginal people who are caring for family members, including grandchildren, repeatedly tell ACCO staff that they are reluctant to engage with the mainstream assessment services, because they do not want non-Aboriginal people visiting their home, for fear that an assessment might result in their grandchildren being taken away, or their family coming to the attention of child protection services or other authorities.

"Family dynamics and situations can severely impact on an Elders' willingness and capacity to connect with the aged care system – abuse, drug and alcohol issues, fear of grandchildren being taken away, concern that Centrelink benefits will be impacted or taken away if they find out family members are living there" ACCO LMARG

"Assessors make the false assumption that able-bodied people (i.e. family) who are present at the assessment are able to care for the Elder. Often this is not the case, as caring is the other way around. Elders are caring for grandchildren and children. Sometimes they [Elder] are given a lower package, when in reality the reverse is true, this can lead to homelessness and elder abuse" ACCO LMARG

VACCHO Members' anecdotal experiences also align with the Productivity Commission's finding that that the lack of nuanced and culturally appropriate screening tools for early signs of dementia in the primary health sector, has also resulted in lower rates of access to aged care supports for older community members.[24]

ACCOs consulted for this Submission also reported that older Aboriginal people sometimes withdraw from assessment processes or discontinue using aged care services as a result of experiences of racism or culturally unsafe practices/care. Elders who cannot reconcile their right to a culturally safe assessment service with what is available and offered to them are inclined to withdraw or decline an assessment, preferring to seek support from their local ACCO which may not be funded to provide aged care supports, rather than exercising their right to accessing an aged care service.

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

Driven by a lack of knowledge, confidence and choice (there are only two Aboriginal specific assessment services in Victoria) VACCHO Members report that older Aboriginal people routinely "give up" trying to access age care services, instead relying on support services available through the primary care system or other funding sources.

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[24] Productivity Commission, Report on Government Services, 2019 https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/aged-care-services/rogs-2019-partf-chapter14.pdf .

"Workers assist Elders to navigate My Aged Care, even when it is not their role. It is extremely time consuming" VCAACD consultation

"MAC is a portal model that is not suitable or user friendly to the needs of Aboriginal Elders. RAS is not set up to collaborate with Aboriginal service providers or provide culturally supporting assessments" ACCO LMARG

In addition, VACCHO Members are concerned that very little investment has been made in capacity building for Elders and families to make informed choices.

"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 navigate the system or to manage their own care" NMASGG consultation

The Impact

VACCHO Members wish to draw to the attention of the Royal Commission the key impacts of the under-representation of Aboriginal people resulting from the abovementioned barriers and issues with MAC and assessment processes.

Firstly, older Victorian Aboriginal people, who are some of the most disadvantaged members of our community, are missing out on services and supports they need. As a result, their care needs are been shouldered by family or ACCOs. Importantly, Commonwealth aged care funding is not reaching those members of our community who are most in need, and age care resources are not being distributed fairly.

Secondly, a significant financial burden arising from these system failures is being shifted from MAC, mainstream assessment services and mainstream aged care providers to ACCOs. Most ACCOs in Victoria are small to medium size organisations. In contrast, the local health networks, community health services and aged care providers are generally medium to large organisations. All VACCHO Members report that their staff:

- support Elders and families to navigate entry (MAC) and assessment processes; by translating jargon, assisting Elders and families to understand their rights, and helping families to understand their entitlements, etc.
- troubleshoot with MAC, mainstream assessors and aged care services providers on behalf of Elders and families when things go wrong
- provide advice and capacity building support to mainstream agencies (assessment and service delivery) to improve cultural safety, including: capacity building staff employed in assessment services; building relationships with culturally appropriate assessors; and facilitating engagement between assessment services and community, such as asking the assessors to attend their organisation's planned activity group(PAG)

- support clients with services while they wait for a package, including monitoring Elders who are on the waiting list for a home care package
- provide top-up services for people whose needs have been inadequately assessed by mainstream assessors. This typically occurs when individuals are on a low level package (but their needs warrant a high level package), the package funding has been 'exhausted', and they need more services and supports to remain living at home.
- provide services and supports to older people who are eligible for aged care, but who choose not to avail themselves of aged care services.

While some ACCOs report that they can use their block CHSP funding to support Elders with navigation and services, most organisations reported that they draw on other funding sources, such as their primary care funding, to meet Elders needs. If CHSP funding ceases and/or is rolled into individualised packaged funding, an even greater financial burden will be carried by ACCOs.

"We assist them (Elders) through the MAC process and with support to stay at home. We need ongoing Access and Support funding and funding to offer aged care type services" VCAACD consultation

Participants also reported that 'isolation' was a major issue for some Elders.

"Many Elders are isolated, most just want to participate and be around other Aboriginal people. Mainstream funding doesn't allow them to" LMARG consultation

"The focus should be on keeping people well – where is the funding for this" NMASGG consultation

"A lot of Elders do not have superannuation and do not own their own home – the funding models need to reflect these differences" NMASGG consultation

Finally, if aged care services and aged care assessments are not grounded in respect for Aboriginal cultures, lower rates of engagement with MAC and access to aged care services will persist. VACCHO and its Members implore the Royal Commission to consider incentives for delivering compliance with the principles of the Aged Care Diversity Framework and the Action Plans, and any relevant legal recourse that might be actioned either with the Australian Human Rights Commission, or privately.

Opportunities for improvement

VACCHO and its Members believe there are several practical and effective changes that can be made to improve older Victorian Aboriginal people's representation at all levels of the aged care system.

In line with the recommendations of *The Legislated Review of Aged Care 2017*, VACCHO's priority is the creation of ***Aboriginal-specific System Navigation roles*** designed to support older Victorian Aboriginal people and their families to navigate the aged care system. In particular to:

- successfully complete the registration process (with MAC)
- access culturally safe and respectful assessments that reflect their actual needs
- exercise their rights of self-determination and health in accessing aged care services.

Victoria has evidence of the effectiveness of this approach. Access and Support Workers have been employed in parts of Victoria for many years, with these roles having been established under Home and Community Care (HACC) and have transitioned temporarily to CHSP. Unfortunately, these roles are at present only funded until 30 June 2022 and are only available in a few locations, with many gaps in coverage across the state.

VACCHO and its Members support NAGATSIAC's proposal that the Commonwealth fund MAC appropriately to ***establish offices across Australia***, so applications to MAC can occur in person, similar to the local area coordinators (LACs) deployed through the National Disability Insurance Scheme (NDIS). This would enable greater access to aged care supports as under the current system high levels of computer and phone access, including computer/internet literacy are required.[25]

Incentivise the employment of Aboriginal people in MAC and assessment services, and/or the establishment of ***formal partnerships between assessment agencies and ACCOs*** to ensure assessments of older Victorian Aboriginal people are conducted with the involvement of at least one Aboriginal person.

Specify and mandate the standards of cultural competency required in MAC and assessment services, and use accreditation processes to monitor and assess compliance. This should include the development of guidelines for assessment practices and tools to ensure they are nuanced and culturally appropriate for older Aboriginal people.

Scale up innovative and flexible access models being trialled in Victoria and nationally. For example:

- There is a trial underway in Victoria which allows GPs to assist older Aboriginal people to access aged care by sharing health information collected during assessment consultations (e.g. 75+ Health Assessment) with MAC and/or assessment agencies.
- Some Victorian ACCOs are participating in a dementia research project entitled "Lets CHAT dementia" which facilitates the population of assessment forms, rather than requiring Elders to tell their story multiple times.

[25] NAGATSIAC. Submission to the Royal Commission into Aged Care Quality and Safety. September 2019.

- There are examples in Victoria of established partnerships between mainstream assessment agencies and ACCOs, which aim to ensure that Aboriginal people are assessed in a culturally safe and appropriate manner.

Recommendation 1. Fund trusted organisations to provide culturally appropriate **navigation support** for Aboriginal people and families across the aged care system, including support to access and participate in MAC, assessments and all services types. This is necessary to ensure that all elements of the aged care system are accessible and safe for Aboriginal people, and to improve older Victorian Aboriginal people's representation at all levels of aged care.

There is an effective, valued and culturally appropriate navigation support model (Access and Support Program) currently operating in Victoria. Unfortunately, the Access and Support Program is only funded in a small number of locations. VACCHO encourages the Royal Commission to consider the learnings from the Access and Support Program, with a view to broadening the coverage of this model across Victoria and replicating it nationally.

Recommendation 2. **Strengthen the aged care assessment services** (RAS and ACAS) to ensure assessment outcomes reflect the needs of Aboriginal people and to facilitate access to appropriate aged care services and levels of care by Aboriginal people and families.

To achieve effective, culturally appropriate and safe assessment services, the following improvements are required:

- Recognition that trusted Aboriginal organisations are ideally placed to leverage their existing relationships with Aboriginal people, families and communities to support culturally appropriate and responsive assessment services.
- A formal review and redevelopment of the NSAF and ancillary forms to ensure they effectively assess and capture the needs of Aboriginal people, are trauma-informed, and are culturally appropriate. VACCHO notes that recent review of the NSAF did not include any specific consideration of cultural needs and differences, or input from Aboriginal people, Aboriginal organisations, Aboriginal peak bodies or the NAGATSIAC.
- Guidelines, standards and targets which outline how Aboriginal staff and/or trusted Aboriginal organisations should be engaged in the delivery of assessment services to Aboriginal people. In particular, the expectation that all assessment services employ Aboriginal staff and/or have formalised partnerships with local Aboriginal organisations so that all assessments of Aboriginal people are conducted

with an Aboriginal person / Aboriginal Health Worker present and in a culturally appropriate and safe manner.

- A compliance, monitoring and reporting process to ensure providers of aged care assessment services are accountable for the delivery of culturally safe and appropriate assessment services.
- Introduction of a financial 'loading' for assessments of Aboriginal people that reflects the complexity, partnerships and skills required to effectively engage and deliver aged care assessments to Aboriginal people and families. This is particularly relevant to people impacted by the Stolen Generations, in order to reflect the high levels of trauma experienced by Aboriginal people and families.

4.2 Weaknesses in the quality and safety of aged care services

This section explores the current weaknesses in the quality and safety of the aged care services. In particular, the lack of culturally appropriate and trauma-informed aged care service offerings from mainstream aged care providers, available for older Victorian Aboriginal people.

The Issues

Older Victorian Aboriginal people have a right to culturally safe and trauma-informed healing focused aged care service. However, feedback from VACCHO Members and Aboriginal communities across Victoria suggests that many older Aboriginal Victorian people do not have the choice of accessing a culturally safe and trauma-informed aged care services.

VACCHO Members believe that all elements of the aged care system including: the client journey, aged care service types, mainstream service providers and the supporting workforces, lack cultural awareness and are not culturally safe for Aboriginal people. Outside of the ACCOs, Members were not able to identify any mainstream services offering culturally safe and trauma-informed aged care services.

Many expressed concerns that this lack of 'quality and safety' has meant that Elders and families were increasingly choosing not to engage with mainstream aged care services, instead seeking assistance from their local ACCO or deciding not to access any services or supports.

"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" LMARG consultation

"Services are not culturally appropriate" VCAACD consultation

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

"There is nothing but disrespect shown to Aboriginal people in aged care" NMASGG consultation

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

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

"I know a number of Elders living and sleeping in the family living room. They are expected to live in the space where everyone watches TV and eats. This puts stress on everyone" VACCHO CEO consultation

"When our Elders are in mainstream [agencies] they self-isolate, they die younger, because they [mainstream agencies] say they're culturally safe, but they're not" NMASGG consultation

"Access and Support Workers regularly undertake advocacy for packaged clients, sometimes taking over the role of the case manager, when this is not their role! Case Managers are not culturally safe, so Elders prefer to go to them (i.e. the Access and Support Worker)" LMARG consultation

VACCHO Members report that this reluctance by Elders to engage in aged care services was becoming a financial burden on ACCOs, most of which do not receive any, or only a small amount of CHSP funding.

The underlying reasons that older Victorian Aboriginal people struggle to access culturally safe and trauma-informed health aged care services are complex and varied. This Submission briefly canvases the main factors:

- Demand drivers and legislative instruments do not incentivise mainstream aged care providers to offer culturally safe and trauma-informed aged care services to older Aboriginal Victorian people.
- Care focussed solely on the individual (Consumer Directed Care), is conceptually at odds with Aboriginal culture and beliefs.
- Poor experiences of aged care services by the Aboriginal community, act as a deterrent and disincentive for other families and the broader community to consider aged care for their Elders.
- The Aboriginal aged care workforce is under-developed.
- Cultural factors result in Aboriginal families being reluctant to place their Elders in residential care.

A brief overview of the main factors identified by VACCHO and its Members are set out below.

The lack of a sophisticated and well-developed aged care market in Victoria means that ***mainstream aged care services are not incentivised to offer culturally safe and trauma-informed aged care services*** to older Aboriginal Victorian people. As such, culturally appropriate aged care services are simply not available to most older, Aboriginal Victorians, except where available from ACCOs.

The size and distribution of the Aboriginal population limits its buying power and influence. This has a direct impact on the interest and incentive for mainstream aged care services to

develop and offer culturally appropriate and responsive models of care. In particular, the demand side of the market is too small and geographically spread to produce the buying power necessary to influence home care package providers and/or residential care providers to provide culturally safe and trauma-informed service offerings or models of care. As such Aboriginal people do not have 'choice' and often, despite the existence of services, older Aboriginal people struggle to access culturally safe aged care services.

"We [Aboriginal people] are expected to take what we can get" NMASGG consultation

"To be honest, mainstream [agencies] just don't get it" LMARG consultation

Person Centred Care is conceptually at odds with Aboriginal culture and understandings. As practiced in the aged care system, person centred care is a Western construct that focuses on the individual, to the exclusion of family, community, kin, culture, and country. As such, person centred care is essentially incompatible with Aboriginal understandings of health, wellbeing and quality of life. Its application in aged care has the potential to produce culturally unsafe services and supports.

"Client directed care is a farce" LMARG consultation

"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" ACCO CEO

"The people who really need the support miss out" NMASGG consultation

Poor experiences of aged care services, MAC assessments and aged care services in particular, not only result in a lack of trust by individuals and families, but often filter through to the broader Aboriginal community.

VACCHO Members cite numerous examples of Aboriginal people losing trust in the aged care system due to experiences of racism, maladministration of home care packages, and a lack of cultural understanding and competency by aged care workforces.

Concerns about the administration and management of home care packages, including high administration fees, substantial exit fees, and poor case management practices such as individuals being charged for phone calls and case manager visits, were also cited as of great concern and as contributing to Aboriginal peoples' poor experience of the aged care system.

An example was provided at the LMARG consultation in Bendigo of clients in receipt of home care packages living in Robinvale. They had to pay (out of the funding allocated in their individual home care package) the travel and accommodation expenses associated with a visit from their case manager, because the service provider "*does not have an office in the town*". This was considered grossly unfair, and many people in the Aboriginal community were outraged by this practice. Representatives from the local ACCO noted that

it contributed to a feeling within the community that age care packages were not worth applying for.

VACCHO Members have many anecdotes and concerns in relation to the administration and management of home care packages, including:

- Elders not receiving regular updates on their package expenditure (as required in the Guidelines) and, as a result, not knowing what they have spent or what they have left in their package
- Elders being told that their entire package funding has been spent and subsequently being left without any funding in a crisis, or having to wait long periods without any funded support
- Elders' packages being charged high administration fees, in some cases up to 50% of the value of the home care package
- exorbitant exit fees being charged to transfer package management from one provider to another provider
- Elders being told they cannot use their package funding to return to country or to purchase items (e.g. a fridge or air conditioner) so they can remain living in their own home
- families 'spotlighting' Elders for food and fuel vouchers funded out of their home care package.

"I spoke to them [home care package provider] and told them that vouchers were not a good use of the package funding for an Elder. Her family just took them from her. The service provider told the Elder what I had said. The Elder complained to my boss." LMARG consultation

ACCOs are increasingly concerned that they are not being offered as a service option to Aboriginal consumers as part of the assessment process. While most ACCOs are registered in the MAC portal, most report that they do not receive many referrals.

VACCHO Members report that the ***lengthy waiting times*** for a home care package (on average two years) is a significant deterrent for families and can result in them *"not bothering"* to apply. Further examples were given of people on the home care package waiting list not responding when they were finally contacted by package providers and losing their place in the queue, and of Elders' health rapidly deteriorating while waiting for a package relying on CHSP and ACCOs 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" LMARG consultation

"Families think, it's a two-year wait [for a home care package], why bother" LMARG consultation

"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" LMARG consultation

"I know of Elders who are sharing oxygen, because their package has been spent" LMARG consultation

Reluctance to access residential care. A central tenet of Aboriginal culture is to care for Elders. The aged care reforms have not recognised that the care of older Aboriginal people is family and community business, or that most aged care (80%) is done by community and that aged care services primarily support family carers. Moreover family/community/kin-centred care produces better health, social, emotional outcomes for Aboriginal communities.

Many older Aboriginal Victorians also associate residential aged care services with institutions on account of past government policies that have resulted in institutionalisation and abuse or incarceration. This results in hesitancy for some of them to even contact MAC.

Discussions about residential care arising during the consultations suggested that the approach and service model offered by the Rumbalara Elders Facility, and the Aboriginal Community Elder Service (ACES) in Victoria, were culturally appropriate and that these services were considered of a 'high quality and safe'. Participants also felt that many Elders were still reluctant to move away from family and community to access these facilities, even when they required a high level of care. Participants suggested that these types of residential care facilities were examples of culturally appropriate care and should nevertheless be more readily available across Victoria for Elders.

"We need more funding to establish Aboriginal controlled residential aged care services - so there is more choice" VCAACD consultation

"Elders like to be together with other Elders in care" LMARG consultation

"There is only one Elder in the local residential care service. If he wants to have any engagement with other Aboriginal people, we (ACCO) have to pick him up, and bring him to the PAG. This is the only way he is able to engage in Aboriginal people and his culture" LMARG consultation

VACCHO and its Members believe that the two Aboriginal specific residential care services available in Victoria are examples of how residential care can be made culturally safe and attractive to older Aboriginal Victorians and their families.

VACCHO and its Members agree with the information provided by NAGATSIAC that that older community members who do reside in mainstream residential aged care facilities often feel dislocated from community and Country, have a tendency to self-isolate and die earlier than if they were being cared for by community. The NAGATSIAC contends that an increase in funding streams for the provision of flexible community care is essential to Elders to stay and die on Country. High level community care for Elders with complex care needs must be an option available to Elders in remote, rural and regional/urban areas, not just in residential care.

A ***lack of Aboriginal people working in the aged care sector*** and a corresponding ***lack of cultural competency in the mainstream workforce.*** This applies to MAC assessments and the delivery of all forms of aged care, including packages and residential care. These gaps in the workforce contribute to a lack of cultural safety and quality in the aged care service system.

Opportunities for improvement

VACCHO and its Members believe there are several practical and effective strategies that can be implemented to improve the quality and safety of aged care for older Aboriginal Victorian people. The key solutions are presented below.

Leverage experience and knowledge of ACCOs and embrace the holistic model of care offered via ACCOs. ACCOs have been providing culturally safe and trauma-informed assessment and care to their communities for decades. In fact, the majority of ACCOs are already delivering some form of aged care, and are in a position to deliver culturally safe aged care services and enable capacity building of mainstream agencies to do the same.

VACCHO and its Members implore the Royal Commission to consider how the ACCO model of care, the models of care on offer in the two Aboriginal owned and managed aged care residential facilities, and the two Aboriginal-specific assessment services in Victoria, could be translated into practical service models within mainstream agencies across Victoria and nationally.

Fund ACCOs to deliver aged care. VACCHO and its Members strongly believe that culturally safe, trauma-informed, healing focused aged care service provision can best be provided by ACCOs and/or dedicated Aboriginal aged care service providers.

VACCHO Members feel that ACCOs and Aboriginal service providers are more likely to understand and respond to the aged care needs of Elders and Aboriginal people, and to offer a culturally responsive service, than mainstream aged care providers. As such, ACCOs are well placed to provide aged care services, particularly CHSP and home care packages for their community. Unfortunately, the current funding model and arrangements do not facilitate this approach.

"Mainstream has a different way of operating and don't get what our Elders and community members need" LMARG consultation

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

The *Aged Care Diversity Framework: Aboriginal and Torres Strait Islander Consultation Report* findings indicated that the majority of aged care provider employees believe that:

- Aboriginal people preferred to access services from an Aboriginal organisation
- there is a difference in the quality of care provided to Aboriginal people by mainstream and Aboriginal organisations. For example, 77% of representatives from peak bodies and representative groups disagreed with the statement "*The Peak Organisation or Representative Group where I work would broadly take the view that there is no difference between the quality of aged care service delivery by mainstream providers and by Aboriginal and Torres Strait Islander providers."*[26]

VACCHO members also wish to highlight to the Royal Commission the lack of research and evidence about Aboriginal ageing, the needs of older Aboriginal people, and what models of care are effective for Aboriginal men and women living in metropolitan, regional and rural areas. VACCHO Members are also keen to explore how intergenerational models of aged care, including bringing Elders and children together, can be used and funded.

Operationalise the new Aged Care Quality Standards, [Standard 1 - Requirement (3) (b) Care and services are culturally safe. The Aged Care Quality Standards (Standard 1)[27] can be more effectively used as an incentive to deliver safe and inclusive services for Aboriginal people.

VACCHO and its Members support the NAGATSIAC view that the funding and accreditation of mainstream service providers by governments needs to be dependent on the provision of culturally safe, trauma-informed care that is compliant with what is outlined in the Aged Care Diversity Framework and Action Plans. A way to ensure that cultural safety and trauma-informed practice is embedded across all service systems, management and the day to day operation of mainstream aged care providers is to place a high level of emphasis on Standard 1. For example, to employ more Aboriginal and Torres Strait Islander staff, and to commit to ongoing formal training for all staff in cultural safety and trauma-informed healing practice and care. Again, this could best be facilitated by mainstream aged care service providers committing to ongoing partnerships with Aboriginal and Torres Strait Islander health services, community organisations and workforce.

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[26] *Aged Care Diversity Framework: Aboriginal and Torres Strait Islander Consultation Report, pp. 35 and 36.*
[27] Action Plan for older Aboriginal and Torres Strait Islander People

Consideration should be given to exploring how aged care funding can be used to ***incentivise the delivery of culturally appropriate care***, given the issue of market failure arising from size and distribution of older Aboriginal people across Victoria.

Review and reorient the aged care funding model to incentivise ACCOs to deliver aged care services and enable them to establish viable and sustainable business models that support the delivery of a range of aged care services, including packaged care. Fixed costs and economies of scale need to be taken into particular account.

Develop an Aboriginal definition and practice approach **for the implementation of 'Person Centred Care'**, which recognises that unlike in Western culture, the person is perceived not as an isolated, independent self, but a self-in-relationship with the family and community. Aboriginal approaches to looking after children perceive culture and the maintenance of culture as central to healthy childhood development.

"Any services delivered to Aboriginal and Torres Strait Islander people must be culturally acceptable. This means recognising a holistic view of health that includes the physical, mental, spiritual and cultural, and incorporating the client and all of their needs including family and community"[28]

All communities are different and considering the local context and culture at the outset is paramount to the success of a service. A "one size fits all" approach to Aboriginal and Torres Strait Islander care is unlikely to be successful."[29]

Families, kinship and community are important strengths, each having a powerful influence on people's sense of belonging and connectedness. An Aboriginal family differs from a nuclear family, and extended family relatives can play a significant role in caring for their Elders.

Put simply, the aged care sector is not prepared for the unique and complex needs of older Aboriginal people, especially Stolen Generations survivors. To become prepared, it requires a significant injection of funds into Aboriginal services, and concomitant funding for the training and the recruitment of Aboriginal and Torres Strait Islander staff, assessors, and navigators who practice culturally safe, healing focussed, trauma-informed approaches to care.

Recommendation 3. The foundational, moving forward and leading the way actions proposed for outcomes 3, 4, 5 and 6 outlined in **the Action Plan for older Aboriginal and Torres Strait Islander people be resourced and implemented as a matter of priority**. In particular, the actions which relate to:

[28] People Who Care 2016 Warranyah (My Place) – Report on Consultations Aboriginal Aged Care: Improving Health and Wellbeing "Doing what it takes to improve Aboriginal Aged Care.
[29] LoGiudice D, Smith K, Shadforth G et al. 2012 Lungurra Ngoora: A pilot model of care for aged and disabled in a remote Aboriginal community–can it work? Rural and Remote Health 12 (2078 Online): 1–11.

- enhancing the recruitment, retention, development and deployment of a skilled and culturally competent aged care workforce
- improving the capacities of mainstream organisations to provide culturally safe and responsive services
- encouraging partnerships between mainstream services and trusted Aboriginal organisations to support the codesign, development and delivery of shared and flexible service delivery models for older Aboriginal people
- increasing the accountability of mainstream organisations to deliver accessible, culturally safe, trauma-informed and responsive services to Aboriginal people
- implementing the cultural safety requirements of Aged Care Quality Standard 1: Consumer dignity and choice, and a Quality Scale for culturally safe providers.

4.3 Sustainable and adequate funding

This section of the Submission discusses the ***limitations of the aged care funding model and arrangements***, which have the unintended effect of limiting older Victorian Aboriginal people's right to choose and access culturally safe and trauma-informed services. These limitations also undermine the ability of Aboriginal organisations to provide holistic, culturally appropriate and trauma-informed aged care services to Elders in their community (section 4.3).

Issues

Market failure in the aged care system has resulted in the under-representation of Aboriginal people in aged care services. In consequence, an ***inequitable and unfair distribution of aged care resources*** is occurring, and Aboriginal families, who are some of the most disadvantaged and vulnerable in our communities, are missing out on the care and support they need.

ACCOs have a cultural responsibility to care for Elders and support Aboriginal families. As such ACCOs step in and help Elders, regardless of the funding models and their allocation of aged care resources. As most ACCOs in Victoria receive limited or inadequate level of aged care funding, the abovementioned market failure means that they ***effectively carry the financial burden*** of caring for Elders who fall through the cracks in the aged care system.

"We work locally, we know the elders, their needs, their living situation and families"
LMARG consultation

ACCOs are ideally placed to leverage off their status as a service provider of choice for Aboriginal people, given their established infrastructure and clinical services andexpand their role in the delivery of aged care services. The configuration of the current aged care funding model, however, is likely to preclude them from developing viable and sustainable aged care service business models. In particular, ACCOs will ***struggle to achieve the economies of scale needed for financial viability and sustainability***, due to the small size of market (demand/market share) and the competitive nature of the supply side of the market (large aged care service providers with established back of house functions and systems).

Opportunities for improvement

VACCHO and its Members believe there are several practical and effective strategies that can be implemented to ensure the availability of sustainable and viable aged care for older Aboriginal Victorian people. The key solutions are presented below for the Royal Commission to consider.

In VACCHO's opinion, ***ACCOs are best placed to provide culturally safe aged care services*** because of their close connection to communities and holistic wrap-around culturally informed models of care. The majority of Aboriginal community members also prefer to use community-controlled health services for health care.[30] Most ACCOs in Victoria receive a relatively small amount of CHSP funding, five organisations currently receive funding as approved providers of home care packages and two receive NATSIFACP funding.

Unfortunately, the aged care funding instruments and proposed reforms do not enable the majority of ACCOs in Victoria to offer age care services other than the ones currently offered. Most ACCOs in Victoria cannot become package providers because they are relatively small and lack economies of scale. Changes proposed under The *Legislated Review of Aged Care 2017* such as removing the distinction between care at home and residential care, creating a single aged care system[31] and creating a single aged care provider registration scheme, are likely to push funding for aged care further out of reach. Similarly, the proposed integration of CHSP and home care packages, proposed in the Legislated Review of Aged Care 2017 is likely to further erode the type and volume of age care services, ACCOs can offer.

Sustainable, adequate and flexible funding models for appropriate aged care for older Aboriginal people is urgent given the predicted population growth expansion of older community members in the near future. ACCOs will not be equipped to meet the projected demand for services by Elders without adequate, long-term, flexible funding models that mainstream services currently receive.

[30] The work ACCHOs do is holistic and all-encompassing.
[31] Commonwealth of Australia. Legislated Review of Aged Care 2017. Recommendation 28.

VACCHO urges the Royal Commission to make recommendations to increase the flexibility of the current funding model and arrangements, so that aged care funding can be secured by ACCOs to provide aged care services for their local Aboriginal communities.

Any changes to the funding model must recognise, respect and appropriately fund ACCOs to provide aged care services and support to Elders and families. Specifically, funding models must be flexible enough to take account of the unique profile, needs, rights and situation of Aboriginal people in the aged care system. Consideration should be given to creating a funding model that:

- has a 'loading' for Aboriginal people that recognises the complexity of Aboriginal families and households, the unique socio-economic characteristics of Aboriginal people (such as low rates of home ownership and a lack of superannuation), takes into account the comparatively poor health status of Aboriginal people; and embeds culture in care models
- recognises and reflects the preference and cultural importance of keeping Aboriginal Elders at home; and prioritises the allocation of funding and resources to in-home care services.

VACCHO also agrees with the NAGATSIAC view that there is an urgent need for sustained NATSIFACP funding for residential services in urban areas. Without NATSIFACP funding, the sustainability and future viability of Aboriginal services In Victoria, such as ACES, may be compromised. This is because Aboriginal controlled community organisations do not have the economies of scale to support themselves independently[32].

VACCHO and it Members urge the Royal Commission to make recommendations for the continuation and expansion of the NATSIFACP funding for organisations like Rumbalara and ACES in Victoria.

Recommendation 4. The aged care funding model and arrangements are refined to strengthen the supply side of the aged care market. Specifically, funding formulas are adjusted to value specialist/niche service providers and actively support these organisations to exist, operate viably and be sustainable across all elements of the aged care system.

If the supply-side and market failure issues are not urgently addressed, Aboriginal organisations will find it increasingly difficult to operate and play the role of trusted local organisations for Aboriginal families in need of support from the aged care system. This will further diminish Aboriginal people's right to 'choose' a culturally safe service from the aged care system.

[32] Alford K, 'Economic Value of Aboriginal Community Controlled Health Services', (2014, April), *NACCHO.*

In refining the aged care funding model and arrangements, consideration should be given to adjusting the unit price (and possibly adopting a hybrid funding formula) that takes in to account:

- the important role that trusted Aboriginal organisations play in engaging Aboriginal people and providing holistic, culturally safe care; and their role in capacity building and partnering with mainstream agencies to ensure aged care services are culturally safe and informed
- the additional resourcing involved in appropriately engaging and supporting Aboriginal people and families
- the complexity and cultural requirements involved in delivering quality and safe aged care services to Aboriginal people
- the unique cost structures of smaller organisations - fixed costs in particular
- the challenges faced by Aboriginal organisations in achieving economies of scale due to the size and geographical distribution of Aboriginal populations
- the disproportionate impact of the aged care funding model (funding individuals using the service, rather than block funding the organisation) on smaller organisations; and its impact on budget certainty, employment models, security for staff, etc.

VACCHO and its Members would welcome the opportunity to trial alternative funding models and to demonstrate how value for money can be achieved.

4.4 Integration of primary care and aged care services

This section explores the importance of the integration of primary care and aged care services for the achievement of high quality and safe aged care services for Aboriginal Victorians.

Issues

Partnerships in aged care service delivery are essential, given the importance of the holistic approach to health and relationships for Aboriginal peoples.

VACCHO and its Members agree with the NAGATSIAC submission, that we can't hope to improve quality care to meet the meet the needs of older Aboriginal people without greater integration of primary health care and aged care services. If not remedied, the lack of co-ordination of care between primary health and aged care service provision will continue to

negatively impact older community members' capacity to access aged care services at the lowest rate of all Australians.

Aboriginal people have advocated for access for older community members to multipurpose health services, that are Aboriginal controlled in one location.[33] These multipurpose centres can be used to provide greater access to aged care supports, and improved health and wellbeing outcomes for communities in general. Primary health care, aged care, NDIS, dental, optical, mental health/social and emotional wellbeing, Alcohol and other Drugs (AoD), justice assistance, advocacy and support services need to be coordinated to ensure improved health outcomes. Currently some ACCOs in Victoria have capacity to provide this due to their organisational structure, that being as cooperatives providing both aged care and primary health services.

There is also a need for early intervention so that Aboriginal people are assessed for access to aged care supports before the care requirement is urgent. A means to ensure this is for older Aboriginal communities is that the Commonwealth mandate that Elders who have been assessed and are waiting for aged care supports, are then fast tracked on the basis of their complexity of need.[34]

Another impediment to early intervention for older community members and their concomitant access to appropriate aged care supports, is that GPs in primary health are not using culturally safe screening tools when caring for older community members. The use of culturally appropriate screening tools alongside family/community, in discussions with primary health care providers, would ensure greater access to aged care services.

VACCHO supports NAGATSIACs proposal to draw the Commission's attention to the retention of very detailed data obtained by PHNs and MAC. VACCHO also urges the release of this data back to the community, so Aboriginal and Torres Strait Islander service providers can track trends and identify what the health needs of specific communities are.

an Aboriginal and Torres Strait Islander data governance group should be convened to (i) oversee the integration and analysis of existing data sets and, (ii) identify gaps to ensure that older community members achieve equitable access and health and wellbeing outcomes. This would facilitate appropriate investment in practices that could be designed to create better health and wellbeing outcomes for older community members, as the released data would provide an evidence base from which to work from. Data transparency and data sovereignty are essential to the development of targeted legislation, policies, advocacy and actions that address the urgent health and wellbeing needs of our Elders.

Recommendation 5. Implement a **codesign process to explore and trial models which integrate aged care with other services**, such as primary

[33] 'Aged Care Diversity Framework: Aboriginal and Torres Strait Islander Consultation Report', (2017), *Institute for Urban Indigenous Health.*
[34] Aged Care Sector Committee Diversity Sub-Group, (December, 2017), p.25-27, Aged Care Diversity Framework

health, mental health and disability services; and which leverage the trusted Aboriginal organisation model as the basis for providing a holistic response for older Aboriginal people.

4.5 Gaps in the Cultural Competency of the Aged Care Workforce

This section explores the urgent need to address the identified gaps in the cultural competency and safety of the aged care workforces, including MAC, assessors (RAS and ACAS), case managers, personal care workers, nurses, allied health practitioners and GPs etc.

Issues

VACCHO and its Members wish to highlight two key issues in relation to the aged care workforce:

1. There is a lack of cultural competency across the aged care workforce.
2. There is a lack of Aboriginal people employed in the aged care service system.

VACCHO Members are concerned about a **lack of cultural competency across the aged care workforce,** including assessors, case managers and service providers.

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

"Many Elders are isolated, most just want to participate and be around other Aboriginal people" NMASGG consultation

Having an Aboriginal and Torres Strait Islander aged care workforce and culturally competent staff are both integral factors in providing culturally appropriate care. All staff should be given cultural training, including non-local, Aboriginal and Torres Strait Islander staff. Current best practice indicates that this training should go beyond creating an awareness of local culture to include reflection on sources of repression, class and power.[35]

VACCHO Members are concerned about the ***lack of Aboriginal people employed in the aged care service system.*** The need for Aboriginal and Torres Strait Islander staff to provide care for Aboriginal and Torres Strait Islander people is consistently endorsed in the literature. [36] VACCHO and its Members strongly support this position.

To ensure equitable access to aged care supports for older community members, greater targeted investment is needed in the promotion of Aboriginal identified positions across the

[35] Franklin, H., Y. Paradies and E. Kowal. 2014. Critical Evaluation of a program to foster reflective antiracism. International Journal of Social Science Research 2(2) 20-46.
[36] People Who Care 2016 Warranyah (My Place) – Report on Consultations Aboriginal Aged Care: Improving Health and Wellbeing "Doing what it takes to improve Aboriginal Aged Care" 38 Brooke, N.j. 2011. *Australian Journal of Rural Health* 19, 166-170.

entire aged care sector. In order to increase access to aged care services for Elders, community members need to be employed in MAC, as RAS and ACAT assessors (specific to the communities in which they live), as systems navigators, as case managers, as Aboriginal liaison officers in hospitals and mainstream aged care services, as support workers in Aboriginal controlled health organisations, as assertive outreach workers (to engage with Elders living in insecure housing or sleeping rough), as nurses, as doctors and as aged care service providers in general.

A concomitant need for Aboriginal and Torres Strait Islander people to be trained locally, at local training institutes, or via appropriate outreach educational models to provide local care, would be optimal for many reasons. The primary reason is because this would prevent homecare package funds being wasted on travel, and ensure funds are spent more efficiently on services needed by Elders. A concurrent initiative to achieve the above would be for governments to strategically fund and incentivise place targets for Aboriginal and Torres Strait Islander students in local TAFEs and Universities.

In order to then retain and sustain a larger Aboriginal and Torres Strait Islander workforce in the aged care sector (alongside greater investment by governments), greater 'buy in' is needed from allied health, primary health networks (PHNs), hospitals and the tertiary education sector. A cost benefit comparison of investing in targeted training and subsequent work opportunities for Aboriginal and Torres Strait Islander students in the aged care sector, and not investing in the above training, is essential in order to promote and put forward an attractive business case to governments, PHNs, allied health, hospitals and tertiary education institutes. This analysis would ensure better health, wellbeing and quality of life outcomes for older community members. It would also save governments money due to a reduction in the overall cost burden of the substantial levels of chronic and complex co-morbid diseases suffered by Elders.

A comprehensive review of existing Commonwealth funding investment structures for Aboriginal and Torres Strait Islander workforce is required. At the very least, the ongoing guidance and mentoring of non-Indigenous RAS and ACAS assessors, case managers, GPs and support workers must be mandated by governments to enable greater access to the full range of aged care services by older community members.

Opportunities for improvement

VACCHO and its Members endorse the NAGATSIAC recommendation that government funding and accreditation of mainstream service providers needs to be dependent on the provision of culturally safe, trauma-informed care, that is compliant with what is outlined in the Aged Care Diversity Framework and Action Plans. The only way to ensure that cultural safety and trauma-informed practice is embedded across all aged care systems,

management and the day to day operation of mainstream aged care providers, is to: (i) employ more Aboriginal and Torres Strait Islander staff; and (ii) to commit to ongoing formal training for all staff in cultural safety and trauma-informed healing practice and care. Again, this could best be facilitated by mainstream aged care service providers committing to ongoing partnerships with Aboriginal and Torres Strait Islander health services, community organisations and workforce.

Recommendation 6. Aboriginal people, organisations, peak bodies and NAGATSIAC are engaged and contribute to the operationalisation and implementation of the strategic actions outlined in **Australia's Aged Care Workforce Strategy**. Specifically, they provide advice in relation to the following issues:

- Reframing the qualification and skills framework - addressing current and future competencies (Strategic Action 3). Consideration should be given to recognising the specialist cultural knowledge Aboriginal people bring to their role in the aged care sector.
- Defining new career pathways, including how the workforce is accredited (Strategic Action 4). This should include targeting programs in pre-employment and career to support and prepare Aboriginal people for entry into the aged care workforce.
- Establishing a new industry approach to workforce planning, including skills mix modelling (Strategic Action 6). This should include tailored training programs for Aboriginal people wishing to work in aged care, and a framework for recognising and valuing cultural knowledge/skills.
- Implementing new attraction and retention strategies for the workforce (Strategic Action 7). This should include a focus on national and local workforce strategies that attract and retain Aboriginal people and culturally safe, trained non-Aboriginal staff.
- Strengthening the interface between aged care and primary/acute care (Strategic Action 9)
- Current and future funding, including staff remuneration (Strategic Action 9). Consideration should be given to how funding models can more effectively support the development and retention of an Aboriginal workforce, which is able to access secure, appropriately remunerated and ongoing roles in the aged care sector.

5. List of VACCHO Members

- Aboriginal Community Elders Services
- Albury Wodonga Aboriginal Health Service
- Ballarat and District Aboriginal Co-operative
- Bendigo and District Aboriginal Co-operative
- Boorndawan Willam Aboriginal Healing Service
- Bubup Wilam Aboriginal Child and Family Centre
- Budja Budja Aboriginal Co-operative
- Cummeragunja Housing & Development Aboriginal Corporation
- Dandenong and District Aborigines Co-operative
- Dhauwurd Wurrung Elderly and Community Health Service
- Gippsland and East Gippsland Aboriginal Co-operative
- Goolum Goolum Aboriginal Co-operative
- Gunditjmara Aboriginal Co-operative
- Healesville Indigenous Community Service Association
- Kirrae Health Services Inc
- Kirrip Aboriginal Corporation
- Lake Tyers Health and Children's Service
- Lakes Entrance Aboriginal Health Association
- Mallee District Aboriginal Services
- Melbourne Aboriginal Youth, Sport & Recreation Co-operative
- Moogji Aboriginal Council East Gippsland Inc
- Mungabareena Aboriginal Corporation
- Murray Valley Aboriginal Co-operative
- Ngwala Willumbong Co-operative
- Njernda Aboriginal Corporation
- Ramahyuck District Aboriginal Corporation
- Rumbalara Aboriginal Co-operative Ltd
- Victorian Aboriginal Health Service
- Wathaurong Aboriginal Co-operative
- Weenthunga Health Network Inc
- Winda-Mara Aboriginal Corporation