Transforming Aged Care for Aboriginal and Torres Strait Islander people

Report from the Interim First Nations Aged Care Commissioner

Image: (L-R) Aunty Mandy and Andrea Kelly

Artwork attribution:

Artwork title:

"Koorliny on Boodja" meaning "Walking on Country"

Artist:

Miranda Davis (Aunty Mandy)

Aunty Mandy is a Noonga Yorga woman from the Western Australia Wheatbelt region with family connection to Whadjuk, Wilman, Ballardong, Yued and Wardandi countries. Aunty Mandy was born in Pingelly on Ballardong Country and has lived in Mandurah on Binjareb Country for the past 25. She lives with her husband and has 4 children and 7 grandchildren.

Aunty Mandy has worked extensively in the Mandurah area with local agencies to complete commissioned pieces and projects, including the Noongar Six Seasons signage for the local park in Cunderdin.

Aunty Mandy painted and gifted "Koorliny on Boodja" to the Interim First Nations Aged Care Commissioner in recognition of her visit to Mandurah as part of her nationwide consultations.

Acknowledgement

I acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout what is now known as Australia, and recognise their continuing connection to land, sea, waters, and culture. I pay my respects to their Elders past and present and acknowledge sovereignty was never ceded.

I particularly acknowledge the generous contributions of Aboriginal and Torres Strait Islander peoples who shared their lived experiences of the aged care system. By sharing their experiences, they have provided the voice and foundation for this report. Their contributions are the evidence and momentum for change.

A note on Terminology

Throughout my consultations, Aboriginal and Torres Strait Islander people told me they would prefer that I use 'Aboriginal and Torres Strait Islander' instead of 'First Nations'. For this reason, this report refers to a future, permanent Commissioner as an Aboriginal and Torres Strait Islander Aged Care Commissioner. Where the report is referencing my current position as Interim Commissioner, it continues to use the term First Nations.

Contents

Foreword

This report, the findings and recommendations herein, are the culmination of an intensive and extensive consultation process, and an open call for submissions on the design and functions of a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner, and on older Aboriginal and Torres Strait Islander people's experiences with the aged care system. Consultations and submissions have shown overwhelming support for the establishment of an independent, statutory Commissioner. Communities have shared their hope that Government, through its commitment to this position, is truly invested in listening and responding to the needs of older Aboriginal and Torres Strait Islander people.

Between 5 February 2024 and 21 June 2024, I travelled over 70,000km to urban, regional, remote and very remote communities, listening to older Aboriginal and Torres Strait Islander people, their families, peak bodies, representative bodies, providers and advocacy organisations. They shared their experiences with the aged care system and provided their input into the design of this very important role.

Sadly, the aged care system was never designed with older Aboriginal and Torres Strait Islander people in mind. My consultations revealed that not enough has changed for Aboriginal and Torres Strait Islander people since the Royal Commission into Aged Care Quality and Safety (Royal Commission) 4 years ago. The aged care system has failed, and continues to fail, older Aboriginal and Torres Strait Islander people. The system is still not providing culturally safe care and is poorly placed to meet projected growth in demand of aged care services for older Aboriginal and Torres Strait Islander people.

Based on the feedback I received and available data, it is clear that to adequately reform the system we need to ensure the future model of Support at Home delivers support people actually need and not what others perceive they need, the real cost of providing that support is covered, and community-controlled organisations are supported to enter the sector. To do this we need a long-term approach that lifts equity.

An equity-based approach is required to achieve equal access and outcomes for older Aboriginal and Torres Strait Islander people. Equality will never be realised if we do not address the systemic barriers faced by Aboriginal and Torres Strait Islander people when accessing the aged care supports the need.

I heard many heartbreaking stories of Elders dying off Country and what it means for their families when their loved ones' 'spirits get lost'. I also heard consistent accounts of issues commonly faced by older Aboriginal and Torres Strait Islander people that, while not strictly the responsibility of the aged care system, older people rely on for their health and wellbeing. This highlights the need for holistic system approaches to accessing appropriate health care, renal dialysis support on Country, dementia support, affordable and accessible housing, liveable housing conditions, access to running water, and food security.

I witnessed culturally safe, trauma-aware and healing informed approaches to care, however these were restricted to Aboriginal community-controlled services. These services focused on the unique cultural needs and understanding of older Aboriginal and Torres Strait Islander people. The positive examples are limited, and changes are required to transform the aged care system to adequately meet the needs of older Aboriginal and Torres Strait Islander people.

The true potential of my role - and that of a permanent Commissioner - is realised in the opportunity I had to sit with community, listen deeply and understand, in their own words, the barriers and challenges they have and continue to experience with the aged care system, and how a permanent Commissioner could facilitate and influence change across the system.

I met with more than a thousand people during my consultations and with every visit I was welcomed with gratitude, warmth and hospitality. Many people invited me into their homes and workplaces and shared stories of what mattered to them: family, community, connection to Country and culture.

I am encouraged by the many messages I received following my consultations from participants who spoke about feeling heard, understood and hopeful.

While my formal consultations have concluded, as Interim First Nations Aged Care Commissioner, I will continue my regular engagement with older Aboriginal and Torres Strait Islander people, the Aboriginal community-controlled sector and mainstream aged care sector to better understand, promote and advocate for the changes needed to ensure older Aboriginal and Torres Strait Islander people have access to culturally safe, trauma-aware and healing informed aged care to meet their unique needs.

While I am the author of this report, the words throughout reflect the many voices of the people I got to spend time with. In recognition of their courage and generosity, my hope is that this report will be a vehicle to articulate the many older Aboriginal and Torres Strait Islander people and communities' aspirations and insights to Government.

Andrea Kelly

Interim First Nations Aged Care Commissioner

November 2024

Executive Summary

On 8 January 2024, I was appointed Interim First Nations Aged Care Commissioner (Interim Commissioner) as a first step in addressing Recommendation 49 of the Royal Commission into Aged Care Quality and Safety (Royal Commission): to establish a statutory Aboriginal and Torres Strait Islander Aged Care Commissioner (Commissioner) to ensure culturally safe, tailored and flexible aged care services for older Aboriginal and Torres Strait Islander people. As Interim Commissioner my mandate is to:

- lead extensive public consultations with Aboriginal and Torres Strait Islander older people and communities, and other relevant stakeholders, about the design and functions of a permanent Commissioner
- contribute to changes necessary to improve Aboriginal and Torres Strait Islander people's access to culturally safe aged care
- promote culturally safe, trauma-aware and healing informed aged care services for older Aboriginal and Torres Strait Islander people across Australia.

This report details what I heard from older Aboriginal and Torres Strait Islander people, their families, communities and the Aboriginal and Torres Strait Islander community-controlled sector about their aspirations for culturally safe, accessible and responsive aged care and the barriers and challenges that need to be overcome to meet their aspirations. This report also details what Aboriginal and Torres Strait Islander people told me they want from a permanent Commissioner.

We are at a critical juncture of reform to the aged care system for Aboriginal and Torres Strait Islander people. The National Agreement on Closing the Gap (National Agreement) Priority Reforms and the recommendations of the Royal Commission provide a pathway toward an aged care sector that is culturally safe and has a positive impact on older Aboriginal and Torres Strait Islander people's ability to live and age well.

Recommendations to Government in this report are based on what Aboriginal and Torres Strait Islander people told me through my extensive engagements across the country, which will help to realise the ambitions articulated in the National Agreement and through the Royal Commission recommendations.

Key findings

Aboriginal and Torres Strait Islander people described the current aged care system as being largely culturally unsafe, not supportive of their cultural wellbeing and needs, alienating, difficult to understand and challenging to access.

Aboriginal and Torres Strait Islander people entering the aged care system face additional barriers and challenges compared to other Australians.

Ongoing trauma and exclusion caused by colonisation and dispossession, compounded by institutionalised and systemic racism have made Aboriginal and Torres Strait Islander people the most disadvantaged in the country. All levels of government recognised this disadvantage through their commitment to the National Agreement. This is an overarching national policy, which aims to enable Aboriginal and Torres Strait Islander people and governments to work together to 'overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.'[1]

The disparity in outcomes is particularly apparent in older Aboriginal and Torres Strait Islander people who do not access aged care at rates proportionate to other Australians or commensurate with their needs, despite having a lower life expectancy and higher likelihood of requiring aged care services at a younger age.[2]

Many aged care services are culturally unsafe for Aboriginal and Torres Strait Islander people.

Many older Aboriginal and Torres Strait Islander people spoke to me about their first-hand experiences of interpersonal and structural racism when accessing aged care, where many mainstream organisations are culturally unsafe and ill-equipped to meet their needs. I listened to stories of older Aboriginal and Torres Strait Islander people not being valued or respected across the system, including by assessors and the Aged Care Quality and Safety Commission (ACQSC). I heard consistently that the lack of cultural safety is the primary deterrent for older Aboriginal and Torres Strait Islander people not accessing aged care.

Aboriginal and Torres Strait Islander people often prefer to access aged care, health and wellbeing services delivered by Aboriginal Community Controlled Organisations (ACCOs). ACCOs are services initiated by Aboriginal and Torres Strait Islander people, controlled, and governed by and for Aboriginal and Torres Strait Islander people. When ACCOs provide place-based, locally led and culturally safe services to Aboriginal Torres Strait Islander people, the outcomes are far better. Services delivered by ACCOs are designed to meet the needs of Aboriginal and Torres Strait Islander people and protect their cultural needs and safety.

While there is a commitment from government under the National Agreement to build and strengthen the ACCO sector, there is a long way to go before Aboriginal and Torres Strait Islander people have a choice to access an ACCO for aged care services. In the meantime, there is a role for governments to support and encourage partnerships between ACCOs and mainstream service providers and accelerate efforts to build the cultural safety within mainstream services, but not at the detriment of building the ACCO sector.

There is a lack of flexibility in the aged care system and services to respond to the needs of older Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people raised with me that aged care services lack the flexibility to respond to their needs and circumstances. This sentiment was repeated many times by providers I met with. They talked about inflexible funding arrangements being a significant barrier in their ability to support their participants' needs. The success of funding arrangements during the emergency response to the COVID-19 pandemic provides an example for what can be achieved when flexibility is provided.

There is a lack of culturally appropriate communications to support Aboriginal and Torres Strait Islander people's understanding and access to the aged care system.

There was lack of knowledge and information about aged care services, eligibility requirements, entitlements, and access. I also heard and witnessed the language and processes used within the aged care system being described as 'complex, confusing and overwhelming'. The over-reliance by governments on digital platforms, and the absence of face-to-face support, further exacerbates these challenges. This was especially true for older Aboriginal and Torres Strait Islander people and their families in remote communities for those whose first language is not English.

Aboriginal and Torres Strait Islander people are often disconnected from Country as they age.

A consistent theme throughout my engagements was the desire for older Aboriginal and Torres Strait Islander people to remain connected to their Country as they age. With limited services in many parts of Australia, older Aboriginal and Torres Strait Islander people are forced to leave their community for aged care, disrupting their connection to Country and Island home, leading to spiritual loss. Many people spoke about older people passing away in places far from their home and Country leading to 'spirits getting lost.' The loss of older Aboriginal and Torres Strait Islander people from communities was also having a profound impact on community wellbeing and cultural identity.

Elders play a significant role as community leaders and protectors of cultural knowledge, lore and heritage. This involves passing down knowledge and stories, leadership, care-giving and safeguarding family, community and intergenerational wellbeing. This disconnection from Country was seen as deeply traumatic, emphasising the need for aged care services that support ageing in place or, where this is not possible, programs that support regular connection back to Country.

Impacts on Stolen Generations survivors.

My engagements highlighted the unique and complex needs of Stolen Generations survivors, many of whom face significant challenges in accessing aged care. The trauma experienced by this group has had lasting effects, which are compounded by the current aged care system's lack of trauma-aware, healing informed care. Stolen Generations survivors often avoid mainstream services, due to insensitive assessments and care environments that resemble institutions they were placed in as children. Many survivors expressed a strong preference for home or community-based care, avoiding institutionalised settings wherever possible. A dedicated aged care response to the needs of Stolen Generation survivors and their families is urgently needed.

Culturally unsafe complaints processes can be difficult to understand and navigate.

Many older Aboriginal and Torres Strait Islander people told me that the mechanisms and processes to raise complaints about individual aged care services or interactions with the aged care system were either culturally unsafe or unresponsive. They often did not understand how their complaints were being handled and did not always understand the outcome or felt like their issue was not being resolved. I have assisted individuals as far as possible with their concerns, including connecting them with appropriate supports or complaints mechanisms, which at times I have struggled to navigate and have felt helpless in assisting them to resolve their concerns.

For me, the experience of attempting to support individuals to navigate the complaints process has highlighted the need for more information, education and awareness-raising about what supports are available and how they can be accessed. The complaints mechanisms and processes need to be reviewed and strengthened so they are clear, safe and responsive to Aboriginal and Torres Strait Islander people.

Andrea Kelly, Sophie Lupton with the Australian Capital Territory (ACT) Nannies Group, Canberra, Ngunnawal Country

There is a significant lack of Aboriginal and Torres Strait Islander specific data inhibiting informed policy and program decisions.

A significant issue raised throughout my consultations was the lack of available data and information on the needs and experiences of older Aboriginal and Torres Strait Islander people. This lack of information inhibits the ability of governments and communities to make informed, context-specific decisions. Much of what is available is taken from Census data, which becomes quickly outdated and lacks the necessary nuance to inform community-level decision-making.

I am also concerned that many Government decisions are being made for and about older Aboriginal and Torres Strait Islander people without proper engagement and partnerships to gain community perspectives. This is particularly important in the absence of overarching data.

Government effort is needed to boost the available data on Aboriginal and Torres Strait Islander people's needs and experiences relating to aged care. Equally important is for governments, when collecting data, to adhere to the principles of Priority Reform 4: Share data and information at a regional level.

There are positive examples of culturally safe, trauma-aware and healing informed aged care.

I witnessed models of aged care services for older Aboriginal and Torres Strait Islander people that were tailored, safe and culturally responsive. Most of these examples were services provided by ACCOs and demonstrate what is possible.

Andrea Kelly with elders at Pulkapulkka Kari Aged Care, Tennant Creek, Warumungu Country

I also witnessed strong partnerships between mainstream providers and ACCOs, and Aboriginal and Torres Strait Islander families and communities of culturally safe care. Again, these examples provide a demonstration of what is possible.

This report highlights examples of models and ways of working that have positive outcomes for older Aboriginal and Torres Strait Islander people. Where possible, the Government should look to replicate and scale up these positive examples.

An equity-based approach is needed to achieve equal access and outcomes for older Aboriginal and Torres Strait Islander people.

We must recognise the unique barriers and adverse outcomes experienced by older Aboriginal and Torres Strait Islander people - in particular, Stolen Generations survivors, veterans, and the LGBTIQ+ community - and how that contributes to lower rates of accessing aged care. It is imperative that an equity-based approach is taken to ensure that appropriate aged care is available to meet their unique needs.

Taking an equity-based approach for older Aboriginal and Torres Strait Islander people means it is not enough to insist on equal access.

If we are to make meaningful progress on closing the gap and responding to the needs of our older people, we must ensure that policies and programs are designed with and targeted at older Aboriginal and Torres Strait Islander people, as the most vulnerable and disadvantaged people in our country. An intersectional approach to this work is important.

National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.

The NATSIFAC Program is highlighted as a positive model as it ensures guaranteed funding for providers and has the inherent flexibility to meet the ageing and cultural needs of individuals and communities. However, it does have limitations and there have been calls for changes to the Program.

This report supports reforming the Program to better meet the needs of Aboriginal and Torres Strait Islander people. To be clear, the NATSIFAC Program should be retained, refined and for some communities adapted. The Government must ensure that the Program's existing benefits are not lost in the aged care reforms.

A permanent Aboriginal and Torres Strait Islander Aged Care Commissioner is a critical mechanism for transforming the aged care system.

There is overwhelming support for a permanent, statutory Commissioner that is independent from Government and the Department of Health and Aged Care (the department). The permanent Commissioner should be a statutory office holder with the necessary powers and resources to partner and innovate with the Government, ACCO sector, and mainstream aged care sector, as well as drive accountability for delivering on the commitments under the National Agreement and the systemic reforms necessary to create a truly inclusive aged care system.

The drafting of the legislation to introduce a permanent Commissioner should commence immediately.

The Royal Commission and National Agreement provide a framework for transformational change.

Not enough has changed for Aboriginal and Torres Strait Islander people since the findings of the Royal Commission, 4 years ago. The National Agreement provides a transformational framework to change the way governments work with Aboriginal and Torres Strait Islander people, organisations and communities to deliver culturally safe and responsive aged care services.

I recognise the Government has made some important changes to the way it works and its policies and programs relating to Aboriginal and Torres Strait Islander aged care. I also recognise that the department is one of the leading Commonwealth departments in responding to the National Agreement. However, I heard the frustrations of communities and ACCOs that the promise of the National Agreement is not translating fast enough to real improvements on the ground.

The experiences of Aboriginal and Torres Strait Islander people and the findings I present in this report compel urgent action from governments.

This challenge is only becoming more pressing as the number of older Aboriginal and Torres Strait Islander people increases. Between 2011 and 2021, the number of older Aboriginal and Torres Strait Islander people aged 65 years and over almost doubled. Over the following decade, the number is expected to increase by another 67%.[3] Reforms to the aged care system must address current barriers and become a system for the future, not just for the now.

A wholescale new approach is required, demanding the development of a long-term transformative plan, designed in full partnership with Aboriginal and Torres Strait Islander community-controlled representatives. A 10-year transformation plan is needed to articulate the aspirations of older Aboriginal and Torres Strait Islander people, with a clear vision for what transformation looks like, and a strategy to achieve that vision. This plan should contain a real dollar investment, as well as underpinning data to inform decision-making and accountability for delivery.

Andrea Kelly, Dolly Nye and Queensland local network staff with Goolburri staff, Toowoomba, Jagera, Giabal/Jarowair Country.

Recommendations

Recommendation 1
Publish this report

The Government agrees to publish this report in full.

I met with many individuals and communities who are often consulted as part of the Government's information gathering for policy development or program design but have no idea what information is being relayed to Government decision-makers. The process of collecting, drawing on and incorporating feedback provided by communities should be more transparent. I hope that by publishing this report, the many older Aboriginal and Torres Strait Islander people I met with, who shared their stories and experiences, will see their collective voices reflected in this report.

Recommendation 2
Commit to develop a 10-year transformation plan

The Government should commit to the development of a 10-year transformation plan, co-designed in genuine partnership with Aboriginal and Torres Strait Islander people, which articulates an Aboriginal and Torres Strait Islander aged care pathway. Consideration must be given to 3 key areas. First, what I heard through my consultations; second, the findings and recommendations of the Royal Commission; and third, clearly articulating a strategy that gives effect to the commitments made under the National Agreement and supports older Aboriginal and Torres Strait Islander peoples' self-determination.

Recommendation 3

Agree in-principle to the proposed model for an Aboriginal and Torres Strait Islander Commissioner

The Government gives in-principle agreement to the proposed model of a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner (Section 2) and agrees to the Interim Commissioner moving to the next stage of development and implementation.

The proposed model was developed in consultation with older Aboriginal and Torres Strait Islander people, communities and community-controlled leadership. The model would establish an independent, permanent, statutory position. In line with the recommendation of the Royal Commission, the permanent Commissioner would hold the aged care system to account for ensuring more equitable access to high quality, culturally safe and inclusive aged care services for older Aboriginal and Torres Strait Islander people.

Recommendation 4

Progress time sensitive and urgent recommendations

The aged care system requires an overarching, systems-level transformation plan to meet the current and anticipated needs of older Aboriginal and Torres Strait Islander people. However, the plan will take time to co-design, develop and implement.

There are a range of time-sensitive and urgent actions to be taken in the meantime to address the barriers that are exacerbating the inequity of access to aged care between older Aboriginal and Torres Strait Islander people and other Australians.

A list of time sensitive and urgent recommendations that the Government should commit to action as a priority, is provided at **Appendix 1**.

Section 1

National Consultations

On 8 January 2024, I was appointed Interim First Nations Aged Care Commissioner as a first step in addressing Recommendation 49 of the Royal Commission: to establish a statutory Aboriginal and Torres Strait Islander Aged Care Commissioner to ensure culturally safe, tailored and flexible aged care services for older Aboriginal and Torres Strait Islander people. As Interim Commissioner my mandate is to:

- lead extensive public consultations with Aboriginal and Torres Strait Islander older people and communities, and other relevant stakeholders, about the design and functions of the permanent Commissioner
- contribute to the changes necessary to bring improvements for Aboriginal and Torres Strait Islander people across the aged care system
- advocate for and promote culturally safe, trauma-aware and healing informed aged care services for older Aboriginal and Torres Strait Islander people across Australia.

Between 5 February 2024 and 21 June 2024, I held extensive consultations with older Aboriginal and Torres Strait Islander people, their families and communities, ACCOs, mainstream aged care providers, and key Aboriginal and Torres Strait Islander and mainstream peak bodies. I listened as they shared their aged care experiences, what would make the biggest difference to them by improving the aged care system, and what value a permanent Commissioner would bring. Consultations were focussed on 2 questions:

1. Should there be a permanent, statutory First Nations Aged Care Commissioner? If so, what should their functions and authority be?
2. What changes are required to enable culturally safe, trauma-aware and healing informed access to the aged care system for older Aboriginal and Torres Strait Islander people, carers, families and communities?

In the above period, I held more than 135 engagements and consultations across all states and territories. The consultation map, at **Appendix 2**, shows I visited a mix of very remote, remote, regional and urban locations, as well as a mix of aged care service types. I consulted broadly and provided an opportunity for less frequently visited communities to be heard.

To support my consultations, I worked closely with the department's State and Territory Local Network (Local Network) as the stewards of local aged care community and provider relationships. Staff from the Local Network were effective in following up local issues immediately and providing feedback to individuals or providers. As my report will show, a high degree of information and education is required for Aboriginal and Torres Strait Islander people and organisations to understand the complexities of aged care programs and supports available. The Local Network is best placed to provide this, in addition to other aged care navigators.

It was not possible for me to get to every community, so to ensure the widest possible engagement, a website and discussion paper were developed. Individuals and organisations were supported to have their say in whatever way worked for them, including written submissions, letters, emails, videos, audio messages or through a phone call. At the close of the consultation period, I had received 36 submissions.

Since my commencement, I have met with a wide range of peaks and key bodies, such as the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), National Aboriginal Community Controlled Health Organisation (NACCHO), The Healing Foundation, National Aged Care Alliance, Aged Care Council of Elders, National Aged Care Advisory Council, Older Persons Advocacy Network (OPAN), Stolen Generations organisations, and carers' organisations.

A full list of my consultations and submissions received are at **Appendix 2**.

Post Consultation Period

While my official consultation period concluded on 21 June 2024, I have continued active engagement with individuals, communities and the sector. This has been important to allay concerns that were put to me during consultations that this should not be a one-off information gathering exercise. It was important to honour the commitment I made to ensure all who wanted to share their experiences on the aged care system would have the opportunity to do so. Ongoing community and sector engagement will be a key role for the permanent Commissioner, to build and maintain trust and confidence and ensure the aged care system is delivering as it should.

Since June, I have continued to accept feedback, and invitations to meet with communities, representatives, and organisations in person and virtually. I have received feedback, provided information to community and helped them understand what resources are available as they battle to navigate the complex aged care system.

I have attended and presented at a range of forums and conferences, including: the Elder Abuse Action Australia (EAAA) and Aged Rights Advocacy Service (ARAS) Elder Abuse Conference; the OPAN Annual Meeting; Mid North Coast Koori Care Connections Forum; the Aged Care Research & Industry Innovation Australia (ARIIA) Conference; the National Aged Care Alliance; Better Health Network Community Yarns Consultation; National Ageing Research Institute; Coalition of Aboriginal and Torres Strait Islander Peak Organisations; Closing the Gap Partnership Working Group; and the Social and Emotional Wellbeing (Mental Health) Policy Partnership, established under Priority Reform One of the National Agreement.

There have been positive engagements with non-government organisations including NACCHO; Dementia Australia; Palliative Care Australia; and researchers at the National Centre for Epidemiology and Population Health, Australian National University and James Cook University.

I have built strong and productive working relationships with key sector stakeholders, including the Acting Inspector-General of Aged Care, the ACQSC, the Aged Care Complaints Commissioner, the Independent Health and Aged Care Pricing Authority (IHACPA), OPAN and the National Indigenous Australians Agency (NIAA).

Feedback provided throughout my consultations have informed submissions to the Exposure Draft of the new Aged Care Act; the Final Report of the Aged Care Taskforce; the Acting Inspector-General of Aged Care's Review of the Administration of My Aged Care; the ACQSC's Strengthened Quality Standards and IHACPA consultations on the pricing of residential aged care services as well as Support at Home.

Community-Controlled Leadership Group

I established a forum of respected Aboriginal and Torres Strait Islander leaders and sector representatives from the Aboriginal community-controlled sector (Leadership Group), to provide advice and guidance on the proposed model for the permanent Aboriginal and Torres Strait Islander Aged Care Commissioner. I held 2 formal workshops with the group in May and July seeking early feedback on the proposed model. This is an added accountability mechanism to community to ensure the proposed model is not being designed in isolation of Aboriginal and Torres Strait Islander people and that the nuances of feedback are properly understood, and key considerations are not overlooked.

The Leadership Group were drawn from organisations who fought hard for the appointment of a permanent Commissioner in the Royal Commission. They also understand the Aboriginal and Torres Strait Islander aged care sector and the value of a permanent Commissioner. While the recommendations for the model included in this report are mine, based on a consensus view of all who I consulted with, I would like to acknowledge the leadership, counsel and insights shared by this group.

A list of organisations whose representatives made up the Leadership Group is provided at **Appendix 2**.

A Positive Aged Care Experience

Our Elders are guardians of our rich cultural heritage, imparting their knowledge through stories, art, music, and language. Through their resilience, determination, and wisdom, they have fought hard for the privileges we experience today. It is not only a commitment but an inherent obligation for us to ensure that our cherished Elders have everything they require during their golden years, including comprehensive aged care services – **Institute for Urban Indigenous Health (IUIH) submission**

Many positive examples of culturally safe, trauma-aware and healing informed aged care I witnessed were delivered by ACCOs. This is not surprising as evidence shows ACCOs achieve better outcomes due to their community-led approach.[4] Aboriginal and Torres Strait Islander people are more likely to engage with services delivered through ACCOs, as they are accountable and connected to their communities.

Andrea Kelly and Nola Rogers, Juniper Guwardi Ngadu Residential Aged Care, Fitzroy Crossing, Bunuba Country

ACCOs often become the heartbeat of Aboriginal communities and are relied on to provide necessary and sometimes life-saving services they aren't appropriately funded for. ACCOs don't exist as an organisation separate from community, we are embedded in it – **Aboriginal Community Services**[5]

CASE STUDY

Aged care services delivered by ACCOs

I visited a range of services delivered by ACCOs who understand their communities and tailor their services to meet community needs. The ACCOs are seeing positive results in engagement and increased access for older Aboriginal and Torres Strait Islander people. Three services I visited were particularly effective.

One provider offers a 'one-stop shop' for its clients, including general practice, allied health, dental, pathology, aged care support and pharmacy services. In practice, participants can access the health services they need in one location with appointments coordinated on the same day, meaning older people do not need to seek multiple avenues of transport and coordinating different appointments.

Another provider has seen a remarkable change in the rates of access through small but meaningful adjustments in the language it uses to be more inclusive for Aboriginal and Torres Strait Islander people. For example, moving from a focus on 'respite' to 'wellbeing' because the provider understands that certain words have connotations or additional meanings that need to be considered.

A key benefit of the wellbeing model is that it is targeted at supporting older Aboriginal and Torres Strait Islander people on their own terms. This includes a Wellness Centre located on a ten-acre property and surrounded by well-kept gardens, which offers day respite. Participants can access aged care without needing to move into a residential facility or have care providers come to their home. There are culturally safe activities held at the centre, as well as a range of visiting medical services, targeted at the needs of the community, including a fitness trainer and occupational therapist.

The third provider, which offers a mix of residential and in home care has a designated Service Delivery Care Coordinator who works with older Aboriginal and Torres Strait Islander people to remain living independently within their own home and community by supporting them to plan services and meet individual goals and needs.

This residential aged care building is positioned with respect to earth, air, fire, and water, and are designed to honour Ancestors. The site features rammed earth walls, open spaces, a pond, and Aboriginal art. Activities and events are hosted around the fire pit to celebrate friendships and cultural connections while enjoying johnny cakes and damper. The service has a visiting hairdresser, beauty salon, and wellness centre that offers a private place to enjoy cooking, sewing, crafting, and barbecues with friends.

National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program

The most referenced and positively received model for delivering aged care services is the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. Delivering a mix of residential and home care support, the NATSIFAC Program allows providers to deliver flexible, culturally safe aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community.[6]

An advantage of the NATSIFAC Program is the flexible recurrent or 'block' funding. There is flexibility in how funding can be used, including pooling funds to tailor services to the collective cultural and wellbeing needs of participants.

Under existing arrangements, NATSIFAC providers are not required to be approved providers under the *Aged Care Act 1997*, and aged care participants are not required to be assessed by an Aged Care Assessment Team prior to receiving care services. However, under the new Aged Care Act, NATSIFAC providers will be regulated in the same way as other aged care providers. Under the new Act, providers will need to meet new obligations, such as the requirement to be registered and have in place a grant agreement with the department to deliver services.[7]

The greatest limitation of the NATSIFAC Program is the small proportion of the total aged care services it delivers to older Aboriginal and Torres Strait Islander people. At June 2023, 44 services were funded under the NATSIFAC Program, delivering 489 residential aged care places and combined 895 Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP).[8]

The Program is not open to new providers, which limits ACCOs capacity to enter the market. This is disappointing, given that many of the culturally strong services I visited were funded under NATSIFAC and/or delivered by ACCOs. Under existing arrangements, the NATSIFAC model would be an appropriate pathway for those wanting to enter the market.

The vast majority of NATSIFAC places are in remote or very remote locations. The model in its current form, while well received, does not have the sufficient reach to benefit many older Aboriginal and Torres Strait Islander people who live in urban and regional locations.

The Royal Commission proposed taking (and building on) the best elements of the NATSIFAC Program and incorporating them into an Aboriginal and Torres Strait Islander aged care pathway within the new aged care system.[9] The Royal Commission suggested that this approach would provide more funding with greater flexibility to meet the needs of the growing numbers of vulnerable Aboriginal and Torres Strait Islander people in rural, regional and urban areas.

I agree with this approach, which was almost universally called for by the providers and ACCOs I met with. However, as welcome as an expansion of the NATSIFAC Program would be, it will not be enough in isolation. I recommend any broader reforms being considered now to the NATSIFAC Program should wait and be incorporated into my proposed 10-year transformation plan.

Case study

2024 New South Wales Elders Olympics, Dunghutti country, Kempsey

In May 2024, I had the privilege of being invited to attend the 2024 NSW Elders Olympics on beautiful Dunghutti Country, in Kempsey, hosted by Booroongen Djugun Limited. It was a pleasure to join the 406 Elders who attended the event, representing over 25 nations including Biripi, Birpai, Awabakal, Dakinjung, Dunghutti, Gumbangir, Gandangar and Gamilaroi.

Established in 2001, the Elders Olympics event has gone from strength to strength, with this year marking the 23rd Olympics. Each year, the winning team has the opportunity to host and organise the following year's event. This event is driven by community, exists for community, and is reliant on the efforts of volunteers. To date, the NSW Elders Olympics has not received government investment.

Events such as these offer so many benefits for older Aboriginal and Torres Strait Islander people. This includes the opportunity to reconnect with extended family, make new friends, share and celebrate culture and participate in a range of activities that promote their physical, social and spiritual wellbeing. These events deserve to be highlighted for the positive impact they have for participants and attendees, bringing people and communities together to form valuable connections and showcasing the strength and vital role Elders play in our communities. They give older Aboriginal and Torres Strait Islander people something to look forward to and be proud of.

'The Elders Olympics is really important for the Elders. It's about Country, Culture, Community. It gives them the opportunity to gather, connect and it promotes healthy living. It's also about connecting our Elders with our younger generation and following their leadership. It is the modern day Corrobboree and over the last 23 years it is safe to say it has grown into one of the biggest cultural events in NSW' – **Kylie O'Bryan, CEO Booroon gen Djugun Limited**

Elder Care Support and Aged Care Specialist Officers

'It's a privilege to work with our Elders and hear their stories and learn culture. We are their voice.' – **Elder Care Support Worker, Western Australia Consultation**

Acknowledging the aged care system is complex and complicated to navigate for older Australians, the Government introduced programs to support older Australians as they interact with and access the aged care system. These include Aged Care Specialist Officers (ACSO), the Care Finder Program, and Elder Care Support Program (ECSP). The ECSP is specifically designed to support older Aboriginal and Torres Strait Islander people, their families, and carers to understand and navigate the aged care system.

Older Aboriginal and Torres Strait Islander people prefer being supported through the aged care system with face-to-face supports. In several consultations, concerns were raised with me about the current over reliance on the digital portal and online guidance materials. Contrary to that, positive feedback was expressed about the introduction of an ACSO in some communities. ACSOs have been particularly useful in helping older people navigate the entire My Aged Care process, as well as connect them with other Services Australia supports.

The ECSP, administered by NACCHO, also received positive feedback, but I heard disappointment that the program only operates in a small number of communities. There were several calls by many ACCOs, in consultations and in submissions, for an expansion of the program. The Aged & Community Care Providers Association (ACCPA) also noted in their submission the value of funding cultural liaison officers and navigators.

However, there was also some confusion about the functions carried out by ECSP and Care Finders. This is an area that the department needs to improve on so that community are aware of the 3 levels of support available and what each offer. In one regional consultation, the ECSP and Care Finder were unaware that both services were operating in the same community. I had the opportunity to flag concerns about ECSP with NACCHO representatives that were raised by older Aboriginal and Torres Strait Islander people during consultations.

Andrea Kelly, Jessica Fortune with Elder Care Support staff, Derbarl Yerrigan, Perth, Whadjuk Noongar Country

Partnership arrangements between mainstream and community controlled

'I genuinely want to understand the spiritual needs of First Nations and how we can carefully and sympathetically bring that into the aged care facility' – **Aged care service provider**

Case study

St Bart's and Moorditj Support Services Home Care service delivery

When I travelled to Western Australia, I saw the beginnings of a promising partnership between a large mainstream provider and a local Aboriginal community-controlled organisation.

St Bart's is one of Perth's key not-for-profit providers of accommodation and outreach services for vulnerable Western Australians experiencing, or at risk of, homelessness, mental health challenges, trauma and hardship.

I was impressed that the provider had proactively identified the challenges that exist in delivering home care services to older Aboriginal and Torres Strait Islander people and taken steps to respond to this. St Bart's noted that the traditional home care model leans towards a transactional approach to care, with scheduled services set in a prescriptive agreed manner with limited capacity to be agile in the approach of care services for older Aboriginal and Torres Strait Islander clients.

In response, St Bart's sought to work in close partnership with Moorditj Support Services, an organisation that is experienced in delivering care support services and understands their community and cultural preferences of Elders.

In this partnership arrangement, St Bart's oversees the administration and compliance of quality-of-care program, while the partner organisation, Moorditj Support Services, delivers the agreed home services and tailored care plan in a culturally safe way. In short, Aboriginal clients can receive care in their home from Aboriginal care workers.

This was the first example I saw of a strategic partnership where a large mainstream provider has a service agreement with a local ACCO. It was also the preference of Moorditj Support Services to do what they are best at and leave the complex administrative work to St Bart's who are resourced and skilled at this aspect of the business. Whilst in its initial stages of implementation, I will be following the organisation's journey closely given the potential opportunity for scaling up this partnership approach and adapting in other jurisdictions.

I encourage the Government to support and incentivise partnerships such as this, which enable more ACCOs to enter the aged care market.

Systemic Challenges and Barriers

'By any objective measure, [Indigenous people] should be receiving proportionately higher levels of aged and health care' – **Royal Commission, Final Report, Volume 3A p.239**

As a result of the impacts of colonisation and ongoing discrimination, Aboriginal and Torres Strait Islander people have higher rates of disability, lower life expectancy and an increased likelihood of requiring aged care services at a younger age than non-Indigenous people. In recognition of this, Aboriginal and Torres Strait Islander people can access aged care at a younger age than other population groups.[10] Despite this, because of a range of barriers that disproportionately affect older Aboriginal and Torres Strait Islander people, they do not access aged care at an equitable rate, or at a rate commensurate with their level of need.

The challenges interacting with the system and barriers exacerbating poor rates of access to aged care for older Aboriginal and Torres Strait Islander people highlight the need for additional investment. However, simply providing additional funding is not sufficient. Without understanding the barriers faced by older Aboriginal and Torres Strait Islander people, efforts to improve outcomes will continue to draw on mainstream framing of policy solutions, resulting in little change in outcomes and an increased likelihood of wasted government and community resources.[11]

'To date, the resources that governments have committed to the implementation of the Agreement have fallen far short of the ambition of the Agreement. Many of the commitments in the Agreement cannot be achieved unless there is additional investment' – **2024 Productivity Commission: Review of the National Agreement on Closing the Gap**

Throughout my consultations and call for submissions, I sought to better understand the data and hear from older Aboriginal and Torres Strait Islander people, in their own words, how they experienced the aged care system. Across all consultations, 5 key areas were consistently raised as the most significant barriers to older Aboriginal and Torres Strait Islander people accessing aged care:

1. The unique needs of Stolen Generations survivors
2. Culturally unsafe aged care programs and services

3. Complex and non-inclusive language and communications make the aged care system inaccessible
4. A lack of flexibility to respond to Aboriginal and Torres Strait Islander cultures and ways of understanding health and ageing
5. A lack of choice to use an Aboriginal or Torres Strait Islander service provider or staff member.

I note that some of the systemic challenges and barriers that were consistently raised in consultations are experienced by many older Australians and are not unique to older Aboriginal and Torres Strait Islander people (as referenced in my May update). However, these barriers affect older Aboriginal and Torres Strait Islander people at higher rates or have a disproportionate impact. Notwithstanding this, I believe if we can improve the system to address the challenges experienced by older Aboriginal and Torres Strait Islander people, we can achieve positive outcomes for all Australians.

An example that clearly illustrates this point is the prevalence and impact of dementia. The most recent studies show that dementia is the second overall leading cause of burden of disease and injury and second leading cause of death in Australia.[12]

Studies have consistently found that dementia prevalence rates are about 3–5 times as high for Aboriginal and Torres Strait Islander people as the rates for Australians overall. They are also more likely to develop dementia at a younger age (in their 30s or 40s).[13] A nationwide study of mortality data between 2006–2014 showed that deaths due to dementia were 57% higher among First Nations people compared to non-Indigenous Australians, with the biggest difference occurring among men and those aged less than 75 years.[14] It is predicted that the number of Australians with dementia will more than double by 2058. The Australian Research Council Centre for Excellence in Population Ageing Research projected that by 2051, the growth in the number of Aboriginal and Torres Strait Islander people aged 50 years and over with dementia will be 4.5 to 5.5 times the 2016 estimated prevalence.[15]

Evidence of high prevalence, younger onset, and high incidence of dementia, suggests that without interventions to help moderate the impact of dementia, its burden among Aboriginal and Torres Strait Islander people will continue to grow in coming years.[16] This is attributed to important risk factors that present at higher levels among First Nations people, such as head injury, stroke, diabetes, high blood pressure, renal disease, cardiovascular disease, obesity, hearing loss, childhood stress and trauma, and lower socioeconomic status.[17]

Similarly, other barriers identified and explored in more detail in this report are felt by other older Australians, but disproportionately impact older Aboriginal and Torres Strait Islander people. For example, thin markets that are exacerbated in remote and very remote locations have a greater proportionate impact on Aboriginal and Torres Strait Islander people who make up 18.2% of people in remote locations and 47.2% of people living in very remote locations. Additionally, challenges with the complex and digital-focused aged care system, including connectivity, language and identity requirements are faced by older Aboriginal and Torres Strait Islander people at proportionately higher rates.

Stolen Generations Survivors

'As Stolen Generations survivors age, the urgency grows.'
– **The Healing Foundation**

The forced removal of Aboriginal and Torres Strait Islander children from their families based on their race was common government policy and practice across Australia from the 19th century until the 1970s.

The scale and extent of removals means that very few Aboriginal and Torres Strait Islander families are untouched by the impacts of these policies.

Since 2022, all Stolen Generations survivors are aged 50 or older and eligible for aged care.

As the Healing Foundation noted in the 2021 report 'Make Healing Happen', Stolen Generations survivors have multiple complex and overlapping needs. Survivors carry a legacy of social and economic disadvantage, which has a significantly higher impact compared with Aboriginal and Torres Strait Islander peoples of a similar age who were not removed.[18]

Facts and figures

The exact numbers of children removed will never be known. As such, there are limitations to the data available on Stolen Generations survivors and their descendants. Analysis conducted by the Australian Institute of Health and Welfare in 2018–19 likely underrepresents the number of survivors and their descendants.[19]

- In 2018-19, there were an estimated 33,600 Stolen Generations survivors nationally. About one in 5 (21%) of all Aboriginal and Torres Strait Islander people born before 1972 and still living were removed from their families.[19]
- Across the nation, **a third of all** Aboriginal and Torres Strait Islander adults are descended from the Stolen Generations.
- In some states and territories, descendants make up **more than half** of the Aboriginal and Torres Strait Islander population.
- New South Wales, Queensland and Western Australia have the largest populations of Stolen Generations survivors.
- Stolen Generations survivors are more likely to be living in non-remote areas (81%) reflecting that Aboriginal and Torres Strait Islander people predominantly live in non-remote settings.
- Compared with the general non-Indigenous population aged 50 and over, Stolen Generations survivors aged 50 and over are:
- **6.4** times as likely to live in an overcrowded house
- **4.1** times as likely not to be a homeowner
- **2.7** times as likely to have poor mental health
- **1.6** times as likely to live in a household that could not raise $2,000 in an emergency.

What Stolen Generations survivors told me

I heard directly from Stolen Generations survivors. Their stories underscore the need to urgently train an aged care workforce that can deliver trauma-aware, healing informed care from assessment to entry and across the care continuum.

I heard consistently that the assessment process is not safe for survivors, their descendants and families. Within the current process, there is a significant risk of further traumatising Stolen Generations survivors that must be addressed.

Survivors may not have a birth certificate or may have been assigned a birthday. In many cases they may not know their family's medical history. The rigid identification document requirements for an aged care assessment are compounded by the current assessment process, which is largely reliant on a one-off appointment and likely undertaken by a non-Indigenous assessment officer. The process of asking deeply personal questions can itself be traumatic, and the current assessment process does not allow for more than one visit to be scheduled. This transactional approach limits the opportunity for a relationship of trust to be established.

Any reminders of childhood trauma are common triggers for Stolen Generations survivors, including clinical settings resembling a dormitory or institution that they were placed in as a child.[20]

The notion of entering residential aged care is terrifying to Stolen Generations survivors who told me they would much prefer home like settings or support in the community where possible. For example, when I sat with survivors from the Kinchela Boys Home, they told me they want to live with their families and community and be supported by Kinchela Boys Home Aboriginal Corporation ('because they know and understand me').

Many Stolen Generations survivors live in urban and regional locations, where there are few, if any, Aboriginal or Torres Strait Islander community controlled aged care services and facilities.[19] In Perth and Canberra, there are none. Western Australia has some of the highest numbers of survivors, after New South Wales and Queensland.[19] Many mainstream aged care providers are faith-based, which is traumatic for many Stolen Generations survivors as these are the very institutions that played a significant part in their removal from families as children.

Aged care providers may have Aboriginal residents/participants but not be aware they are Aboriginal. It then follows that some employees in mainstream aged care services do not know the history of the Stolen Generations. Without this understanding they are unable to cater for the needs of, or care for, Stolen Generations survivors, effectively impacting the quality-of-care survivors receive. Survivors I met with expressed fear of entering residential care or allowing 'strangers' into their home. This is a significant barrier and explains why uptake of in-home care supports are low among survivors.

I witnessed models of care that would be considered appropriate for survivors. In nearly every example, these services are being delivered by ACCOs, many of whom receive funding through the NATSIFAC Program. For example, the Jack Towney Hostel in Gilgandra, central western New South Wales, provides older Aboriginal and Torres Strait Islander people with access to semi-independent living facilities resembling villas or cottages. Assistance is provided with daily living that allows residents to maintain their independence and age well within a connected, community setting.

I also met survivors residing within a culturally safe residential aged care setting at Booroongen Djugun Limited. Importantly, this organisation is delivering culturally safe aged care in a setting that does not resemble an institution, but instead feels like home through its design and access to the outdoors. While these models of care are encouraging, they were not designed specifically with Stolen Generations survivors in mind, but with the need to support culturally safe care. There is an urgent need for investment in survivor centred care models including survivor designed residential solutions. This is especially so for models of care that support Stolen Generations survivors living with dementia.

How to support survivors, and their descendants as they age

Aged care policy and programs cannot afford to continue to take a sporadic and siloed approach in responding to survivors ageing needs. Not all survivors have been able to access financial redress. I heard examples where those who have received redress have experienced issues where their redress payments have been incorrectly included in income and assets means testing, impacting their aged care packages. According to The Healing Foundation, these situations are attributed to a lack of clear policy direction available to support My Aged Care agents, Services Australia staff and other front-line workers who come into contact with survivors.

This example underscores the recommendations I made in my May update, calling on the Government to develop community facing materials to assist older Aboriginal and Torres Strait Islander people understand the aged care pathway.

In their 2023-24 pre-Budget submission, The Healing Foundation called for a multi-year investment that examines culturally responsive and survivor-led ageing. The investment would address critical service gaps and identify what is needed to support the aged care sector in delivering appropriate trauma-aware, healing informed aged care for Stolen Generations survivors.[20]

Government should respond to The Healing Foundation, particularly given the lack of available evidence to respond to this growing policy challenge. However, this is only a starting point.

For the current 'once in a generation' aged care reforms to benefit all Australians, Government must consider immediate, evidence-based targeted investment in innovative models of care that respond to the aged care needs of Stolen Generations survivors and their descendants.

Andrea Kelly, Brigid Dohnt with Kimberely Stolen Generation Aboriginal Corporation, Broome, Yawuru Country.

This will require reimagining where and how care is delivered, developed by survivors in partnership with Stolen Generations organisations. Stolen Generations organisations that have been supporting Stolen Generations survivors and their descendants are best positioned to help design and implement these solutions and need to be resourced to do this.

Within this context, Government has the opportunity to respond to the thousands of Australians entering the aged care system who are survivors of institutional child sexual abuse, as outlined in the Royal Commission into Institutional Responses to Child Sexual Abuse. Often referred to as Forgotten Australians or Care Leavers, these survivors will also benefit from a trauma-aware, healing informed aged care system.

The Government has committed to delivering reform that restores dignity to aged care and ensures that older Australians are treated with the respect they deserve. If this stated intent is to be truly realised the new Support at Home program will need to respond to the history and experiences of Stolen Generations survivors and their descendants particularly in the design of an Aboriginal and Torres Strait Islander pathway.

Culturally unsafe aged care programs and services

'The aged care system is neither culturally safe nor is it adequate in terms of the actual support it provides those who rely on it as it is based on an aggregated assessment of need for the entire Australian community and not the specific social, economic, health and historical needs of the older Aboriginal and Torres Strait Islander population' – **ACES submission**

One of the most disappointing aspects of my consultations was hearing the number of older Aboriginal and Torres Strait Islander people who had first-hand experiences with interpersonal and structural racism, which continues to be an ongoing and persistent experience. Many of the people I met with told me they do not feel supported to maintain and fulfill their cultural role and responsibilities. It is too often the case where older Aboriginal and Torres Strait Islander people do not have the choice to receive aged care through an ACCO, and mainstream organisations are culturally unsafe and ill-equipped to meet their needs.

'It's always been there. The racism, but it's like the referendum gave them permission. It's more visible since the failed vote' – **Western Australia consultation**

'People try to disentangle structural racism from personal racism, but structures are made up of people. People build structures… individuals hold racist views. They then embed them in those structures through policies [and] procedures'
– **Professor Ray Lovett, ANU, evidence to Yoorrook Justice Commission, 28 May 2024**

I listened to stories of older Aboriginal and Torres Strait Islander people not being valued or respected across the system, including by assessors and the ACQSC. I heard consistently that the lack of cultural safety is the primary deterrent for older Aboriginal and Torres Strait Islander people not accessing aged care. It is well established that culture is an important protective factor for the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Connection to Country, kinship relationships with community and family, self-determination and cultural identity are associated with health benefits – and importantly, healthy ageing for older people.

Cultural safety is not an add on or something to be considered in addition to the standard service offering for aged care. It is a fundamental human right and minimum standard, central to Aboriginal and Torres Strait Islander people's sense of self and informs all aspects of their life experience.

There is no one size fits all approach to ensuring culturally safe care is offered for older Aboriginal and Torres Strait Islander people. The care provided needs to respond to the unique needs and lived experiences of older Aboriginal and Torres Strait Islander people. For example, Stolen Generations survivors, veterans and members of the LGBTQIA+ community have unique experiences that determine their personal cultural safety and impact on their ability to age well.

During one of my consultations, I met with a veteran who told me he was not able to find an aged care provider that could cater to his needs as an Aboriginal man and a veteran. He explained that he was made to feel like he needed to 'pick one' and there was inadequate care or understanding of his unique needs as somebody who had lived experience of walking in 2 worlds.

Ensuring that all aspects of the aged care sector are culturally safe, understanding of and responsive to the unique needs of all people is crucial to addressing the gap in access and healthy ageing that exists between older Aboriginal and Torres Strait Islander people and the broader population.

The department engaged NATSIAACC in February 2023 to develop a definition of cultural safety in the context of Aboriginal and Torres Strait Islander ageing and aged care, as well as provide advice to the Government on the development of cultural safety frameworks. This is something that was positively received by people I met with, so it is disappointing that this was not included in the new Aged Care Bill. I will continue to work with NATSIAACC and the department to progress this.

Connection to Country

'Andrea, I want you to tell the Prime Minister that we want to die on Country' – **Traditional Owner, Kimberley Region Western Australia consultation**

'When they go from community their spirit gets lost' – **Western Australia consultation**

Aboriginal and Torres Strait Islander peoples' connection to Country was the most common and consistently emphasised theme across all my consultations, in all locations. I was asked to work with Government to assist them in understanding and accommodating for connection to Country in policies and programs designed for Aboriginal and Torres Strait Islander people, particularly older people, who see ageing well as directly linked to living – and dying – in place.

'Connection to Country is intertwined with Aboriginal and Torres Strait Islander health and wellbeing and is a cultural determinant of health' – **We nurture our culture for our future, and our culture nurtures us, Lowitja Institute, 2020.**[21]

Connection to Country was described to me as an intrinsic part of 'who we are', core to their sense of self, purpose and being. For Aboriginal and Torres Strait Islander people, there is a fundamental, reciprocal relationship between culture and wellbeing. 'Country' represents more than the physical lands, seas or waterways – it is a holistic concept based on the belief that all things are connected.[22] Identity, cultural practices, lore, social systems, traditions and concepts of spirituality are all drawn from, and depend upon, connection to Country.[21] Research shows that this is a powerful determinant of health and is foundational to older Aboriginal and Torres Strait Islander peoples' ability to live, die and age well.[9]

Understanding this, the Royal Commission specifically called for the Government to 'make funds available, on application, for any residential aged care provider that has Aboriginal and Torres Strait Islander residents who require assistance to retain connection to their Country' (Recommendation 53). The ability to offer flexible

options to retain connection or reconnect with Country is a key strength of the NATSIFAC Program funding model. This same opportunity should be available to all older Aboriginal and Torres Strait Islander people in residential care. I fully support the creation of a designated funding stream to support connection to Country. I also call on the Government to deliver the flexible funding streams, outlined in Recommendation 53, as part of my proposed 10-year transformation plan.

Experts, researchers, and health leaders have established the need to prioritise strengths-based, holistic approaches that reflect the cultural and social determinants of health in the design and implementation of aged care reforms. Since commencing in my role early this year, I have found that outside of the NATSIFAC Program, the cultural determinants of health for Aboriginal and Torres Strait Islander people have not been consistently incorporated into aged care policy design. This is not due to a lack of available evidence to draw upon. Beyond a health and ageing well perspective, everyone I met with emphasised the importance of dying well, or what they considered a good return to the Dreamtime. For many older Aboriginal and Torres Strait Islander people, there is a strong desire – if not a cultural imperative – to die on Country. The thought of dying away from their family and Country can be traumatic and culturally undesirable. In different contexts, dying on Country may mean refusing to travel for treatment (e.g. dialysis); not travelling to access palliative care services (where not available or sufficient locally); wishing to return 'home' (either current or traditional), if not already there.[23]

'People would rather live with pain and stress than leave country for respite or residential care' – **Northern Territory consultation**

While the choice for older Aboriginal and Torres Strait Islander people to die on Country is the ideal outcome for communities, there are many practical barriers, including local workforce (e.g. lack of skill and confidence in providing palliative care), equipment, facilities, transport, telephone service, access to medicines, carer supports and access to specialised care.[23]

It is imperative that governments better understand Aboriginal and Torres Strait Islander ways of approaching health and ageing well as a continuum that encompasses dying well. This includes better understanding the end of life needs of Aboriginal and Torres Strait Islander people, and how it can support greater culturally safe palliative care to respond to those needs.

Cultural Safety Training

'We have the right to be Aboriginal in this place' – **Elder, South Australia consultations**

A review by the Australian Commission on Safety and Quality in Health Care found one of the most important factors for safe, high-quality and culturally responsive aged care was cultural safety and responsiveness training for all workers.[24] The call for education and training to improve cultural safety was identified as an urgent priority from First Nations and mainstream organisations including ACCPA, Health Services Union (HSU) and Australian Nursing and Midwifery Federation (ANMF).

Consultations also highlighted the importance of intersecting systems being able to deliver culturally safe care, particularly health services. Submissions from health-related organisations (Australian & New Zealand Society for Geriatric Medicine, HSU, ANMF) stressed the importance of improved cultural competence for health professionals and trainees.

Despite the clearly understood need for culturally safe service delivery and training, many individuals and organisations reported that their providers were not understanding or meeting the needs of older Aboriginal and Torres Strait Islander people. For example, the Victorian Aboriginal Health Service (VAHS) submitted that its clients 'consistently advise VAHS that their current providers do not provide culturally appropriate services, nor do they understand the needs of our community. They do not recognise the importance of returning to Country as part of spiritual and emotional wellbeing.'

The new Aged Care Quality Standards create a higher level of accountability for mainstream providers to understand and deliver on the needs of older Aboriginal and Torres Strait Islander people and acknowledge the need for a culturally responsive workforce. However, there is still a long way to go.

The emphasis that the ACQSC is placing on the sector in improving cultural safety is a step in the right direction. However, the ACQSC must prioritise its own cultural competency to ensure its own workforce are appropriately trained in assessing the cultural safety of providers. The ACQSC must also ensure its workforce is representative of Aboriginal and Torres Strait Islander people. I will continue to hold the ACQSC accountable on its own cultural competency.

At a minimum, people working in aged care need training in how to deliver trauma-aware, healing informed, culturally safe services. Funding of $5.3 million over 4 years was committed in the 2023–24 Budget to embed cultural safety, trauma-aware and healing-informed care principles and training across all aged care services. The 2024 Progress Report by the Office of the Inspector-General of Aged Care assessed progress against the Royal Commission call for mandatory training for staff in cultural safety, dementia, palliative and end of life care.[25]

> While training in each is being delivered, there are currently no requirements for mandatory provision, although the Department has advised that the strengthened Aged Care Quality Standards (quality standards) will include requirements for providers to provide workers with training and supervision to support their role. – **2024 Progress Report by the Office of the Inspector-General of Aged Care.**

Publicly available data about aged care workforce training does not show the cumulative proportion of staff that have completed cultural safety training. However, it is noted that in 2023, only 36% of aged care services surveyed reported delivering any cultural safety training in the previous twelve months.[26]

Training must be mandated and rolled out as a matter of urgency for all people working in the aged care system.

Andrea Kelly, West Australian Local Network staff with Yura Yungi Aboriginal Medical Service staff, Halls Creek, Jaru/Kija Country

Complex and non-inclusive language and communications make the aged care system inaccessible for older Aboriginal and Torres Strait Islander people

'The System is deaf to my needs' – **Northern Territory Consultation**

The need for targeted information and consultation

In many of the communities I visited, I found there was a lack of knowledge or information about aged care services, eligibility requirements, entitlements and access. One group of Aboriginal women I met with were not aware they could access aged care services from age 50. I am concerned about the lack of readily accessible and relatable information to older Aboriginal and Torres Strait Islander people, their families, carers and communities.

For many Aboriginal and Torres Strait Islander people, the concept of aged care is still one premised on 'residential care'. However, with the emphasis on programs to support older people to stay at home or in their community, residential care no longer needs to be the only option. For many older Aboriginal and Torres Strait Islander people I met with, residential care is the predominant or only care type available. The department must initiate a community awareness program targeted to older Aboriginal and Torres Strait Islander people, their families, and communities to increase awareness of the aged care system, eligibility requirements, and the types of supports available. This should include community facing materials that assist older Aboriginal and Torres Strait Islander people to understand the aged care pathway and the support available.

It is a known fact that older Aboriginal and Torres Strait Islander people are not accessing aged care at a rate commensurate with their need, but still there is very little proactive engagement by the department to inform, educate and encourage people to access the care they are eligible for.

Where consultation is undertaken, I heard that this is often undertaken in a way that feels rushed, insincere and tokenistic due to a pre-determined outcome. Further, communities rarely hear back about how their feedback has been captured, interpreted or incorporated into policy or program design.

Case study

Department's insufficient consultation with communities

A particular example I received a lot of feedback on was the process for the public consultation on the Exposure Draft of the new Aged Care Act. Consistent feedback was that the department did not provide sufficient time for providers to understand, review, or engage with the Exposure Draft of the new Aged Care Act.

To illustrate, the Exposure Draft of the new Aged Care Act was released on 14 December 2023 and was initially open for feedback until 16 February 2024. The timing of the release prior to Christmas/New Year shutdown and during the school holiday period did not consider the availability of organisations to review lengthy, complex legislative material.

The department organised and hosted a roundtable as part of the schedule of consultation activities on the Exposure Draft of the new Aged Care Act, intended to focus on the interest of Aboriginal and Torres Strait Islander advocates and providers. The invitation for the roundtable was sent 6 working days prior to the event.

The feedback from stakeholders and consumers is that the department did not sufficiently plan, communicate, or coordinate with the Aboriginal and Torres Strait Islander aged care sector, its peak body NATSIAACC and other key stakeholders, older Aboriginal and Torres Strait Islander people, their families or communities to empower communities to provide informed feedback on this important piece of legislation.

Aboriginal and Torres Strait Islander specific engagements organised by the department were not effectively promoted. Several ACCO CEOs told me they were not aware of consultation opportunities as these were only published on the department's website, therefore were not accessed by the target audience. The lack of communication was also evident in the low numbers of Aboriginal and Torres Strait Islander attendees at workshops, for example Bairnsdale, Victoria.

The department needs to actively promote programs available to support older Aboriginal and Torres Strait Islander people to age well, and critically, make sure that communities are made aware of any changes to aged care and its impact. In the context of the significant reforms that will come with the introduction of the new Aged Care Act, it is the responsibility of the department to ensure that communities are appropriately informed. I expect to see a suite of communications materials and a consultation strategy to ensure that older Aboriginal and Torres Strait Islander people and their families are aware of the upcoming changes.

My Aged Care

People I met with consistently reported 'giving up' when accessing My Aged Care because it is 'complex, confusing and overwhelming'. The system was not designed with older Aboriginal and Torres Strait Islander people in mind, with what feels like no consideration given to alternative pathways to engage with the system. There are critical gaps in awareness of My Aged Care and the services available to eligible older Aboriginal and Torres Strait Islander people. There is widespread confusion about what older people are expected to do to access aged care and the role played by different navigation supports. At a gathering of the OPAN Network members, non-Indigenous members expressed their difficulties with My Aged Care, reinforcing that this issue is not limited to Aboriginal and Torres Strait Islander people.

I am pleased that the Office of the Inspector-General of Aged Care is undertaking a Review of the Administration of My Aged Care. I was grateful for the opportunity to provide a response to this Review and for the Office of the Inspector-General's ongoing engagement and interest in older Aboriginal and Torres Strait Islander people's experiences navigating the system. I will continue to work with the Inspector-General's office to ensure feedback from communities is captured.

Case study

Challenges identified by an Aboriginal and Torres Strait Islander outreach officer in northeast New South Wales

I had the opportunity to listen to the experience of an Aboriginal Outreach Worker, Ms Julie* who has extensive experience working across the health, disability and aged care sectors across the New South Wales region. Ms Julie granted permission for her story to be shared.

In her role, Ms Julie engages regularly with older Aboriginal and Torres Strait Islander people who are eligible for aged care services. Ms Julie advised that older Aboriginal and Torres Strait Islander people in the region simply do not know about or how to access My Aged Care for aged care assessments until they reach crisis point or when they are admitted to hospital. Then, due to the complexity of navigating the My Aged Care system, often, older people will 'opt out' of the process before they even access aged care services. Once the older person has disconnected from the process, they are often only reconnected if they are re-admitted to hospital.

This inability to engage with the aged care system is due to the complexity, inaccessibility and use of bureaucratic language of the My Aged Care system.

Case study

Challenges identified by an Elder Care Support Coordinator

Ms Sarah* manages a team of Elder Care Support workers, funded under the Elder Care Support Program. Ms Sarah also granted permission for her story to be shared.

Ms Sarah told me about the difficulties her staff experience as Elder Care Support navigators in understanding and navigating the My Aged Care digital portal. As part of their daily role, navigators should be able to check on the progress of an older person's aged care assessment through the My Aged Care digital portal. However, Ms Sarah reported some of her staff were waiting months to be granted access to the digital portal and were relying on calling the My Aged Care contact centre to get information on their clients. Ms Sarah also advised that some Elder Care Support navigators have been incorrectly advised that their Aboriginal and Torres Strait Islander clients are not eligible for services, incorrectly citing they need to be 65 and over.

Like my experiences, Ms Sarah also reported a stark lack of awareness of My Aged Care and how to access the aged care system. Older people, and their families, are not aware of how the system works until they have an acute need for aged care services. Many older people supported by her staff are unaware of what they are entitled to. Ms Sarah expressed a wish for better educational resources that explained, in language or plain English, what My Aged Care can offer older Aboriginal and Torres Strait Islander people.

Assessments

'We are jumping through many hoops to access a simple aged care package' – **South Australia Consultation**

I heard far too many examples of older Aboriginal and Torres Strait Islander people struggling with complex and lengthy processes to access an assessment and then aged care services. People are often unaware of their responsibilities to navigate through the process, further exacerbated by long wait times where the older person can lose track of what they need to do. Wait times for assessments in rural and remote areas routinely exceed 8 months. Even in metro areas, older people can be waiting many months for an assessment or to be connected to aged care services.

Older Australians should not have to wait several months for an assessment or package. We must prioritise this aspect of aged care support to ensure that they are able to get on with their everyday living without the stress of waiting and hoping that support will arrive at some stage; not after or when they are close to passing.

The experience of many of the older Aboriginal and Torres Strait Islander people I met with was one of perpetual waiting. At first, they need to wait for an assessment. Then, even after an assessment has been completed, the wait time to receive a package is excessively long. When a package has been granted, any equipment that an older person requires needs to be assessed and approved by an occupational therapist (OT), even for very minor assistive equipment. I heard personal stories from individuals who were waiting several months for approval of basic, essential equipment like a commode chair, walker, or tilt kettle. This wait is exacerbated by the requirement for an OT assessment that is compromised by a limited OT workforce.

In my May update, I recommended that equipment of this nature should be approved by a medical practitioner. I maintain this recommendation and continue to work with the department on this as it is unacceptable that there are such long wait times for simple, low cost and low risk equipment that is necessary for older Australians to remain in the home and maintain independence and dignity.

Case study

Lengthy Assessment Processes

In Tasmania, I met a 93-year-old gentleman who at the time had been waiting more than 6 months for an assessment to go from a level 2 to a level 3 package. This gentleman said "Andrea, I will die before I get my assessment". This gentleman waited another 4 months for that assessment, and only in September was he allocated a package. I have followed up regularly since we met back in early April this year to see whether there had been any progress with his case. During my most recent engagement, I learned he has now entered the end-of-life stage.

Andrea Kelly with David Collins Yulu-Burri-Ba Aboriginal Corporation, Stradbroke Island, Quandamooka Country

Case study

Loss of dignity in waiting for simple, necessary equipment

I met a lady who was on a home care package and required a toilet lift. She was expected to wait an unreasonably long time for the toilet lift and when she asked what she was meant to do in the meantime, she was told simply that she would need to wear nappies until it arrives.

Many older Aboriginal and Torres Strait Islander people expressed distress and helplessness when relaying their experiences with the aged care assessment process.

I was particularly concerned by the examples I heard of culturally insensitive assessments. Assessments are conducted by the hour, either face to face or over the phone. Many older people feel vulnerable discussing their aged care needs and it takes time to build relationships and trust – this is not restricted to older Aboriginal and Torres Strait Islander people. I heard the same concerns from non-Indigenous people that they felt that after waiting so long to get an assessment done, the actual assessment was rushed, and not enough time was taken to understand them and their needs. More time needs to be factored for assessments for all older people, with stronger emphasis given to face to face interactions.

I was asked to raise the need to urgently introduce a dedicated Aboriginal and Torres Strait Islander assessment workforce, improved transitions from hospital to aged care through timely, culturally safe assessments, and the expansion of information and advocacy supports to build relationships and develop trust.

There is a significant disparity in wait times between hospital and community-based assessments. Many people ask me if they could get access to an assessment so quickly in hospital, why should they be expected to wait so long for an assessment at home. To realise the new aged care reform ambition of allowing older people to remain at home longer, priority needs to be given to ensure timelier community-based assessments are undertaken.

The impact of rushed and culturally unsafe assessments is felt deeply by older Aboriginal and Torres Strait Islander people. Due to the ongoing impacts of colonisation, Aboriginal and Torres Strait Islander people are mistrustful of government and government services and will often not divulge everything when asked about their needs, for fear they will be put in a residential aged care home away from family, community, and Country.

I understand there is a commitment to commence a staged roll-out of a dedicated Aboriginal and Torres Strait Islander assessment workforce from July 2025. This is a positive step, which has significant interest and support from the sector. However, I will follow the progress of this commitment with keen interest as I understand it has already been delayed previously and details of how this will be implemented have not been made clear.

It was also recommended to me that ACCOs should be authorised to approve older Aboriginal and Torres Strait Islander people's access to aged care services and supports without a prior assessment, as is currently the case under the NATSIFAC Program. I am supportive of this recommendation given the significant delays and impact of culturally unsafe assessment processes. However, as I will detail further below, there is a lack of ACCOs delivering aged care, with uneven geographical coverage. Consideration should be given to how older Aboriginal and Torres Strait Islander people, who do not have access to an ACCO, could access the same services.

I am also concerned that there is currently no requirement for people using specialist assessment tools to determine the needs of older Aboriginal and Torres Strait Islander people to be trained in how to use the tools sensitively and accurately. I understand the Good Spirit Good Life (GSGL) and the Kimberley Indigenous Cognitive Assessment tool (KICA-COG) are culturally appropriate tools available to assessors as part of the new Integrated Assessment Tool (IAT), it remains unclear how the department has responded to lessons learned from the final report of the IAT live trial, released in 2023, which acknowledged that assessors require additional training for assessments with Aboriginal and Torres Strait Islander clients.[27]

I heard examples where assessors who have not received training have provided inaccurate assessment results, requiring re-assessment of the client. This outcome impacts on older people, is an avoidable cost to the Government and unnecessarily delays access to care.

Digital Platform and Contact Centre

A key barrier faced by Aboriginal and Torres Strait Islander people accessing My Aged Care to register for aged care services is the overreliance on the digital platform and contact centre. Limited mobile coverage and unreliable or prohibitively expensive connections make it significantly more difficult for older Aboriginal and Torres Strait Islander people to access the main points of entry to the aged care system, the My Aged Care digital platform and contact centre.

Case study

Strong or consistent internet connection is not available in all communities

I had the opportunity to discuss the key barriers to accessing aged care for older Aboriginal and Torres Strait Islander people with the CEO of an aged care facility in a remote far North Queensland community. This CEO explained that for her and community, one of the biggest concerns was the complex application process and internet connectivity. In this community, it was common for internet coverage to be so poor that even the health clinic would need to shut down. In communities such as this – and others I visited – where older people are not IT savvy and have unreliable or unavailable internet connectivity, the highly digitised aged care system represents an almost insurmountable barrier.

Aged care entry points, particularly My Aged Care, assume English as a first language and use complex and inaccessible language. Many older Aboriginal and Torres Strait Islander people and their families find the language on the My Aged Care website too complex to be useful in helping them navigate the system.

While some resources available on the My Aged Care website have been translated to Arrernte, Pitjantjatjara, Torres Strait Creole (Yumplatok) and Warlpiri, these resources cover only a minority of the information available in English. There are only 4 resources translated into each of these Aboriginal and Torres Strait Islander languages. However, there are 23 resources translated into 18 other languages available on the My Aged Care website.

Aboriginal and Torres Strait Islander people who speak one of 16 available languages can also access an interpreting service when they call My Aged Care. However, the awareness of this translating service is minimal, and the department advises that the uptake of this service has been very low.

Identity requirements that many older Aboriginal and Torres Strait Islander people cannot meet

Another significant barrier I heard was of older Aboriginal and Torres Strait Islander people not having the necessary identification documents to register with My Aged Care. This is a particularly fraught issue for survivors of the Stolen Generations, some of whom have only received their birth certificate at the age of 70.

Between 1996 and 2012, around 1 in 6 Aboriginal births in Western Australia were not registered.[28] A 2014 report from Queensland Health reported that 15-18% of Aboriginal children aged 2 to 4 years did not have their birth registered.[29]

Without being registered at birth, Aboriginal and Torres Strait Islander people do not have the standard identification documentation required to access schooling, healthcare, government benefits, vote, or obtain a driver's licence.

'At the age of 70, I just received my birth certificate' – **Elders Roundtable, University of Western Australia, 11 June 2024**

Fees and Co-Contributions

'Our Elders…have no choice but to continue going without the help they need to stay independent at home' – **Aged care worker submission**

Many older Aboriginal and Torres Strait Islander people continue to have caring responsibilities for family members and have cultural obligations that extend to sharing resources. Older Aboriginal and Torres Strait Islander people can access aged care services from an earlier age but cannot access the Age Pension or their superannuation earlier, leaving people aged under 65 years, who are reliant on lower rate income support payments, worse off financially.

One of the most frequently raised concerns related to fees and co-contributions, which I heard are a significant barrier and deterrent to people accessing the aged care support they need.

The Final Report of the Aged Care Taskforce, released on 12 March 2024 made a range of recommendations. As I wrote in my May update, I am concerned with the assumptions underpinning the final Taskforce report, which presume that the majority of older people will have access to wealth, superannuation and home equity to 'enable them to make contributions for services to enjoy a dignified experience in aged care'.[30]

While this may be true for many of the of 'Baby Boomer' generation entering the aged care system, this does not reflect the reality for most older Aboriginal and Torres Strait Islander people, many of whom have experienced limited opportunity for intergenerational wealth creation due to the ongoing impacts of colonisation and race-based policies that were in place until the 1970s.

The Taskforce recommended higher co-contributions for everyday living supports, as outlined in the inclusion and exclusion principles for Support at Home in the final report. This could disproportionately impact older Aboriginal and Torres Strait Islander people who currently access lower-level services at a high rate and are less likely to access the more highly subsidised clinical supports. Currently, 14% of Aboriginal and Torres Strait Islander aged care service users access low-level services through the CHSP, compared to 3.6% accessing coordinated HCPs.[31]

In my May update, I recommended the Government implement tailored pathways for Aboriginal and Torres Strait Islander people that acknowledges historic and ongoing economic disadvantage. I maintain this position. The Government should ensure that implementing the Taskforce's recommendations does not exacerbate the current disparity in access rates. I am working with the department to develop safety net settings in response to the proposed introduction of increased co-contributions.

It is unclear what modelling or economic impact analysis has been undertaken on how the potential implementation of this recommendation would impact older Aboriginal and Torres Strait Islander people. I am concerned with the overall lack of Indigenous-specific data and evidence available to inform the design of practical policy approaches to support older Aboriginal and Torres Strait Islander people's aged care needs.

More broadly, I have found that there is little publicly available information about what evidence the Government is using to make decisions about the broader aged care reforms. For accountability and to better understand the reforms, this should be available.

Andrea Kelly and Cyril Dickson, 2024 ARIIA Conference, Adelaide, Kaurna Country

Lack of flexibility to respond to Aboriginal and Torres Strait Islander cultures and ways of understanding health and ageing

Aged care policies and programs need to take account of Aboriginal and Torres Strait Islander ways of knowing and being. This includes communities' collectivist approach, holistic approach, cultural lore, and protocols. For example, intergenerational households, cultural roles based on gender or kinship, and the place of ceremony and Sorry Business.

Older people are knowledge holders, and often play active roles in their communities as caregivers and leaders across a range of matters relevant to the aspirations of their communities. Aged care needs to support older Aboriginal and Torres Strait Islander people to continue playing this role. Culturally, some roles cannot be carried out by others until the Elder and knowledge holder pass to the Dreamtime. Enabling Elders to continue to support their families and communities benefits all. It benefits the many organisations, including governments, that rely on Elders to contribute to their activities.

Flexible funding

Many providers I met with raised the issue of inflexible funding not meeting the needs of older Aboriginal and Torres Strait Islander people. There are many issues with the current aged care funding arrangements, which limit the delivery of aged care services to older Aboriginal and Torres Strait Islander people. This includes rigid and highly structured funding, inadequate funds to meet the actual costs of delivering cultural care and high administrative burden.

Flexibility in program funding improves providers' ability to meet changing needs within existing funding envelopes. This was demonstrated during the COVID-19 pandemic response when CHSP rules were loosened. The resulting flexibility supported improved localised care, reflecting individual need. I was told since the return to tighter funding to post-COVID arrangements, there is no flexibility to meet individual or community needs.

During the COVID-19 pandemic response, a provider could move 100% of their funding between service types, with blanket approval given from the Community Grants Hub; there was no requirement to seek variations. This demonstrates that more tailored service delivery can be offered when providers have the flexibility to do so. There was no increase in funding, and the arrangement allowed flexibly within the existing funding envelope to meet the older person's and community's need.

From a provider perspective, a guaranteed flexible, block-funded model, such as the current NATSIFAC Program would provide stability for service provision, help retain staff with long-term employment and ensure continuity of care for older Aboriginal and Torres Strait Islander people. This helps to strengthen the ACCO sector, build the Aboriginal and Torres Strait Islander workforce and provide culturally safe, person-centred care to older Aboriginal and Torres Strait Islander people.

For older Aboriginal and Torres Strait Islander people, this means access to care that reflects a holistic approach to health and ageing, incorporating culture, Country, family, community, language, emotional and physical health, and spirituality. It includes access to transport options to help those living in rural, regional, and remote areas to travel to and from major towns for medical appointments, or cultural/social activities to stay connected to Country.

One of the most common comments made to me was that many of the issues encountered by communities would be addressed if they had a bus to transport people to appointments or bring them together for activities. The current funding structure and siloed funding for services leads to illogical and seemingly unintended perverse outcomes.

Case study

Inflexible and uncoordinated funding

In regional New South Wales, I met with a group who told me about various streams of government funding going into their community, which is not coordinated. I was told that many of the issues for their older people related to getting to appointments, or the hospital which was a 3-hour drive away. In this community, people could be taken to hospital by ambulance, but there would be no way to get home. A lady told me about being released from hospital in a hospital gown with no way of getting back to community. The community told me that a bus would solve some of their problems, and they had received funding for operational costs for a bus and salary for a driver, but they were unable to secure funding for the actual bus.

Another example that I continued to hear throughout my consultations, which was highlighted further in many of the submissions I received, was home care packages excluding the purchase of essential whitegoods. In remote communities, many older Aboriginal and Torres Strait Islander people do not have a refrigerator or washing machine. This impacts their ability to suitably store medication, secure food and have clean clothes.

I have been told that purchasing items such as these are not the responsibility of governments and there is no scope to change that. I have seen first-hand the lack of flexibility detrimentally impacting on the health of older Aboriginal and Torres Strait Islander people and their ability to age well.

All governments are signatories to the National Agreement, which commits government to working differently with Aboriginal and Torres Strait Islander people to improve outcomes. However, what I have observed is that outside of a small number of NATSIFAC services, a consistent, rigid, one size fits all approach is applied. The example of purchasing a refrigerator or washing machine from an existing package would add no additional cost, but the flexibility would make an enormous difference to the quality of life for older Aboriginal and Torres Strait Islander people.

I also heard specifically from older Aboriginal and Torres Strait Islander people and providers, and in multiple submissions, that the aged care system should avoid replicating the National Disability Insurance Scheme (NDIS) model of individualised, fee-for-service funding.

'The NDIS's complicated, segmented nature contrasts with the holistic approach of the Aboriginal Community Controlled sector. This was recognised in both the Royal Commission into Violence, Abuse, Neglect and Exploitation of People and the Independent Review into the National Disability Insurance Scheme whereby recommendations included the need for alternative funding models for Aboriginal communities due to the current system's inadequacy.' – **AHCWA submission**

Lack of choice to use Aboriginal or Torres Strait Islander service providers or staff

'[A] lack of culturally safe providers often means Aboriginal and Torres Strait Islander people need to choose between services that are not culturally safe or not accessing care and support at all' – **NACCHO submission**

In its Final Report, the Royal Commission emphasised the importance of providing Aboriginal and Torres Strait Islander people with meaningful choice, between mainstream aged care providers with improved cultural capability and awareness, and providers who are predominantly Aboriginal and Torres Strait Islander-run and staffed and whose services are directed to Aboriginal and Torres Strait Islander people. Based on the current service offering, there are several barriers that need to be addressed to realise this ambition.

Thin Markets

'Thin markets are particularly common in rural and remote areas where there are fewer participants and distances are greater, but can exist across Australia, including metropolitan areas. Other factors that can cause a thin market include a shortage of providers able to meet specific health needs or cultural needs, such as First Nations, homeless, LGBTQIA+, or culturally and linguistically diverse older people.' – **2024 Aged Care Taskforce: Final report of the Aged Care Taskforce**

The thin market setting is a significant barrier to service delivery for aged care. Thin markets are particularly evident in remote and very remote geographical locations, where there are smaller numbers of people accessing services. The Government cannot rely on mainstream competitive markets to provide quality services in these environments. In thin market settings, where service provision is costly due to geographical challenges, issues of inadequate funding are exacerbated. This is broadly understood by Government and there are initiatives designed to assist with this. These include, the Modified Monash Model (MMM) to classify the remoteness of a location, the NATSIFAC Program and subsidies that are made available for certain remoteness levels under the Australian National Aged Care Classification (AN-ACC) in residential care and the Viability Supplement in the HCP Program.

Providers expressed concerns that the MMM is a flawed application in determining need and cost for aged care services. I heard several examples of rigid MMM classification attributed to locations based on resident population and distance to towns and cities, which do not account for nuance or local circumstances, disadvantage some service providers.

The Aged Care Taskforce also identified that thin markets exist where there is not the quality or choice of services to meet specific needs. The aged care system has been criticised for not adequately addressing the specific needs of older Aboriginal and Torres Strait Islander communities, which conceptualise health at a community level rather than an individual one.[30] It is crucial that Government understands thin markets exist in urban and regional areas, where older Aboriginal and Torres Strait Islander people do not have access to culturally safe services, or a meaningful choice between mainstream and Aboriginal and Torres Strait Islander service providers.

This can be even more concerning for older Aboriginal and Torres Strait Islander people who identify as LGBTQIA+. I heard examples of people who felt that they needed to go 'back into the closet' because they did not feel comfortable expressing their full selves noting that many aged care services are provided by faith-based organisations.

On the matter of the inadequacy of funding to meet actual costs, this was raised at several consultations and in multiple submissions. It was most commonly raised in the context of the Government not understanding the true costs of delivering culturally safe, trauma-aware and healing informed aged care services. I understand the Independent Health and Aged Care Pricing Authority (IHACPA) is looking into this and is seeking to better understand the true costs of providing culturally safe aged care. It is important that IHACPA looks at context specific aged care services and does not conflate cultural safety and remoteness, as many older Aboriginal and Torres Strait Islander people live in urban and regional locations and on the east coast.

At the time of writing, I am preparing a submission to the pricing inquiry and working with IHACPA to relay what I am hearing from the sector.

'Where there are no primary health services, we know people become sicker and frailer quicker.' – **Victoria consultation Workforce**

Providers with more Aboriginal and Torres Strait Islander employees deliver more culturally safe aged care that meets the needs of older Aboriginal and Torres Strait Islander people. This is a crucial factor in improving outcomes for older Aboriginal and Torres Strait Islander people and ensuring they are supported to age well. It follows that there is an urgent need to significantly expand the Aboriginal and Torres Strait aged care workforce. The Government should pursue opportunities to facilitate, support and incentivise recruitment, training and retention of Aboriginal and Torres Strait Islander staff in all parts of the aged care system.

I understand there is a First Nations Aged Care Workforce Implementation Plan being developed, which will sit under the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 as well as the outcomes of the National Care and Support Economy Strategy. I also understand this workforce plan will identify and anticipate Aboriginal and Torres Strait Islander training and workforce needs in the aged care sector in the immediate and long-term future and include targets for training and employment for Aboriginal and Torres Strait Islander people and avenues to promote aged care employment pathways.

This is encouraging and I will continue to engage with the department as this workforce plan is developed to ensure that it is also informed by feedback I received on workforce issues in the care economy. However, this should not be undertaken as an internal process without consultation from the sector and key Aboriginal and Torres Strait Islander representatives.

Given the Government and department are fully aware of the workforce challenges, I would encourage a conversation with the NIAA who administer the Remote Jobs and Economic Development (RJED) program. The purpose of RJED is to create meaningful jobs with fair pay and conditions. It is also intended to support Aboriginal and Torres Strait Islander people to become job-ready to take up positions in community. Based on what I have heard, job creation in the aged care sector would be ideal for this program. I will continue to engage with NIAA as RJED is developed, which will hopefully lead to job creation and additional support and training to address, in part, workforce issues.

Despite the clear understanding of the need to expand the Aboriginal and Torres Strait Islander aged care workforce, some of the key concerns raised in my consultations have related to the disproportionate impact of some workforce initiatives on the ACCO sector, NATSIFAC providers and/or remote communities.

The lack of available workforce to provide sufficient care in both the in-home and residential aged care settings has been raised as a significant factor in all regions visited to date. The sector reported concerns that the requirement for NATSIFAC providers to have a Registered Nurse on site 24/7 from 1 July 2024 will have a significant impact on the sustainability of many services, particularly those in remote and very remote communities. There are current services paying exorbitant rates for agency nursing staff, which are exacerbated in regional and remote areas.

Concerns were also raised about the introduction of a national worker registration scheme that will apply consistent worker screening checks across both the aged care and National Disability Insurance Scheme (NDIS) systems. Whilst the national worker screening scheme will bring consistency to the variable aged care worker screening and enable worker mobility across aged care and the NDIS, I heard concerns this scheme will remove providers' current discretion to employ workers with low grade criminal convictions.

The introduction of this scheme could disproportionately and negatively impact Aboriginal and Torres Strait Islander providers and potential workers given the reality of over-incarceration and contact with the justice system. The new system may inhibit the recruitment of Aboriginal and Torres Strait Islander workers and impact providers who have exercised discretion to employ workers with low-grade convictions. The Royal Commission proposed that providers retain their discretion to employ Aboriginal and Torres Strait Islander people with criminal records.

It is recognised that culturally safe care is more likely to be achieved when aged care services are delivered to older Aboriginal and Torres Strait Islander people by Aboriginal and Torres Strait Islander workers. However, it is likely that adoption of the more rigorous NDIS worker screening process will create new barriers for the recruitment and retention of Aboriginal and Torres Strait Islander aged care workers.

The current aged care screening process allows for a level of discretion that enables providers to employ Aboriginal and Torres Strait Islander people who have an aptitude for aged care work and deploy mitigation strategies as needed. This is crucial in tight labour markets where an Aboriginal and Torres Strait Islander aged care workforce is critical to culturally safe care. While consistent thresholds for automatic exclusion are desirable, a risk management approach to less serious offences, such as that currently used under the NATSIFAC Program, gives providers the scope they need to draw on the fullest range of prospective workers from communities they are seeking to work in.

The centralised worker screening processes will provide for some risk assessment, but it will be dependent on the workers and providers who assist them to make the case. This is likely to be an alienating process and may not translate to successful outcomes if centralised decision makers based in capital cities lack cultural capability and an understanding of the historical, geographical and cultural context in which applicants have lived their lives and who wish to work in aged care.

As a strong and expanded Aboriginal and Torres Strait Islander aged care workforce is one of the most significant factors to ensuring culturally safe, trauma-aware and healing informed aged care, this should be a core element of my proposed 10-year transformation plan. Of course, it should cross reference and work with existing strategies and frameworks but should be a fundamental consideration for how the system transforms to better meet the current and future needs of older Aboriginal and Torres Strait Islander people.

Case study

Supporting young people to work in aged care

Andrea Kelly with Tayla Warner, Jimbelunga Nursing Centre, Eagleby, Yugambeh Country

I spoke with a young woman working at an aged care centre I visited to understand why she sought a career in aged care, and how we can get more young people into caring roles. She told me she had a choice of working in aged care or childcare, but she chose aged care because she likes caring for the Elders and talking to and learning from them. We talked about her aspirations, and she explained that she wanted to move from a red shirt (environmental team) to a blue shirt (personal care team), because she gets in trouble for spending too long with Elders, but if she gets a blue shirt, she will get to spend more time with them, talking and learning. She said being around Elders and learning from them was so important to her and this is where she wanted to be, "here, working in this place".

Building the ACCO Sector

'Currently, it seems the Commonwealth would like ACCHS to deliver aged care services, which we welcome, yet there have been no practical changes that help ACCHS to deliver these services.' – **Aboriginal Health Council of Western Australia (AHCWA) Submission**

To feel secure and obtain culturally safe services, many Aboriginal and Torres Strait Islander people prefer to receive services from ACCOs and from Aboriginal and Torres Strait Islander staff. However, there are currently not enough ACCO aged care providers, nor enough Aboriginal and Torres Strait Islander staff members working in the aged care sector.

As of March 2024, there were 110 ACCOs delivering aged care services across Australia.[32] Almost 75% of these services were in New South Wales (25 providers), Queensland (24) and Victoria (21). Western Australia has comparatively few ACCOs providing aged care services. Perth and Canberra are the only 2 capital cities without an ACCO delivering aged care services.

'There are insufficient incentives for Aboriginal community-controlled organisations to become aged care providers' – **ACHWA submission**

In submissions, ACCOs commonly identified factors that make it challenging for them to expand into aged care services. These include pricing models not reflective of the true costs of delivering culturally safe care; there are no incentives; a lack of ongoing funding for capability development; and challenges recruiting a sufficiently qualified workforce. These issues will likely be raised, and I expect they will be considered, as part of IHACPA's pricing inquiry if thin markets in regional and remote areas are to be addressed.

The additional obligations under the new Aged Care Act, such as the requirement for NATSIFAC providers to be registered will likely impede the ability for ACCOs to enter the market. The significant cost of accreditation, in addition to the time and resource implications to meet the accreditation requirements, is a significant barrier for ACCOs delivering aged care services. Noting ACCOs already undergo accreditation for health services, a more streamlined approach to accreditation may be more attractive to ACCOs potentially entering the market.

Case study

The path for ACCOs to become aged care providers is long and expensive.

The Perth metropolitan area has around 7,800 Aboriginal and/or Torres Strait Islander people aged over 50, but only 8.6% of this eligible population access aged care programs, which is the lowest rate of any capital city.[33]

Case study

Bindjareb Elders Centre – Mandurah.

In 2023, the first (and currently only) Aboriginal Aged Care Service in the south-west Western Australia region, Bindjareb Aged Care, was launched in Mandurah after the South-West Aboriginal Medical Service (SWAMS) became an accredited aged care provider. Whilst this is a critical, and celebrated milestone, it is important to note that Bindjareb is not located in Perth, but rather, in Mandurah, approximately 72km south of Perth, or one hour drive by car. Older Aboriginal and Torres Strait Islander people who reside in Perth are unable to access culturally safe aged care services, despite the significant eligible population and projected growth.

Established in 1997, SWAMS is an ACCO that has a strong, proven record of accomplishment of delivering essential, high-quality, culturally safe health services. Its main headquarters and clinic are located in Bunbury with outreach clinics throughout Wardandi Noongar Boodjar. SWAMS is an organisation with strong capacity and governance, deep experience and a proven track record of delivering services that have improved the health outcomes and lives of Aboriginal and Torres Strait Islander people living in the region.

Despite this, I heard from SWAMS during my consultation, that the process to become an approved aged care provider was prohibitive. Overall, the process took 12 months, with administrative processes that required dedicated resourcing. They received and completed 3 separate requests for information from the ACQSC, each taking 3 months to assess and were required to draft 157 policies to meet the accreditation process.

The department acknowledges the critical role of growing the number of ACCOs delivering aged care. However, there is a disconnect between this policy position and a strategic, evidence-based funding and governance support approach to achieve this policy intent.

'The transition towards aged care service delivery remains unfeasible for many ACCHS, primarily due to insufficient funding that fails to acknowledge the genuine costs associated with expanding services beyond contemporary primary healthcare. Without adequate financial support and capacity-building assistance, this endeavour remains out of reach for many'
– **AHCWA Submission**

Providing support to ACCO boards to manage risk and progress with confidence will go some way to assist. NACCHO recommends a program of support like that used to increase the number of ACCOs providing disability services. The program could provide small grants, information sharing, and access to aged care business expertise. Other submissions called for greater transparency in sector support programs and for these to be developed in partnership with the sector.

The need for continued and expanded government investment in infrastructure was evident through consultations. The standard of infrastructure and vehicles in some areas I visited was extremely poor. Support is needed in metropolitan and regional locations, where the majority of older Aboriginal and Torres Strait Islander people live, and in remote and very remote areas where an ACCO may be the only organisation that is servicing the population. In remote communities, I heard specific issues including the lack of staff accommodation, which is a significant barrier to attracting a workforce, and funding rules that prohibit the purchasing of vehicles. For many of these areas, vehicles cannot be leased so the only option is to purchase, but without operational support through funding arrangements this too is not an option.

Andrea Kelly, Sophie Lupton, Local Network staff with Kirrae Health Services, Kirrae Whurrang people of the Maar Nation

Case study

Inflexible and uncoordinated funding

During one of my visits to a remote community, I was picked up from the airport by the coordinator of an aged care centre in their bus. On reaching for the door of this bus, I noticed there was no door. I also noticed there were mats on the floor, and after making enquiries, I was told these were to hide the fact the bus had no floor. In addition, the bus was turned on by a makeshift key. In short, the bus is extremely dangerous and un-road worthy. The aged care worker is concerned that if they did not have the bus, they would not have access to a replacement and the service needed this bus to transport their Elders to necessary appointments and services.

My concerns about the bus have been raised with the provider, who was very aware of the bus situation, as are the department's Local Network and First Nations Aged Care Branch, as well as the Regional Manager from the NIAA. Attempts by the Local Network to get support for a replacement bus have failed. I have shared this story at several forums I have spoken at recently as an example of the circumstances some older Aboriginal and Torres Strait Islander people experience. On every occasion the reaction has been one of shock and disbelief, with many individuals asking how they can help and offering to fundraise for a new bus for the community. This is extremely kind and generous but should not be necessary. Governments, both Commonwealth and the jurisdictions, should recognise that this is unacceptable and intervene.

In the same community, the ladies at the centre told me that when community floods during the wet season, they stand on the balcony and fish, then the crocodiles swim past. As the water rises, so too does the sewage. They told me about their 2-storey home having floorboards missing, so they put floor mats down to make sure they do not walk that way and fall through. A question was put to me by an Elder: 'I bet your house isn't like this?'. This Elder is correct. My house is not like this and nor should theirs be.

This community is also a well-known fishing location. Unfortunately for the local community, the food from the community store and fuel are often sold out before community can get to it because visitors buy up. The cost of food was outrageous, which was obvious with the prominent sign reading 'no photos of food to be taken in the shop'. During times of increased tourism, prices are further increased to a point that community struggle to afford simple necessities, further exacerbating food insecurity in this very remote community.

This was a memorable visit. Many of the stories Elders shared with me were difficult to hear, but their resilience and ability to still smile and share a laugh about our footy teams showed how positive they are in the face of so many challenges. The conditions that this community face are unacceptable and unsustainable. All levels of government have a role to play in ensuring that older Aboriginal and Torres Strait Islander people in this community are supported to access the supports and services they need to age well, which include safe transport, safe and liveable housing and food security.

'I'm sick of good intentions, the slowness of the jurisdictions. They just have to get much better at embracing change and changing the way they work with our people... There is too much slippage by the states and territories, they need to step up and take a greater leadership role in terms of the whole of government' – **Ms Pat Turner AM, Lead Convenor, Coalition of Peaks; CEO, National Aboriginal Community Controlled Health Organisation**.

One of the primary objectives of the new Aged Care Act - helping older Australians live at home for longer - is demonstrated through the introduction of Support at Home. This initiative provides support to help Australians access health-related services, home modifications and assistive technologies.

The housing circumstances of Aboriginal and Torres Strait Islander families in Australia differ greatly from those of non-Indigenous Australians. Aboriginal and Torres Strait Islander households are larger in size, more likely to include a lone parent and frequently comprise multi-generational households that include members of extended family and kinship families.[34] Cultural obligations to accommodate family and other visitors and maintaining connection to Country are critically important for older Aboriginal and Torres Strait Islander people.[35]

Andrea Kelly with Council of Elders members Professor Tom Calma, Aunty Gwenda Darling, Aunty Lyn Cullinane and Redleigh, Ngunnawal Country

During my consultations, the issue of stable housing was again one of the most consistent concerns raised. Many people spoke to me about the burden of cultural obligations felt by older Aboriginal and Torres Strait Islander people who are caring for grandchildren or other extended family. The older persons greatest fear was the loss of the family home if they were to move into residential aged care, their family would be evicted.

AIHW data shows that Aboriginal and Torres Strait Islander people have significantly less access to affordable, secure and quality housing, which is concerning as safe and secure housing is a key determinant of health.[35] Outcome area 9 under the National Agreement, 'Aboriginal and Torres Strait Islander people can secure appropriate, affordable housing that is aligned with their priorities and needs' is not on track to be met.

Aboriginal and Torres Strait Islander people are overrepresented in rates of homelessness, overcrowding, and living in housing that does not meet acceptable standards. Alarmingly, for Aboriginal and Torres Strait Islander households:

- 1 in 5 (20%) were living in dwellings that did not meet an acceptable standard – defined in the National Aboriginal and Torres Strait Islander Health Survey
- 1 in 3 (33% - 46% in remote areas and 31% non-remote areas) were living in dwellings with at least one major structural problem (for example, major cracks in walls/floors, walls or windows that are not straight, or major plumbing problems)
- 1 in 11 (9.1%) had no access to working facilities for food preparation, 4.5% had no access to working facilities to wash clothes and bedding and 2.8% had no access to working facilities to wash household residents.[36]

The provision of essential services, including housing, emergency services, public transport, the distribution of water, gas and electricity and sewage services are the responsibility of the jurisdictions. The consistent, reliable access to these services is also crucial to ensuring older Aboriginal and Torres Strait Islander people can age well at home.

'My health is my health. If I need help, I should be able to get it. Why should it matter if I'm old, or disabled, or where I live?'
– **New South Wales Consultation**

Aboriginal and Torres Strait Islander people and communities view health as a continuum that continues as they age. Many people I spoke to were perplexed by what they saw as an arbitrary distinction between the healthcare, aged care and NDIS systems. Needing to navigate and understand different systems was a key frustration raised with me, and it is entirely valid. Individuals with health and aged care needs should be able to transition seamlessly between systems to access the supports they require. What was described as complicated and burdensome 'jumping through hoops' should not be the norm.

Similarly, I heard from communities who lived close to state borders who encountered issues with accessing supports they need based on state lines. For example, when they reside in New South Wales, but the nearest major township is located in Victoria. Again, to the older Aboriginal and Torres Strait Islander people I spoke with, it felt arbitrary that rules were based on their residential address and not distance from the service they were trying to access.

Clearly, a holistic, whole of government approach is required if the aged care system is going to meet the needs of the growing number of Aboriginal and Torres Strait Islander people eligible for aged care. Commonwealth departments need to not operate in siloes, and the Australian, state and territory governments need to work more closely together to ensure that unintended and arbitrary barriers are not put in place for older Aboriginal and Torres Strait Islander people.

All governments are signatories to the National Agreement. These commitments and good intentions need to translate into actions to improve outcomes for our most disadvantaged people.

Case study

Compounding Barriers

I was particularly struck by the experiences of one very remote community. The stories shared with me by this community highlight the unique challenges to accessing quality aged care that responds to older Aboriginal and Torres Strait Islander peoples' needs when multiple barriers compound with devastating outcomes.

In this community, aged care is funded under CHSP, where meals, nursing, social support, personal care and domestic assistance is provided to 13 clients. In addition, complex aged and health care services are provided to 2 home care package clients under a sub-contracting arrangement with a provider based in a capital city 1,300 km away.

I heard there is additional need in the community, so assessments are required, and the CHSP clients are growing in their aged care need. This is consistent with the message I received repeatedly: that the number and complexity of aged care needs are growing and there are real concerns that the system, even with the changes committed to, will not respond adequately.

The key issues identified through the experiences of this community include:

Inflexible funding and untimely response

There have been several failings under the current aged care programs. Recently, an Elder on a home care package tragically passed away, off Country, after having to leave community to access more complex care that was not available in community. Additional services to keep them on Country were not available, as their package was fully expended. Previously, the same client had been left in community when family attended Sorry Business, and the health clinic provided 24/7 care on the clinic veranda. This was totally unfunded. Funds to charter the Elder from community, due to his rapid deterioration, were not available. The only option available was to transport the Elder via car. The Elder spent days in the car, only to arrive in a community with no aged care services and sadly passing away a short time later.

Virtual partnership under a sub-contractor model

The approved provider has not visited this community – it is a truly virtual model. The sub-contracting arrangement means the provider is removed from the consumer, the community and the reality of aged care delivery in remote Australia.

There is a risk that the provider could withdraw their service at any stage. This creates uncertainty and disempowers the service in the community.

In this circumstance, the provider controls the funds but remains at arms-length from the services and does not understand the participants or community. There is no real partnership to tackle barriers on the ground, no incentive to build community capability, and no funding to support remote travel via charter.

Remoteness

The aged care provider in this community has experienced major executive changes, impacting on the employment of aged care managers, and key medical personnel. This has a significant impact on recruitment and retention. The only way to incentivise experienced aged care managers to this type of location is salary. The current funding does not allow for this. As a result, aged care is allocated to personnel as an additional role.

Remote communities like this are often forced to use a FIFO model. Administration tasks such as invoicing fall behind, which has an immediate impact on the ability to access funds to provide care. Of further concern is that additional FIFO costs are not funded within the CHSP/HCP funding models.

In the past 18 months, this community also experienced the termination of a CEO/aged care manager with no contingency plans, resulting in nurses leaving the community and the Medical Director resigning, revoking the pharmaceutical licence for the community. The aged care centre also burned down, and significant floods impacting access to roads, food, supplies, and led to community members being locked out of community with no housing. The impacts of these issues will continue through to 2025, with food security remaining a significant concern.

A lack of proactive action from government agencies, including Commonwealth agencies and state and territory governments, as well as a rigid aged care system that is not designed to respond to the unique needs of communities such as this one have exacerbated the challenges of living and ageing in a remote community. By taking a flexible and person-centred approach to the health and ageing of older Aboriginal and Torres Strait Islander people, governments could ensure people do not unnecessarily die away from their Country and loved ones simply to access the care they need.

A Call for Transformational Change

'Progress in implementing the Agreement's Priority Reforms has, for the most part, been weak and reflects tweaks to, or actions overlayed onto, business as usual approaches. The disparate actions and ad hoc changes have not led to improvements that are noticeable and meaningful for Aboriginal and Torres Strait Islander people.' – **2024 Productivity Commission: Review of the National Agreement on Closing the Gap**

The most recent data tells us that Aboriginal and Torres Strait Islander people access aged care at lower rates than older non-Indigenous older people, despite having a greater burden of disease:

- Approximately 20% of eligible Aboriginal and Torres Strait Islander people access the aged care system compared to approximately 31% of non-Indigenous Australians[10]
- Only 1.6% of eligible Aboriginal and Torres Strait Islander people access residential aged care compared to 5.5% of eligible non-Indigenous Australians.[10]

This is a statistic that is widely known, but it bears repeating because it is an unacceptably low rate of access, which is representative of a broader reality that the aged care system is not designed with older Aboriginal and Torres Strait Islander people in mind. The system does not account for their context or cater to their unique needs. It does not speak to the lived experiences of older Aboriginal and Torres Strait Islander people or operate in ways to ensure they are specifically included.

The feedback I received across the country was as broad and diverse as the communities themselves. However, while some community concerns were context-specific, there were broad themes that arose across all the conversations. Primarily, there was disappointment with the lack of a clearly articulated strategy to realise the transformational change called for in the National Agreement and the recommendations of the Royal Commission. The resounding message I heard was a version of "nothing will change for us unless the Government actions these recommendations and takes its own commitments seriously."

This is consistent with the assessment of the Productivity Commission's first review of the National Agreement and the Office of the Inspector-General's 2024 Progress Report. Both reports highlight that government action has fallen short of the paradigm shift that is needed.

In its Final Report, tabled in the Australian Parliament on 1 March 2021, the Royal Commission provided a 'blueprint for significant change to Aboriginal and Torres Strait Islander aged care.' This was in recognition of the projected rapid growth of the Aboriginal and Torres Strait Islander population, an acknowledgement that the system does not currently cater to the needs of older Aboriginal and Torres Strait Islander people, and without significant change, the system will be incapable of responding to the increasing demand.

I call on the Government to commit to co-designing and developing in partnership with Aboriginal and Torres Strait Islander people, a 10-year transformation plan that articulates how it will:

- make the necessary transformational reform needed to the aged care sector
- embed Priority Reforms outlined in the National Agreement into the plan
- ensure the system can respond to the needs of older Aboriginal and Torres Strait Islander people now and into the future.

10-year transformation plan

'It is only through elevating self-determination that the factors influencing Aboriginal and Torres Strait Islander people's reluctance to seek care and support can be successful addressed.' – **NACCHO Submission**

The goal of the National Agreement is to achieve self-determination for Aboriginal and Torres Strait Islander people.[11] This requires an ongoing process of ensuring that Aboriginal and Torres Strait Islander people can make decisions about matters that affect their lives. Vital to achieving self-determination are the essential elements of choice, participation and control.[37] In short, this requires governments to include, listen to, invest in and give power to Aboriginal and Torres Strait Islander people to make decisions on systemic reform, policy design, service delivery, evaluation and funding.

I recommend a 10-year transformation plan be developed immediately. The plan, its commitments and activities, must be appropriately resourced. A long-term plan and commitment reflects the dedicated effort and time it will take to transform the aged care system from its current form, to a strong aged care system led by the ACCO sector. The focus and priorities included in the plan must be agreed between the Government and ACCO sector, be informed by relevant data and evidence, and be guided by the ambitions and lived experiences of older Aboriginal and Torres Strait Islander people.

The Aboriginal and Torres Strait Islander Health Plan provides a useful framework for how this plan should be developed, including the collective partnership approach and governance arrangements. The Aboriginal and Torres Strait Islander Health Plan is a significant vehicle for promoting Aboriginal and Torres Strait Islander interests relating to health, and the same ambition can be realised for aged care.

Priority Reform 1 - Formal Partnerships and Shared Decision-Making

The first of the 4 Priority Reforms is shared decision-making. This is a commitment from governments to share decision-making authority with Aboriginal and Torres Strait Islander people on the policies and programs that impact them. This is a fundamental shift in the way governments work with Aboriginal and Torres Strait Islander people and is crucial to achieving self-determination.

However, throughout my travels I heard consistent criticism of the way the department engages with Aboriginal and Torres Strait Islander people. I have heard that the default approach is for reforms and policies to be internally focused and department led. Engagement feels limited, tokenistic and lacks transparency. There is confusion around how feedback has been captured or incorporated, and the sense that consultations take place after decisions have already been made. Rather than feeling empowered as equal partners, Aboriginal and Torres Strait Islander people spoke about a lack of trust from Government in the ability of the sector to make decisions and deliver services for their communities.

There needs to be a fundamental change in the way Government partners and shares decision-making powers with Aboriginal and Torres Strait Islander people. The Government needs to relinquish some control to enable genuine partnerships and shared decision-making. The department must engage more transparently to ensure it is clear how feedback is incorporated, and decisions are made, and provide guaranteed, adequate and sustainable resourcing for partnerships, including with the Aboriginal and Torres Strait Islander aged care peak body National Aboriginal and Torres Strait Islander Aging and Aged Care Council (NATSIAACC).

The strategy to improve the way Government partners and shares decision-making authority should be clearly articulated in the 10-year transformation plan. Furthermore, this commitment should be demonstrated in the way Government partners to co-design and develop the 10-year transformation plan itself.

The Government must enter into formal partnerships with community-controlled representatives on policies and programs. Mainstream aged care providers with Aboriginal and Torres Strait Islander residents or clients need to establish partnerships with local ACCOs, or Local Aboriginal Land Councils to enhance culturally safe care and connection. I saw good examples of where these have occurred organically, however that is due to the people investing in those community relationships.

At a minimum, the 10-year transformation plan should include tailored models, resources, and supports to enhance the capacity of ACCOs and mainstream organisations to deliver high-quality, culturally responsive aged care services for older Aboriginal and Torres Strait Islander people. To support this, the Government should:

- Collaborate with experts in the ACCO and aged care fields to devise a model that complements the existing ACCO structure
- Partner with relevant stakeholders to develop resources and supports specifically designed for the ACCO sector to facilitate financially sustainable and compliant aged care operations
- Engage with the ACCO sector to assist in delivering a comprehensive range of culturally sensitive support services to improve access to appropriate services for community members and create employment opportunities in the care sector.

Priority Reform 2 -Building the Community-Controlled Sector

In its Review of the National Agreement, the Productivity Commission said that 'Governments are not adequately recognising that ACCOs have knowledges, expertise and connection to community that governments do not have. This means that ACCOs are often better placed than governments to design and deliver high quality, holistic and culturally safe services.'[11]

I have written about the need for meaningful choice between mainstream aged care providers and community-controlled providers and the barriers faced by the ACCO sector. This needs to be addressed in the 10-year transformation plan.

While it is promising that the department is developing a framework for capacity building for the community-controlled sector, it appears that this project is being designed and led as an internal departmental process, rather than partnering with the sector. This is reflective of the need for more formal partnerships and shared decision-making.

I am also concerned that the focus of building the ACCO sector is based largely on building the capacity of the sector to deliver aged care services within existing settings. There are some initiatives that are being considered to increase the Aboriginal and Torres Strait Islander workforce and increase the number of organisations delivering services to older Aboriginal and Torres Strait Islander people. However, this again is ad hoc and insufficient to appropriately embed Priority Reform 2.

The crucial stronger community-controlled sector elements that are missing are a dedicated funding model that is suitably flexible, reliable and consistent to ensure services are delivered to meet the unique needs of older Aboriginal and Torres Strait Islander people. There is also insufficient opportunity for ACCOs to use their knowledge and expertise in the design of aged care reforms, policies and programs.

What sets ACCOs apart is that they are embedded in communities and have strong cultural understanding and knowledge of how communities function. Currently, even where services are shifted from mainstream providers to ACCOs, governments still impose 'generic, pre-existing models of service and program design, and require reporting against narrow KPIs, instead of allowing ACCOs to design services and measure outcomes in ways that are most meaningful to communities.'[11]

The 10-year transformation plan must focus on ensuring ACCOs are not only involved in delivering services to older Aboriginal and Torres Strait Islander people, but also play a role in designing services and informing government policy and investment frameworks that govern them.

To help build and strengthen the ACCO sector, the Government should seek to bring ACCOs together, to share insights and best practice and to foster a cohesive approach among ACCOs delivering aged care services to:

- Enhance collaboration among ACCOs involved in aged care, fostering a unified approach to service delivery
- Create a comprehensive dataset on the needs of ACCOs, to inform and support the development of a tailored and effective aged care model
- Have a collective and unified voice to advocate for policies and resourcing that aligns with the community-controlled sector's values, ensuring services meet the community's needs.

The Government should also support ACCOs to develop and strengthen their understanding of aged care service delivery, and expand their services through:

- Simplifying access and utilisation of allocated packages, aligning with ACCO's ethos of providing comprehensive care
- Developing and refining models for ACCOs new to aged care, including building ACCO-specific frameworks
- Providing training and resources to ensure effective costings and alignment with existing programs
- Valuing and investing in holistic ACCO models
- Enhancing understanding of the aged care sector, compliance requirements, and the financial implications of service delivery
- Supporting ACCOs to access training and support to develop plans to expand services, anticipate demand, plan for capital works, and adapt to legislative changes.

Priority Reform 3 - Transforming Government Organisations

The National Agreement provides 6 transformation elements to deliver on Priority Reform 3, these include: identify and eliminate racism; embed and practice meaningful cultural safety; deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people; increase accountability through transparent funding allocations; support Aboriginal and Torres Strait Islander cultures; and improve engagement with Aboriginal and Torres Strait Islander people.[1] To effectively deliver on these elements, governments need to move away from disparate, piecemeal changes and funding for existing programs and commit to systems level reforms.

As part of the 10-year transformation plan, the Government should work with Aboriginal and Torres Strait Islander people to articulate a vision for transformation, including a theory of change. This should inform a strategy to realise that vision and commit to a series of actions to achieve that strategy. The plan should be outcomes focused with built in accountability mechanisms to determine the success of the plan.

The Royal Commission made 7 specific recommendations relating to aged care for Aboriginal and Torres Strait Islander people, which made up its blueprint for transformational change. These included:

1	**Recommendation 47:**	Aboriginal and Torres Strait Islander aged care pathway within the new aged care system
2	**Recommendation 48:**	Cultural safety
3	**Recommendation 49:**	An Aboriginal and Torres Strait Islander Aged Care Commissioner
4	**Recommendation 50:**	Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers
5	**Recommendation 51:**	Employment and training for Aboriginal and Torres Strait Islander aged care
6	**Recommendation 52:**	Funding cycle
7	**Recommendation 53:**	Program streams

The blueprint and recommendations provided by the Royal Commission should be used to inform the outcomes and actions to be included in the 10-year transformation plan. It is now incumbent on the Government to engage with key

stakeholders across the community-controlled sector, other levels of government, and advisory groups to ensure there is a sustainable funding model that supports ACCOs delivering aged care services nationwide to be financially viable.

Priority Reform 4 - Shared Access to Data and Information at a Regional Level

A significant issue raised throughout my consultations was the lack of available data, which inhibits the ability of governments and communities to make informed, context-specific decisions. Much of what is available is taken from census data, which means that it becomes outdated and lacks the necessary nuance to inform community-level decision-making.

As I have engaged with the department to understand and relay feedback on policies and programs designed for older Aboriginal and Torres Strait Islander people, I have observed a lack of data and evidence being used to inform decision-making. This is brought into stark focus when considering the lack of Indigenous-specific data, which is necessary to appropriately inform policy and program design targeted at an underrepresented cohort of people.

I am concerned to see that so many decisions are being made for and about older Aboriginal and Torres Strait Islander people without proper consultation to gain community perspectives and input, and without adequate data and evidence to rely on. This means that the Government applies non-Indigenous perspectives to its policies, which results in Indigenous-specific programs being little more than minor tweaks to broad mainstream programs, rather than being designed with and for older Aboriginal and Torres Strait Islander people.

Recommendation 30 of the Royal Commission's Final Report called for the department to undertake a national audit of the regional and local variations in levels of service from people of diverse backgrounds and then commission arrangements to address deficits in meeting these needs. The same recommendation called for the formulation of a data collection mechanism and analysis of said data for the purpose of understanding the experiences of older people seeking or receiving aged care to improve equity of access and use of aged care. This recommendation should be actioned as a priority, if the Government is to achieve its policy intent of ensuring older Australians can access aged care that meets their specific needs, where and when they need it.

In addition to this, the 10-year transformation plan should prioritise and adequately fund data collection that can be shared and disaggregated to inform decision-making by regions. This should include improving access to existing data, investing in First Nations data infrastructure and developing a strategy for building data capability for ACCOs and Government. This must be guided by the principles of Indigenous Data Sovereignty and support the practice of Indigenous Data Governance.

Section 2

Model for a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner

This section proposes a model for a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner, based on the feedback provided through consultations, an open call for submissions and meetings with the community-controlled Leadership Group. Feedback was provided by older Aboriginal and Torres Strait Islander people, their communities and the community-controlled and mainstream aged care sector, who shared their ambitions and expectations for a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner.

The model centres on 3 key principles, that the Aboriginal and Torres Strait Islander Aged Care Commissioner should be: a permanent position, enshrined in legislation; to be filled for a specified term by statutory appointment; and independent of the Government and Department of Health and Aged Care.

Overview of proposed permanent Aboriginal and Torres Strait Islander Aged Care Commissioner

The permanent Commissioner role should be:

- a permanent position, enshrined in legislation
- filled for a specified term by statutory appointment
- independent of the Government, Department of Health and Aged Care and the Aged Care Quality and Safety Commission.

The Permanent Commissioner's functions would include:

- undertaking formal inquires
- requesting and sharing information specific to the Commissioner's role
- issuing public statements
- making recommendations to government
- making recommendations and reporting to Parliament.

The permanent Commissioner should focus on holding the Government and aged care sector to account, to ensure:

- equitable access and outcomes for older Aboriginal and Torres Strait Islander people in the aged care system
- the aged care system is culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including by supporting innovation
- a strong and expanded Aboriginal and Torres Strait Islander aged care workforce and community-controlled aged care sector
- implementation of the 4 Priority Reforms under the National Agreement as they relate to aged care
- improved outcomes across the policy spectrum that impact on social, cultural and emotional wellbeing and aged care outcomes
- transformational change is embedded across the aged care system.

To guide and support its work, the permanent Commissioner should:

- have the authority and power to hold the Government and the aged care system to account for the changes and reforms that are needed
- maintain a strong connection to community, being guided by and accountable to the needs, priorities and aspirations of Aboriginal and Torres Strait Islander people
- operate in a culturally safe and innovative way
- have support to undertake its functions, drive the scale of reforms needed, and manage cultural and colonial load
- embed and reflect the 4 Priority Reforms under the National Agreement
- be underpinned by and champion the United Nations Declaration on the Rights of In Indigenous Peoples.

Feedback from Aboriginal and Torres Strait Islander people and organisations

There is overwhelming support for the establishment of a permanent, independent, statutory Commissioner. A permanent Commissioner is seen as a critical mechanism to ensure older Aboriginal and Torres Strait Islander people's experiences with the aged care system are heard and understood. The Commissioner will play a key role in ensuring current and future reforms are responsive to the rights, needs and aspirations of Aboriginal and Torres Strait Islander people, where culture is protected, and older people are supported to age with dignity and respect.

Model Design Principles

Permanent Commissioner design principles

The model and the work of the Commissioner should:

1. Reflect the aspirations, priorities and needs of Aboriginal and Torres Strait Islander people.
2. Address the Royal Commission recommendations and intent of the proposed Commissioner.
3. Support the implementation of and reflect the Priority Reforms of the National Agreement on Closing the Gap.
4. Take an aged care systems-wide approach.
5. Have the authority, independence, power and resources needed to drive transformative change and hold the system accountable for the scale of reform needed for culturally safe aged care and to close the gap in outcomes between Aboriginal and Torres Strait Islander people and other Australians within the aged care system.
6. Complement other accountability, regulatory and complaints office holders and bodies and organisations in the aged care system.
7. Work in a range of ways (collaborate, in partnership, influence) to drive reform.
8. Be accessible, visible and safe to Aboriginal and Torres Strait Islander people.
9. Be cost efficient whilst balancing the independence, aspirations and priorities of Aboriginal and Torres Strait Islander people.

Ways of working of the permanent Commissioner

Remit

Aboriginal and Torres Strait Islander people and the community-controlled Leadership Group expect the Commissioner to have a broad lens and remit, where the Commissioner considers the aged care system. The Commissioner should consider matters that contribute to ageing well for Aboriginal and Torres Strait Islander people and the social and cultural determinants of health. Housing and transport were specifically raised with me as examples.

> 'There is also a need for the Commissioner to be able to understand and advocate for the diverse issues affecting older Aboriginal people. This encompasses advocating for broader changes beyond aged care programs that profoundly influence the well-being of older Aboriginal individuals. This includes addressing social determinants of health such as housing and access to culturally appropriate primary health services. Subsequently, cross-portfolio influence and presence is crucial to address these multifaceted challenges effectively.'
> – **AHCWA submission**

Like the Inspector-General of Aged Care, I propose that the Commissioner's remit includes all Australian Government funded aspects of the aged care system and all Australian Government policies and programs that contribute to, and impact, on older Aboriginal and Torres Strait Islander people ageing well. I propose the permanent Commissioner's remit would also include aged care activities of state and territory governments that are funded by the Commonwealth.

The permanent Commissioner will be responsible for fostering strong working relationships with state and territory governments to share insights and concerns of older Aboriginal and Torres Strait Islander people as it relates to their responsibilities.

The permanent Commissioner would also develop working relationships with stakeholders within and outside the aged care sector, where those relationships could influence positive outcomes for older Aboriginal and Torres Strait Islander people, such as the Aboriginal and Torres Strait Islander Social Justice Commissioner.

Focus areas

The priorities identified by NATSIAACC members is consistent with the feedback I heard in consultations, submissions and from the community-controlled Leadership Group. I propose these priorities form the basis of an annual workplan for the permanent Commissioner. They will inform and guide my work as interim Commissioner for the months ahead.

NATSIAACC surveyed its members and identified the following priorities.

'Our members ranked the priorities as follows:

1. Holding the aged care system accountable for achieving equitable outcomes for older Aboriginal and Torres Strait Islander people and providing culturally safe care.
2. Supporting the strengthening of the Aboriginal and Torres Strait Islander community-controlled aged care sector and workforce.
3. Ensuring the voices of Aboriginal and Torres Strait Islander people accessing the aged care sector are shared with government.
4. Monitoring the transformation of government to ensure it is implementing the 4 Priority Reforms of the National Agreement on Closing the Gap in relation to aged care.
5. Working with the mainstream aged care system to ensure the cultural needs of Aboriginal and Torres Strait Islander Elders and older people are met.' – **NATSIAACC submission**

Appointment and Term of the Commissioner

In line with the recommendation of the Royal Commission and the expectations of community, the Commissioner must be an Aboriginal and or Torres Strait Islander person.

I propose that the permanent Commissioner be a statutory office holder, appointed by the Governor General. This is consistent with the appointment of the Inspector-General of Aged Care and supports the Commissioner's independence and ability to hold the Government to account.[38]

The appointment would be made on the joint advice of the Minister for Aged Care and Aboriginal and Torres Strait Islander community-controlled representatives. This would represent an innovative appointment process that would be in line with Priority Reform One of the National Agreement, which commits to shared decision- making by Government and Aboriginal and Torres Strait Islander representatives on matters of significance to Aboriginal and Torres Strait Islander people. This appointment process was supported by the community-controlled Leadership Group.

'NACCHO strongly supports the transformative features of the Commissioner's role, particularly feedback that Aboriginal and Torres Strait Islander representatives have input into the appointment of the Commissioner' – **NACCHO submission**

I propose the permanent Commissioner is appointed for a term of 5 years, and not exceed 2 terms (10 years). A 5-year appointment provides continuity of a Commissioner, which will be important to drive and hold aged care system to account through this long-term reform and structural change.

As part of the conditions of appointment, I propose a mechanism for the termination of the Commissioner's appointment. Similar to the Inspector-General of Aged Care, I propose the Governor General may terminate the permanent Commissioner's appointment in the event of misbehaviour, inability to perform duties, bankruptcy, unexplained absence, and failing to disclose conflicts of interest.[38] I propose an additional cause for termination, which is the loss of confidence by the community.

Independence of the Commissioner

'Members identified issues such as the need for independence to be able to take action and influence change, and provide stronger advocacy, coordination and influence cultural safety across Government.' – **NATSIAACC submission**

The independence of the Commissioner was a primary concern raised during consultations. This took 2 main forms: the location of the Commissioner; and the decision-making of the Commissioner.

With respect to location, Aboriginal and Torres Strait Islander people expect the Commissioner to be in an independent office. This is different to what the Royal Commission recommended, where it was proposed that the Commissioner be part of the system governor (the department).

It is important to ensure cost-effective administrative arrangements, which may include co-location (while maintaining independence) with another entity, and/or sharing some back of office functions. Ideally, to deliver cost efficiencies, administrative functions could be supported by the department.

Support from the Minister for Aged Care in determining the workplan of the Commissioner, particularly the focus of formal inquiries, would be important to achieving reform outcomes. To that end, I propose the permanent Commissioner would consult with the Minister for Aged Care on determining their annual workplan and priorities for formal inquires. The department should also be consulted. This is in addition to the Commissioner undertaking regular engagements with Aboriginal and Torres Strait Islander people on the Commissioner's workplan and priorities.

I propose that the Minister for Aged Care could direct the Commissioner to undertake a formal inquiry into matters where the Commissioner determines it has sufficient resources to do so, and the inquiry focus aligns with the priorities of older Aboriginal and Torres Strait Islander people. This ensures the priorities of older Aboriginal and Torres Strait Islander people remain forefront. I further propose that it should be for the Commissioner only to determine the scope and terms of reference for how it undertakes any inquiry that is directed by the Minister.

Powers and resources of the Commissioner

Community expects that the Commissioner has the necessary powers and resources to undertake its role and drive accountability and reform. It was consistently emphasised that the Commissioner needed to have 'teeth' to do its job.

This was reiterated during my sessions with the community-controlled Leadership Group that to achieve their intended aims, the Commissioner have the powers to:

- undertake formal inquires
- request and share information specific to the Commissioner's role – this would include the power to compel the department and providers to share information and documents, subject to confidentiality and privacy considerations
- issue public statements
- make recommendations to Government
- make recommendations and report to Parliament.

The permanent Commissioner should have information-gathering powers that will improve outcomes for Aboriginal and Torres Strait Islander people in respect of access, assessment, service delivery, design and funding arrangements, culturally appropriate service providers, and culturally appropriate and qualified direct care workforce.

There will be obligations or responsibilities associated with these powers, including ensuring fair and proper processes prior to public statements and reporting, like the Inspector-General, as well as obligations to engage and consult as part of exercising any powers. In addition to the powers and resources outlined above, the permanent Commissioner should have a role in the development and monitoring of the 10-year transformation plan. This should include a formal role in monitoring and reporting, including making inquiries and publishing data and information as appropriate, on progress against implementation of the 10-year transformation plan.

Office of the Commissioner

'The Office of the Aboriginal and Torres Strait Islander Aged Care Commissioner must have a fully resourced team to support the delivery of this significant role… NATSIAACC recommends the Commissioner to be fully funded and resourced to continue its current engagement and advocacy, including the current face-to-face consultations with Elders, older people, carers, families, communities and aged care providers. The Office of the Commissioner must also be fully funded for expansion to continue to meet increasing needs and fulfil its functions.'
– **NATSIAACC submission**

Key concerns raised by the community-controlled Leadership Group regarding the structure, included the Commissioner being supported to:

- undertake the scale of work needed to drive and hold the aged care system accountable for the required reforms
- engage with Aboriginal and Torres Strait Islander people across the country
- manage cultural and colonial load.

I propose that the Commissioner be supported by a properly resourced Aboriginal and Torres Strait Islander led engagement team. I will explore what the most appropriate arrangements are for employment of staff that work for the permanent Commissioner to ensure they are able to act with independence from the system governor and can support the Commissioner in their accountability functions.

Engagement with Aboriginal and Torres Strait Islander people

I propose the Commissioner have obligations to engage with Aboriginal and Torres Strait Islander people as part of their role and functions. This could include engaging to determine an annual workplan or inquiry priorities, part of any inquiries and in formulating positions on the rights and wellbeing of older Aboriginal and Torres Strait Islander people to advance within the aged care system.

A legislative obligation to engage with Aboriginal and Torres Strait Islander people will demonstrate and give confidence that this is a key underpinning of how the Commissioner will work. However, to enable the Commissioner to adapt engagement methods as needed to support reforms and issues, and as the community-controlled sector grows, I propose that the legislation would not specify how engagements are undertaken.

NATSIAACC noted that, for its members: 'engagement and partnership is fostered through consultation, listening sessions, and open communication with the Aboriginal and Torres Strait Islander community-controlled organisations and representative groups'.[39]

As interim arrangements are extended, it is important to continue a program of deep engagement with Aboriginal and Torres Strait Islander people across the country. Establishing formal partnership arrangements with the community-controlled sector is also important. These arrangements will assist in determining the Interim Commissioner's work program, policy advocacy and positions on aged care reforms. A formal arrangement with the community-controlled Leadership Group, through the development of agreed terms of reference, would continue to advance the commitment to Priority Reform One under the National Agreement. These arrangements would also provide continuity in the transition to a permanent Commissioner.

Operating at the systemic level

There is a strong view from Aboriginal and Torres Strait Islander people and the community-controlled Leadership Group that the Commissioner should operate at the systemic level, driving strategic reform and focussed on addressing systemic issues in aged care that directly or disproportionately impact on the care and experiences of older Aboriginal and Torres Strait Islander people, their families and communities. The Commissioner should not deliver programs or be engaged in individual people or organisation matters.

'the Commissioner should have a focus on high-level strategic influence, rather than operational.' – **NATSIAACC submission**

Handling of individual complaints and safety concerns

There is consensus that the Commissioner should not investigate individual complaints (like the ACQSC and the Commonwealth Ombudsman) or advocate for individual cases (like the Australian Human Rights Commission).

Beyond legislation, it will be important for the Commissioner to develop clear protocols with the ACQSC, the Commonwealth Ombudsman and the Australian Human Rights Commission on referral processes of individual complaints. These protocols could be in the form of a Memorandum of Understanding and should be made public. I propose that, as part of the engagements with Aboriginal and Torres Strait Islander people, the Commissioner provides information on complaints processes, access and what their rights are.

Whilst a relationship with bodies that handle individual complaints is important, the Commissioner should also be able to undertake a formal inquiry into complaints processes and how responsive they are to the needs of Aboriginal and Torres Strait Islander people and make any recommendations. To this end, the Commissioner's independence from these processes will be important.

The Commissioner may come across aged care services and organisations that they reasonably suspect may not be acting ethically, or meeting quality and safety requirements and obligations to Aboriginal and Torres Strait Islander people. I propose that the Commissioner be obligated in legislation to refer these aged care services to the appropriate body.

Model aspects for further development

To progress the model development for the permanent Commissioner, and to further support my impact whilst Interim Commissioner, I will continue engagement on and work to:

- design the Commissioner support and office structure and staffing arrangements
- establish formalised partnership arrangements with the community-controlled Leadership Group
- design community-controlled involvement in the recruitment process of the permanent Commissioner
- develop protocols for the handling of individual complaints and concerns, in partnership with relevant bodies
- enhance collaboration arrangements with the Inspector-General and their office.

This work will be balanced with the policy advocacy priorities I will focus on as Interim Commissioner.

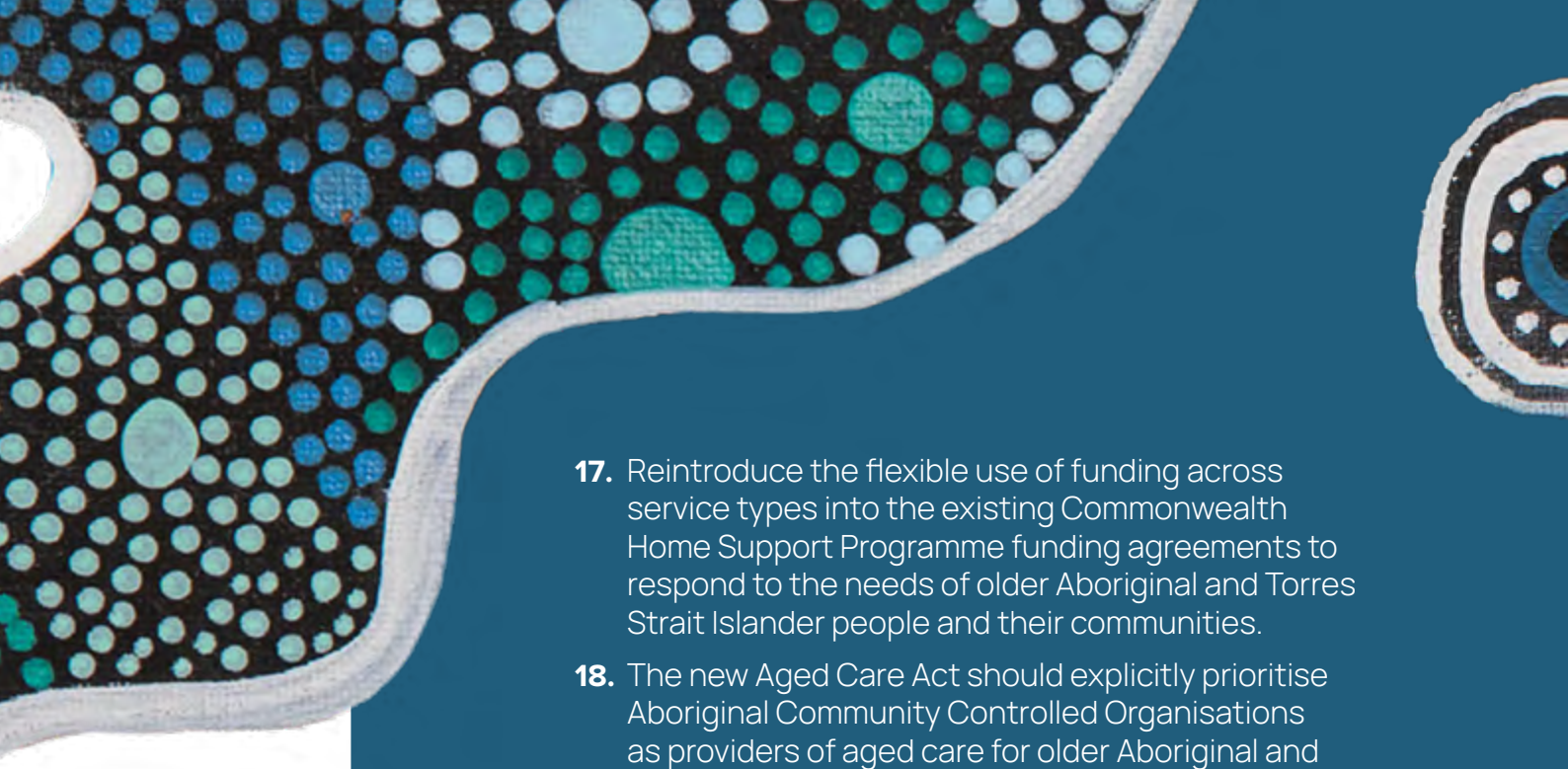
Andrea Kelly with Uncle Victor Ward, and Orange Aboriginal Medical Service staff Gabby Yates & Terese Peters, Orange, Wiradjuri Country

Appendix 1

Urgent and Time Sensitive Recommendations

1. Replicate and scale up the positive examples of culturally safe aged care for older Aboriginal and Torres Strait Islander people highlighted in this report.
2. Explicitly reference cultural safety as a fundamental human right and minimum standard for care in the new Aged Care Act.
3. Mandate and urgently complete the roll out of minimum cultural safety training for all workers in the aged care system. This should include minimum standards and timeframes.
4. Ensure cultural safety training addresses the specific needs of Stolen Generations survivors. Training should be developed by Stolen Generations organisations.
5. Develop a designated funding stream, which on application, makes funds available to support older Aboriginal and Torres Strait Islander requiring assistance to retain connection to their Country.
6. Fund research into what is needed to support the aged care sector in delivering appropriate trauma-aware, healing informed aged care for Stolen Generations survivors.
7. Ensure there is clear policy direction and appropriate training given to support My Aged Care agents, Services Australia staff and other front-line employees who work with Stolen Generations survivors.
8. Develop and implement a community awareness program targeted to older Aboriginal and Torres Strait Islander people, their families, and communities to increase awareness of the aged care system, eligibility requirements, and the types of supports available.

9. Develop community facing materials that assist older Aboriginal and Torres Strait Islander people to understand the aged care pathway and the support they can ask for from various generalist and aged care specific organisations operating in aged care.
10. Develop a suite of communications materials and a consultation strategy to ensure that older Aboriginal and Torres Strait Islander people are made aware of the upcoming changes to aged care through the new Aged Care Act, and specifically how they will be impacted.
11. Develop community facing materials that help older Aboriginal and Torres Strait Islander people to understand the aged care pathway and the support they can ask for from various generalist and aged care specific organisations operating in aged care.
12. Review government communications to make them culturally appropriate and understandable to people with English as a second language.
13. Review government access channels to make them accessible to people who have limited, unreliable or intermittent access to the internet, communication technology (including landlines), and computer hardware.
14. Review aged care entry point requirements to ensure that people are not excluded from receiving support they are otherwise eligible for because they cannot meet the proof of identity requirements.
15. Develop appropriate safety net settings in response to the introduction of co-contributions for older Aboriginal and Torres Strait Islander people to ensure they do not exacerbate the current disparity in access rates.
16. Design, trial and implement an equitable pathway for older Aboriginal and Torres Strait Islander people under the new Support at Home model.



17. Reintroduce the flexible use of funding across service types into the existing Commonwealth Home Support Programme funding agreements to respond to the needs of older Aboriginal and Torres Strait Islander people and their communities.
18. The new Aged Care Act should explicitly prioritise Aboriginal Community Controlled Organisations as providers of aged care for older Aboriginal and Torres Strait Islander people.
19. Support and incentivise partnerships between mainstream and Aboriginal Community Controlled Organisations to work together to ensure older Aboriginal and Torres Strait Islander people receive culturally safe, trauma-aware and healing informed aged care services.
20. Urgently progress the First Nations Assessment Workforce project. In the meantime, use the current mainstream assessment commissioning process to address the critical shortage of Aboriginal and Torres Strait Islander aged care assessors.
21. Allow Aboriginal Community Controlled Organisations to apply flexibility and discretion when conducting worker screening to keep older Aboriginal and Torres Strait Islander people safe while not inappropriately excluding Aboriginal and Torres Strait Islander people from employment.
22. Review the timeframe for the lifting of the exemption period for the requirement to have 24/7 registered nurses in National Aboriginal and Torres Strait Islander Flexible Aged Care facilities.

23. Ensure continuation of current arrangements for a workforce surge capacity to help Aboriginal Community Controlled Organisations to meet the 24/7 registered nurse requirement.

24. Expand the workforce authorised to approve essential equipment and home modifications up to an agreed amount, for example $1,000.

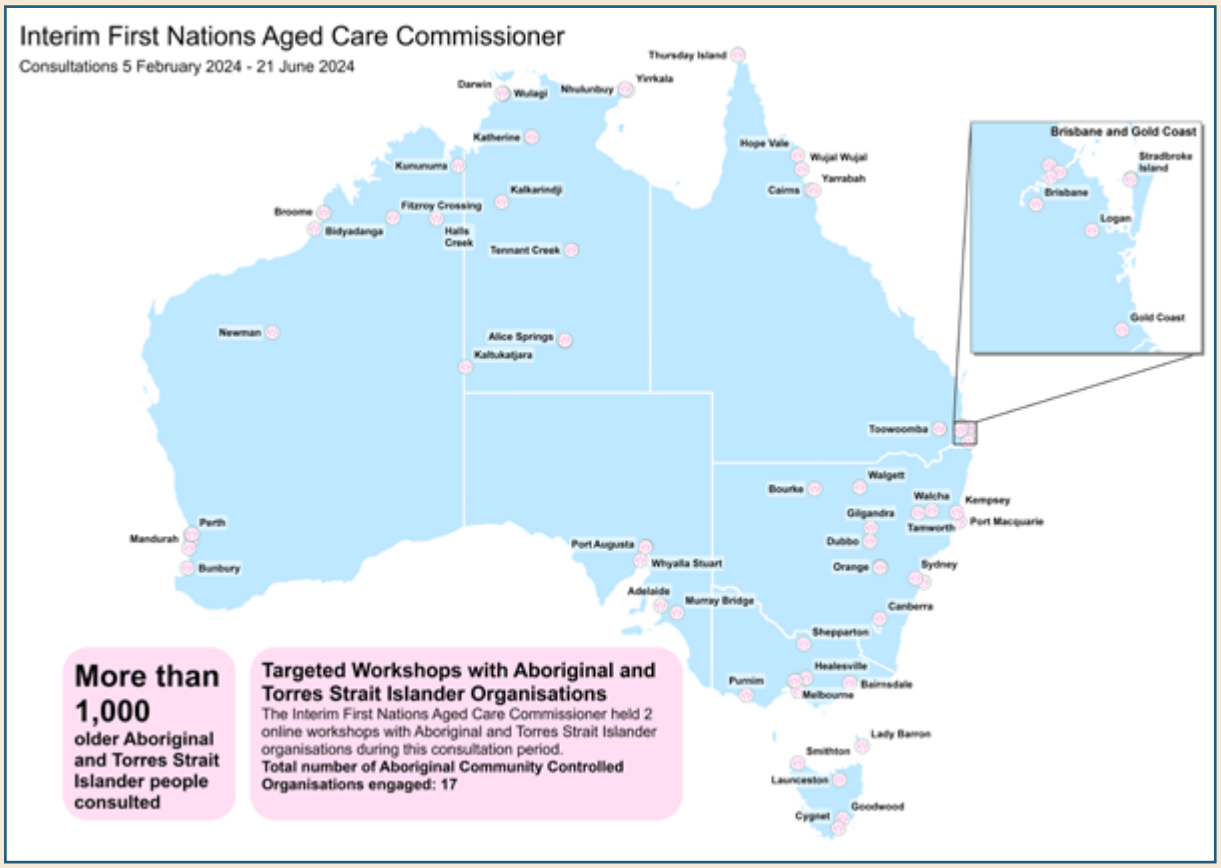
25. Give older Aboriginal and Torres Strait Islander people priority access to assessments and aged care packages, including respite care.

26. Recognising the lack of Indigenous-specific data to inform decision-making, the Government should develop a fund to support research and evidence-gathering specific to older Aboriginal and Torres Strait Islander people's access to aged care.

27. Introduce an ongoing capital round for providers funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Aboriginal Community Controlled Organisations that operate aged care services.

Appendix 2

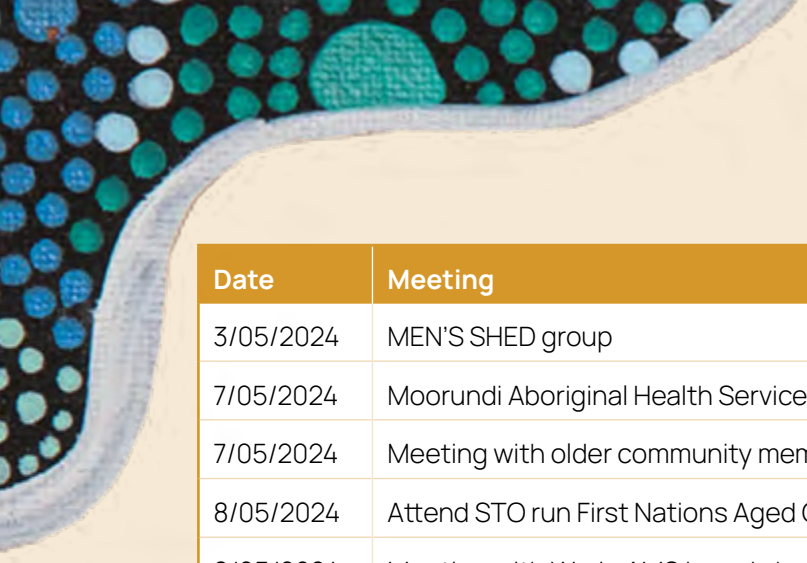
Summary of consultations & organisational submissions



Date	Meeting	Locality
12/01/2024	The Australian Regional and Remote Community Services (ARRCS)	Darwin
5/02/2024	WA Aged Care Collaboration Group	Perth
5/02/2024	Carers WA	Perth
5/02/2024	Aboriginal Health Council of WA (AHCWA)	Highgate
6/02/2024	Southern Cross Care – Bran Nue Dae CHSP Centre – Breakfast Club & Day Centre	Broome
6/02/2024	Bidyadanga Aboriginal Community La Grange	Bidyadanga
7/02/2024	Integrated Care & Commissioning (ICC) Regional Working Group	Broome
7/02/2024	Broome Regional Aboriginal Medical Service (BRAMS)	Broome
7/02/2024	Kimberley Aged Care Collaborative (KACC)	Broome
7/02/2024	Kimberley Aboriginal Medical Service (KAMS)	Broome
7/02/2024	Yura Yungi Aboriginal Medical Service CEO - Halls Creek	Broome
7/02/2024	Tour of Southern Cross Care Residential Service - Germanus Kent House	Broome
8/02/2024	Helping Minds I Carers Gateway	Broome
8/02/2024	Kimberley Aged and Community Services (KACS)	Kununurra
8/02/2024	Kimberley Stolen Generations Aboriginal Corporation (KSGAC)	Broome
9/02/2024	Moorditj Koort Aboriginal Corporation (MKAC)	Parmelia
9/02/2024	South West Aboriginal Medical Service (SWAMS)	Mandurah
23/02/2024	Rumbalara Aged Care Facility	Shepparton North
27/02/2024	Dubbo Elders Group	Dubbo
27/02/2024	Jack Towney Hostel	Gilgandra
27/02/2024	Walgett Aboriginal AMS	Walgett
28/02/2024	Bourke Aboriginal Health Corporation Service	Bourke
28/02/2024	Bourke Tribal Council	Bourke
29/02/2024	Walgett Government Stakeholder Group	Walgett
29/02/2024	Dharriwaa Elders Group	Walgett

Date	Meeting	Locality
29/02/2024	Walgett Aboriginal Community Working Party	Walgett
1/03/2024	Benjamin Short Grove Aged Care Facility	Orange
1/03/2024	Murdi Paaki Regional Assembly & Murdi Paaki Services Limited	Cobar
1/03/2024	Orange AMS	Orange
5/03/2024	Onsite visit to Indigenous Urban Institute of Health (IUIH)	Windsor
5/03/2024	Meeting with NACAC Member Ms Jody Currie	Windsor
18/03/2024	Pulkapulkka Kari Flexible Aged Care (PPK)	Tennant Creek
18/03/2024	Julalikari Council Aboriginal Corporation	Tennant Creek
19/03/2024	Central Australian Aboriginal Congress (Congress) Deadly Wobblers	Alice Springs
19/03/2024	Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation - Purple House	Alice Springs
19/03/2024	Tangentyere Council	Alice Springs
19/03/2024	Central Desert Regional Council and MacDonnell Regional Council	Alice Springs
20/03/2024	Tjilpi Pampaku Ngura Flexible Aged Care (Docker River)	Kaltukatjara
20/03/2024	Kaltukatjara Art Centre	Kaltukatjara
21/03/2024	Hetti Perkins Home for the Aged	Alice Springs
21/03/2024	ARRCS Community Care Alice Springs	Alice Springs
21/03/2024	Ngaanyatjarra Pitjantjatjara Women's Council (NPY Women's Council)	Alice Springs
22/03/2024	Rocky Ridge Nursing Home (ARRCS)	Katherine
22/03/2024	Kalano Community Association	Katherine
25/03/2024	Victoria Daly Regional Council	Kalkarindji
25/03/2024	Yutjuwala Djiwarr	Nhulunbuy
25/03/2024	Laynhapuy Homelands Aboriginal Corporation	Yirrkala
26/03/2024	Yothu Yindi Foundation	Nhulunbuy
26/03/2024	Anglicare Day Centre	Nhulunbuy
27/03/2024	Nhulunbuy Network Meeting	Nhulunbuy
28/03/2024	Carers NT Wulagi Wellbeing Centre (Wulagi/Anula/Urban Access Program Participants)	Wulagi

Date	Meeting	Locality
28/03/2024	Larrakia Nation CEO	Coconut Grove
2/04/2024	Anglicare NT	Winnellie
3/04/2024	Georgina Hostel	Morningside
3/04/2024	Yulu-Burri-Ba Aboriginal Corporation for Community Health	Dunwich
4/04/2024	Nareeba Moopi Moopi Pa	Dunwich
4/04/2024	Kalwun Senior Services	Bonogin
5/04/2024	Eagleby Jimbelunga Nursing Centre	Eagleby
5/04/2024	Inala Wangarra Inc. Healthy Ageing Hub	Inala
8/04/2024	Link Up Qld	Woolloongabba
9/04/2024	Flinders Island Aboriginal Association (FIAAI)	Lady Barron
9/04/2024	Tasmanian Aboriginal Health Reference Group (TAHRG) TAHRG includes FIAAI, CBIAA, CHAC, Karadi, and SETAC	Launceston
10/04/2024	Tasmanian Aboriginal Centre	Launceston
10/04/2024	Karadi Aboriginal Corporation	Goodwood
12/04/2024	South East Tasmania Aboriginal Corporation	Cygnet
15/04/2024	Circular Head Aboriginal Corporation	Smithton
16/04/2024	Kirrae Health Services	Purnim
16/04/2024	Mullum Mullum Indigenous Gathering Place	Mitcham
17/04/2024	Victorian Committee for Aboriginal Aged Care and Disability	Thornbury
17/04/2024	Oonah Aboriginal Health and Community Services	Healesville
18/04/2024	Victorian Aboriginal Health Service	Fitzroy
19/04/2024	Gippsland and East Gippsland Aboriginal Cooperative	Bairnsdale
19/04/2024	Nairm Marr Djambana Community	Frankston
30/04/2024	Aboriginal Community Elders Services	Brunswick East
30/04/2024	Wami Kata Old Folks Home.	Port Augusta
1/05/2024	Arabana Aboriginal Corporation	Port Augusta
1/05/2024	Nunyara Aboriginal Health Service	Whyalla Stuart
2/05/2024	Bungala Aboriginal Corporation	Port Augusta
2/05/2024	Kura Yerlo, lunch with the Senior Women's Group	Port Adelaide

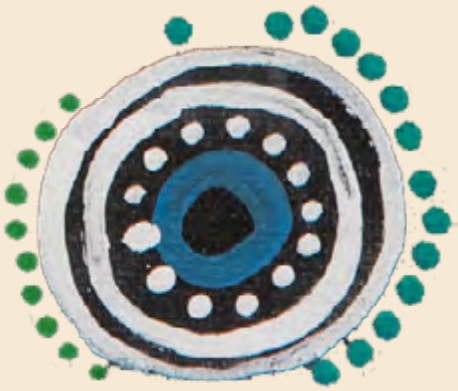


Date	Meeting	Locality
3/05/2024	MEN'S SHED group	Port Adelaide
7/05/2024	Moorundi Aboriginal Health Service - Elder Groups	Murray Bridge
7/05/2024	Meeting with older community members and carers	Tamworth
8/05/2024	Attend STO run First Nations Aged Care Yarning Session	Tamworth
8/05/2024	Meeting with Werin AMS board chair and deputy chair	Port Macquarie
8/05/2024	Meeting with older community members and carers	Walcha
13/05/2024	Booroongen Djugun Limited Residential Care	Greenhill Kempsey
13/05/2024	Mutkin Residential and Aged Care	Yarrabah
13/05/2024	Gurriny Yealamucka Health Services	Yarrabah
14/05/2024	Kowanyama Council	North Cairns
15/05/2024	Bluecare Star of the Sea	Thursday Island
15/05/2024	Torres Strait Home for the Aged CHSP/HCP (inner Islands)	Thursday Island
16/05/2024	Torres Strait Island Regional Council CHSP only (outer Islands)	Thursday Island
17/05/2024	Wujul Wujul	Wujal Wujal
22/05/2024	Hope Vale Aged Hostel	Hope Vale
28/05/2024	Aunty Lyn Cullinane and Andrea Kelly, Interim First Nations Aged Care Commissioner	Phillip
28/05/2024	Baabayn Elders yarn with the First Nations Aged Care Commissioner	Emerton
6/06/2024	Stolen Generation Survivors yarn with the First Nations Aged Care Commissioner	Waterloo
6/06/2024	Carbal	Toowoomba City
11/06/2024	Goolburri	East Toowoomba
11/06/2024	Dr Kate Smith and Prof Dawn Bessarab - UWA Elders event	Crawley
12/06/2024	Roundtable with Yokai; Yorghum and Aboriginal Health Council Western Australia (AHCWA)	East Perth
12/06/2024	EPIS - Day respite centre	Newman
12/06/2024	EPIS - Ishbell Reid - CEO	Newman
12/06/2024	Nyabalee Respite Centre	Newman

Date	Meeting	Locality
12/06/2024	EPIS - Elders Village	Newman
13/06/2024	Puntukurnu Aboriginal Medical Services (PAMS)	Newman
13/06/2024	St Barts Visit	East Perth
13/06/2024	Derbarl Yerrigan Health Service (DYHS)	East Perth
14/06/2024	WA Health/WA Country Health Service - Senior Officials	Perth
17/06/2024	SWAMS - Elders yarning session (Stolen Generation focus)	Bunbury
18/06/2024	Juniper Guwardi Ngadu	Fitzroy Crossing
18/06/2024	Yura Yungi Medical Service Aboriginal Corporation (YYMS)	Halls Creek
19/06/2024	Halls Creek Frail Aged	Halls Creek
19/06/2024	Juniper Gerdewoonem	Kununurra
1/08/2024	Juniper Kununurra Community Services	Kununurra
6/08/2024	Carers ACT	Phillip

Submissions received (Organisations only)

Aboriginal Community Elders Services
Aboriginal Health Council of Western Australia
Advocare's Aboriginal People Solidarity Statement group
Aged & Community Care Providers Association
Aged Rights Advocacy Service
Ashburton Aboriginal Corporation
Australian & New Zealand Society for Geriatric Medicine
Australian Nursing and Midwifery Federation
Carers NSW Australia
Central Dessert Regional Council
Dementia Australia
Health Services Union
Institute for Urban Indigenous Health
Kalwun Development Corporation Ltd
Kura Yerlo Incorporated
National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
National Aboriginal Community Controlled Health Organisations
Older Persons Advocacy Network
Silverchain
Tullawon Health Service Inc
UnitingCare (Qld)
Victorian Aboriginal Health Service



Aboriginal and Torres Strait Islander Community-controlled Leadership Group (Leadership Group)

The Leadership Group comprises representatives from the following organisations:

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

National Aboriginal Community Controlled Health Organisation

The Healing Foundation

Institute for Urban Indigenous Health

First Peoples Disability Network

Aboriginal and Torres Strait Islander Ageing Advisory Group of the Australian Association of Gerontology

National Health Leadership Forum

Indigenous Allied Health Australia

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Services for Australian Rural and Remote Allied Health

Australian Indigenous Doctors Association

National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

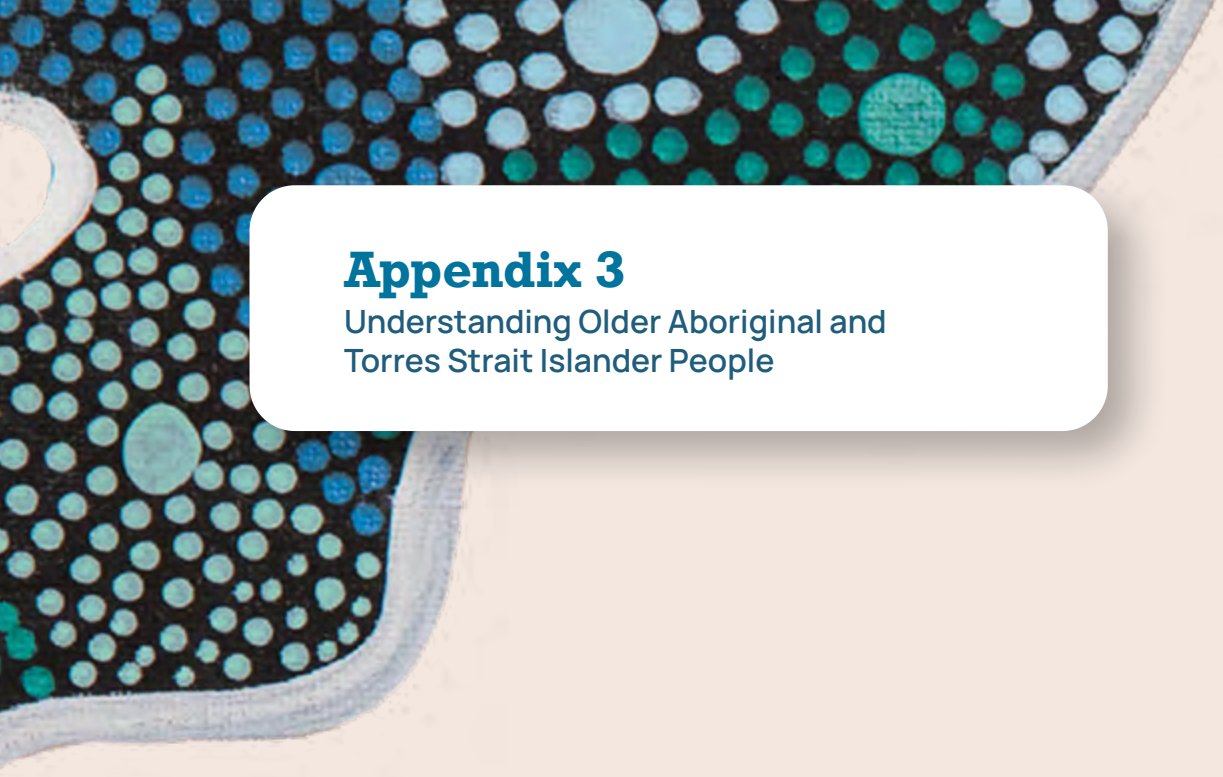
Gayaa Dhuwi (Proud Spirit) Australia

The Lowitja Institute

Victorian Aboriginal Community Controlled Health Organisation

Rumbalara Aboriginal Co-operative

Aboriginal Community Elders Services Inc



Appendix 3

Understanding Older Aboriginal and Torres Strait Islander People

If we are to support Aboriginal and Torres Strait Islander people to achieve life outcomes equal to other Australians, the Government must take an equity-centred approach that prioritises and specifically responds to their unique and diverse needs. In an aged care context, this means understanding who older Aboriginal and Torres Strait Islander people are, including where and how they live, the experiences that have shaped the way they think and interact with the aged care system, and what ageing well means to them and their communities.

Social and Cultural Determinants of Health

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work and age, and these account for 35% of the total health gap between Aboriginal and Torres Strait Islander and non-Indigenous health outcomes.[40]

The social determinants of health are a broadly understood concept, with international and domestic evidence to support the impact they have on whole of life health and wellbeing outcomes. The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan) makes it clear that addressing the social determinants of health is key to achieving health equity for Aboriginal and Torres Strait Islander people.[41]

The social determinants that account for a majority of the health gap are household income, employment and hours worked, and health risk factors, such as smoking and obesity.[40] Furthermore, racism is identified as one of the most impactful social determinants for Aboriginal and Torres Strait Islander people. While this is a concept that is broadly accepted and incorporated into health sector strategies and policies, the aged care sector must recognise the ongoing impacts of the social determinants of health to provide culturally safe, trauma-aware and healing informed experiences for Aboriginal and Torres Strait Islander people receiving aged care.

Cultural Determinants of Health

For Aboriginal and Torres Strait Islander people, culture is a foundation for health and wellbeing. It is a pathway to healing and wellbeing, and in the context of my report – healthy ageing.

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country, family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; self-determination and leadership.[41]

Experts, researchers, and health leaders have already established the rationale for embedding the cultural and social determinants of health in policy and programs for Aboriginal and Torres Strait Islander people. This is not a new model of thinking.

The Mayi Kuwayi study, led by Indigenous academics has already provided evidence-based domains and indicators that can define the cultural determinants within policy.

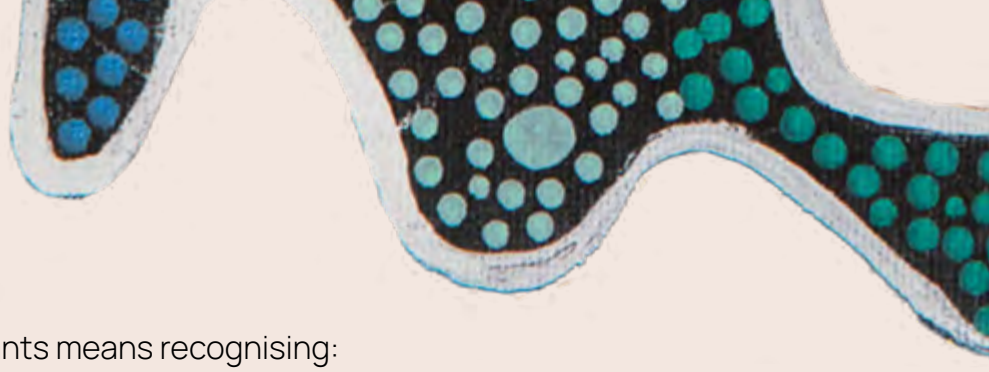
The 2021 Lowitja Institute report, 'Culture is Key: Towards cultural determinants-driven health policy', provides a blueprint for embedding the cultural determinants of health in policy and practice.

Culture as a determinant of health is also articulated in key policy frameworks, including:

- *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*
- *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023*
- *'My Life My Lead, Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health' – Report on the national consultations*
- *National Agreement on Closing the Gap (2020)*

In 2021, the Royal Commission acknowledged that 'the aged care system must reflect the fact that for many Aboriginal and Torres Strait Islander people, health is grounded in connection to Country, culture, family and community. Each of these elements can affect the social, emotional and physical wellbeing of older Aboriginal and Torres Strait Islander people and, in turn, determining their health outcomes.[2]

There is a real opportunity to shift towards a strategic, connected model of working together to prioritise strengths-based, holistic approaches that reflect the cultural and social determinants of health in the design and implementation of aged care reforms. Not only will this lead to improved outcomes, but it will also ensure that the $2.2 billion dollar investment the government has committed to improve Australia's aged care system delivers these reforms for Australia's first people.



Embedding cultural determinants means recognising:

- The direct protective and strengthening impact that practising culture has on health and wellbeing
- The impact of cultural determinants on the social determinants of health.

> Policymaking does not occur in the absence of culture: it is very much informed by the culture of predominantly non-Indigenous policymakers. A cultural determinants approach must seek to balance this structural inequality by centring Aboriginal and Torres Strait Islander culture in policy mechanisms and approaches. Such change requires a bureaucracy that is aware of their own cultural limitations and is willing to change the spaces where policy is made, including ceding control to spaces and processes external of government. – **Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy.***

Many of the solutions to the barriers I outline in this report, whilst complex, can be addressed by the application of systems thinking and evidence, including the cultural determinants of health into policy development for aged care for older Aboriginal and Torres Strait Islander people.

Priority Context Areas

Racism

Racism includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity, or national origin. Racism can be revealed through people's actions as well as their attitudes and beliefs. It includes all the barriers that prevent people from enjoying dignity and equality because of their race.[42]

Racism can cause long-term hurt and harm. Research undertaken by The Healing Foundation has shown that the trauma of colonialism and racism is generational for Aboriginal and Torres Strait Islander people with lifelong negative impacts that are experienced by ongoing generations.[18]

The most recent 2022 Australian Reconciliation Barometer reports that 60% of First Nations people have experienced at least one form of racial prejudice in the previous 6 months compared to 50% in 2020 and 43% in 2018.[43] Data is not yet available to understand the impact of the failed 2023 Voice Referendum. However, it has been described as a 'lightning rod' for the need for government to reaffirm its commitment to addressing racism against First Nations (and all) communities.[44]

Under Closing the Gap Priority Reform 3, all governments have an obligation to identify and eliminate racism. Additionally, the Human Rights Commission is developing a National Anti-Racism Strategy, which will prioritise the lived experiences of Aboriginal and Torres Strait Islander people.[45] These frameworks provide the best opportunity to combat racism and the devastating impacts it has had, and continues to have, for older Aboriginal and Torres Strait Islander people.

Anti-racism is an active process, unlike the passive stance of 'non-racism.' Anti-racism work requires consistent, committed, and targeted action and attention. Racism operates at systemic, institutional, interpersonal, and individual levels. Typically, individual, and interpersonal racism receive more focus than institutional and systemic racism, and as a result deeper, systemic racial injustice continues to flourish. Anti-racism involves focusing on systemic racism.

Abuse of Older Aboriginal and Torres Strait Islander people (Elder Abuse)

The National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023 uses the term 'Abuse of Older Australians' in reference to cultural association in Aboriginal and Torres Strait Islander communities. It lists 5 commonly recognised forms of abuse of older people: physical abuse, sexual abuse, psychological abuse, financial abuse, and neglect. Research indicates that, as in the non-Indigenous context, the most common type of abuse is financial but that other types of abuse also occur.[46]

Culturally, Aboriginal and Torres Strait Islander norms in relation to reciprocity, the expectation that resources will be shared, and kinship (where a wide variety of relationships are involved in familial and community networks), are dimensions that complicate understandings of whether and how elder abuse is occurring. The extent to which calls on grandparent resources to care for grandchildren are culturally reasonable or unreasonable was also highlighted by the research.[47]

The topic of abuse of older Aboriginal and Torres Strait Islander people is a sensitive one, which I approached cautiously in my consultations. However, it was raised on multiple occasions, with the suggestion that instances of abuse are on the rise – the most common example I heard about was financial abuse, or 'humbugging'.

More work is required to understand and conceptualise abuse of older Aboriginal and Torres Strait Islander people, especially among different groups in different circumstances, given the diversity among our communities. The nuance and sensitivity of this issue further highlights the need for aged care providers to understand the communities that they are operating in, and to embed culturally safe and culturally informed practices into their services.

Geography

According to the Australian Bureau of Statistics, the most recent census data from 2021, provides the following breakdown of where Aboriginal and Torres Strait Islander people live, by remoteness:

Estimated Indigenous resident population by Remoteness Areas **30 June 2021**[48]	
Major Cities of Australia	40.8%
Inner Regional Australia	24.8%
Outer Regional Australia	19%
Remote Australia	6%
Very Remote Australia	9.4%

This means that the vast majority of Aboriginal and Torres Strait Islander people live in capital cities, major regional cities, regional and rural towns. Only 15.4% of Aboriginal and Torres Strait Islander people live in remote and very remote locations.

Analysis from the Institute for Urban Indigenous Health shows that the rate of access to aged care for older Aboriginal and Torres Strait Islanders is 10% below the national average.[49] However, the rates of access in many remote and very remote communities attained the national average or exceeded the national average. This demonstrates that to address these access barriers and close the parity gap, investments in improving access must also focus on older Aboriginal and Torres Strait Islander people living in cities and towns.[49]

During my consultations, I visited many remote and very remote areas and heard from aged care recipients and providers that the reality of living in these locations presents specific logistical challenges, including distances between services and communities, insecure or overcrowded housing and food security, and the ability to recruit and maintain a care workforce. This requires greater Government investment and flexibility in these locations, including the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

In remote and very remote areas, care is provided exclusively by government and not-for-profit providers, each working in partnership with Aboriginal community-controlled organisations such as local councils. In major cities and inner regional areas, care is delivered mainly by mainstream aged care providers, very few of which have an Aboriginal or Torres Strait Islander focus.

Intergenerational wealth creation / superannuation

The Final Report of the Aged Care Taskforce assumes that most Australians have access to superannuation to fund contributions to aged care in their retirement.[30] Yet Aboriginal and Torres Strait Islander people were systemically excluded from the opportunity for intergenerational wealth creation, resulting in much lower levels of superannuation funds.

In jurisdictions such as Western Australia, policy and legislation in place from 1936 to 1972 allowed the state government to withhold up to 75% of an Aboriginal person's wage.[50]

There is a known lack of research and evidence on the superannuation system as it applies to Aboriginal and Torres Strait Islander communities. However, a report by Bankwest Curtin Economics Centre released in 2020 estimated that existing superannuation balances of non-Indigenous Australians upon retirement are, on average, more than double that of Indigenous Australians.[50]

Andrea Kelly, St Kilda Better Health Network community consultation, Wurundjeri Countr

Appendix 4
Acronyms

AAG	Australian Association of Gerontology
ACES	Aboriginal Community Elders Services
ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
ACCPA	Aged & Community Care Providers Association
ACQSC	Aged Care Quality and Safety Commission
ACSO	Aged Care Specialist Officer
AHCWA	Aboriginal Health Council of Western Australia
AIDA	Australian Indigenous Doctors Association
AIHW	Australian Institute of Health and Welfare
AN-ACC	Australian National Aged Care Classification
ANMF	Australian Nursing and Midwifery Federation
ANU	Australian National University
ARAS	Aged Rights Advocacy Service
ARIIA	Aged Care Research & Industry Innovation Australia
ATSIAAG	Aboriginal and Torres Strait Islander Ageing Advisory Group
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CHSP	Commonwealth Home Support Programme
EAAA	Elder Abuse Action Australia
ECSP	Elder Care Support Program
FIFO	Fly in, fly out
FPDN	First Peoples Disability Network
GSGL	Good Spirit Good Life
HCP	Home care packages
HSU	Health Services Union
IAHA	Indigenous Allied Health Australia

IAT	Integrated Assessment Tool
IHACPA	Independent Health and Aged Care Pricing Authority
IT	Information technology
IUIH	Institute for Urban Indigenous Health
KICA-COG	Kimberley Indigenous Cognitive Assessment tool
LGBTQIA+	Lesbian, gay, bisexual, transexual, queer, intersex, asexual plus
MMM	Modified Monash Model
NACCHO	National Aboriginal Community Controlled Health Organisations
NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers
NATSIAACC	National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIS	National Disability Insurance Scheme
NHLF	National Health Leadership Forum
NIAA	National Indigenous Australians Agency
OPAN	Older Persons Advocacy Service
OT	Occupational therapist
RJED	Regional Jobs and Economic Development
SARRAH	Services for Australian Rural and Remote Allied Health
SWAMS	South-West Aboriginal Medical Service
THF	The Healing Foundation
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service

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