Central Australian Aboriginal Congress

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Submission to the

Royal Commission into Aged Care Quality and Safety

Submitted by:

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Recommendations

Recommendation 1. Any policy or program aimed at addressing the needs of Aboriginal elders and the families who care for them must be based on sound principles including the Aboriginal holistic definition of health; the right to self-determination under international agreements, including the *United Nations Declaration on the Rights of Indigenous Peoples*; and the internationally recognised rights of older people.

Recommendation 2. The Northern Territory and Australian Governments must commit sufficient investment to ensure that the aged care system in the Northern Territory is able to provide appropriate services to significantly increasing numbers of older people over the next twenty years, with the needs of older Aboriginal people projected to be increasingly important.

Recommendation 3. That all Governments commit themselves to tackling the social determinants of health, and in particular housing, poverty and inequality as a foundation for enabling Aboriginal elders to age in health, to enable Aboriginal families to care for their older people, and to reduce the prevalence of 'Elder abuse' that is driven by high levels of disadvantage.

Recommendation 4. All aged care services must respect Aboriginal culture and the realities of Aboriginal life including in particular the spiritual imperative for Aboriginal Elders to live and to pass away on Country. All services must be flexible, adaptive and resourced to operate as close as possible to where people live.

Recommendation 5. All aged care services for Aboriginal Elders must be provided in ways that enable people to stay on their Country. This includes the need to ensure that in all Aboriginal communities of 500 people or more there is a residential aged care facility that can accept nursing home level clients as well as providing care in the community.

Recommendation 6. That the aged care sector be resourced and trained to work with the Stolen Generations and other family members affected by the forcible removal of children to ensure that aged care is trauma-informed and healing focused at all levels, especially when dealing with those with dementia. Local Stolen Generations / Link-Up organisations and Social and Emotional Wellbeing Counsellors, as well as The Healing Foundation's extensive expertise in this area should be recognised as central to this response.

Recommendation 7. Urgent action is required by the Australian Government to ensure an adequate supply of quality, culturally safe home and community care providers to enable Aboriginal Elders in remote and regional areas to remain living at home for as long as possible

Recommendation 8. That the Australian Government create a grant program for Aboriginal community controlled health services to provide home nursing services to support Aboriginal people to remain at home.

Recommendation 9. The Australian Government should mandate and resource better integration of services for elderly Aboriginal people at home, by requiring aged care providers to have regularly updated MOUs with local Aboriginal community controlled health services, which address issues including clear role delineation; multidisciplinary care arrangements; shared clinical governance and accountability mechanisms; information sharing; and complaints handling.

Recommendation 10. That the Australian Government reintroduce and resource independent Aboriginal aged care advocacy services in the Northern Territory (one based in Darwin and one in Alice Springs) to assist with eligibility for, access to and delivery of aged care packages in the community; and ensure that the appropriate standards for Aboriginal Elders are applied in residential aged care.

Recommendation 11. A substantial national reform effort led by the Australian Government is required to ensure safe, culturally responsive care for Aboriginal Elders in residential aged care. Urgent action is required to develop and implement the following reforms:

- Mandated nursing staff ratios, to ensure safe and appropriate care for residents who may have complex interacting health and wellbeing needs
- Ensuring effective clinical governance is in place in all residential aged care facilities to optimise care; promote safety including minimising medication errors; and enable them to respond to outbreaks of infectious disease (such as the COVID-19 pandemic) in a way that protects residents and staff
- Mandated minimum standards on cultural safety, including funding of male and female Aboriginal cultural workers (in-house or provided by an Aboriginal organisation); resourcing of aged care facilities to address the additional cost of providing culturally responsive care; access to interpreters; and cultural safety training.
- Responsible adaptation of residential aged care standards to ensure they are appropriate for local Aboriginal people
- Resourcing of significant community engagement processes to support social networks and connection to family and Country as essential to Aboriginal wellbeing
- Mandating Aboriginal community controlled health services as the preferred provider of medical care for all Aboriginal residents of aged care facilities
- Addressing nursing workforce shortages through a Government incentives program targeting in particular those who are registered as nurses but not currently working
- Resourcing of independent, culturally appropriate Aboriginal aged care advocacy services

About us

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

    - multidisciplinary clinical care;
    - health promotion and disease prevention programs; and
    - action on the social, cultural, economic and political determinants of health and wellbeing.

2. Congress delivers services to more than 16,000 Aboriginal people[1] living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

3. We have a strong commitment to providing culturally-responsive care across the life course, including to Elders. As well as access to the whole range of comprehensive primary health care services we provide, this includes:

    - a comprehensive GP service delivered to elderly residents of aged care facilities in Alice Springs and to the Mutitjulu Aged Care facility;
    - a Frail Aged and Disabled (FAAD) program providing community outreach services for medical and social care – including culturally safe palliative care – to Aboriginal clients with complex medical conditions who are unable to access Congress services due to frailty and/or disability; and
    - a Commonwealth Home Support Program staffed by an occupational therapist and physiotherapist working with over 600 registered clients, providing support to prolong their independent living, with outreach physiotherapy services also provided through our Ingkintja program (a culturally safe Aboriginal male-only place providing care for male health and wellbeing).

[1] Congress uses the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

The context for Aboriginal Elders in Central Australia

Culture, colonisation and self-determination

4. Respect and care for Elders is central to the diverse Aboriginal and Torres Strait Islander cultures of Australia. For tens of thousands of years our Elders led our communities, providing the wisdom and knowledge that allowed our peoples to survive and flourish. Older people were embedded in a network of family and kin where mutual obligation ensured they were cared for and continued to play a vital part in community life throughout their lives.

5. The Aboriginal peoples of Central Australia are highly diverse. Within this diversity, culture, language and connection to Country and family remain strong across the region. They are at the heart of Aboriginal people's lives. They give our communities strength and resilience.

6. Nevertheless, the process of colonisation – including the dispossession and impoverishment of our communities; the forcible removal of children from their families and its intergenerational effects; the suppression of culture and language; and the ongoing experience of racism and discrimination – has had profound effects on the health and wellbeing of our Nations. It has affected old people directly as well as our families' capacity to care for them.

Principles for Action

7. Aboriginal people's health is central to who we are. Unlike Western medical models of health which focus on the absence of physical illness or disability in individuals, health for us is:

> *Not just the physical well-being of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life [1].*

8. As well as our unique definition of health, any reforms to policies or services relating to the needs of Aboriginal Elders and their families must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples [2], which states:

> *Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions;*

9. Services and programs for all older people must recognise the principles captured in the *United Nations Principles for Older People*, adopted by the UN General Assembly in 1991 [3]. This sets out a range of principles to inform government programs, including those relating to independence, participation, care, self-fulfilment, and dignity.

Recommendation 1. Any policy or program aimed at addressing the needs of Aboriginal Elders and the families who care for them must be based on sound principles including the Aboriginal holistic definition of health; the right to self-determination under international agreements, including the United Nations Declaration on the Rights of Indigenous Peoples; and the internationally recognised rights of older people.

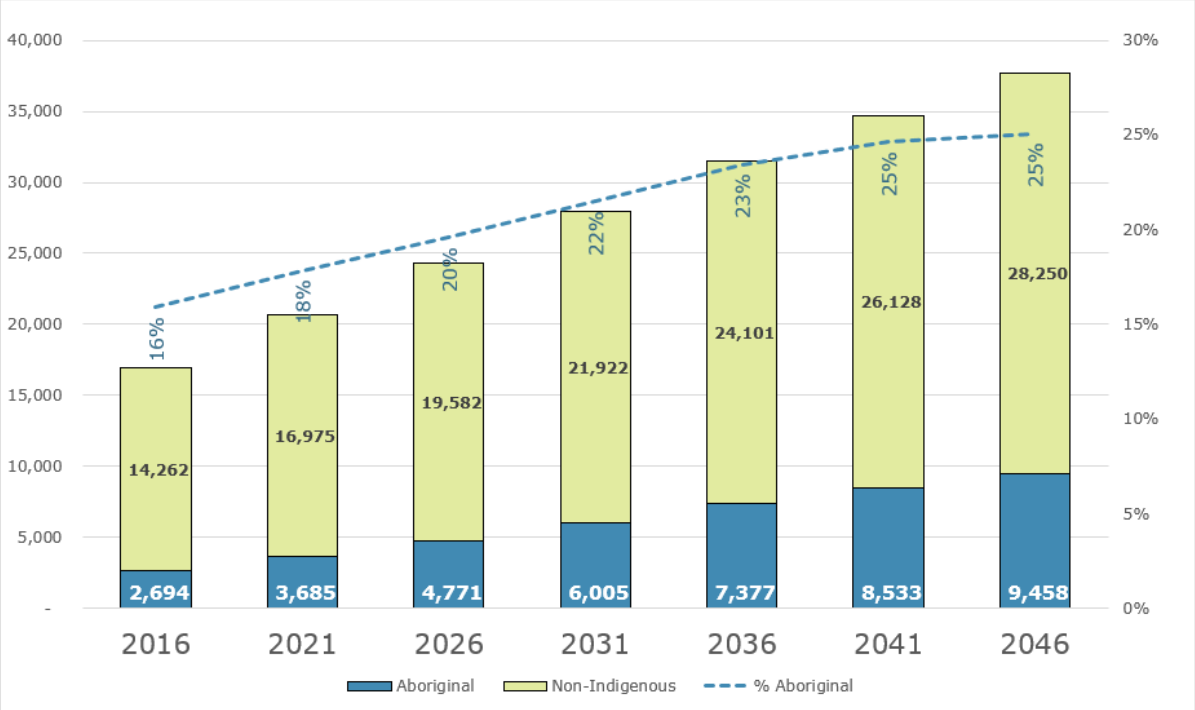
Projected increases in the numbers of old Aboriginal people

10. From their establishment in the 1970s onwards, Aboriginal community controlled health services have delivered significant health gains for Aboriginal people in the Northern Territory. This has been evident in greatly improved life expectancy. In 1966-1971, a fifty year old Aboriginal woman could expect to live another 18.1 years; today such a fifty year old woman can expect to live a further 24.4 years (a gain of 6.3 years). For Aboriginal males of the same age, the increase has been from 17.8 years to 22.1 years (a gain of 4.3 years) [4]. Most of the gains in life expectancy have occurred since the early 1990s, coinciding with a significant expansion in the funding and reach of primary health care services delivered by Aboriginal community controlled health services.

11. As a consequence the number of older Aboriginal people in the Northern Territory has been rising and is forecast to continue to rise in the future, from around 2,700 in 2016 to over 9,400 in 2046 (see *Figure 1*). Not only is the number of Aboriginal older people in the Northern Territory expected to increase by two-and-a-half times over this period, but Aboriginal people are expected to make up an increasing proportion of the over-65 population, from an estimated 16% in 2016 to 25% by 2041.

Recommendation 2. The Northern Territory and Australian Governments must commit sufficient investment to ensure that the aged care system in the Northern Territory is able to provide appropriate services to significantly increasing numbers of older people over the next twenty years, with the needs of older Aboriginal people projected to be increasingly important.

Figure 1: Population estimates and projections for Aboriginal and non-Indigenous people aged 65 and over, Northern Territory, 2016 to 2046 [5]



Health status and the social determinants of health

12. Aboriginal people are living longer but they are often ageing in ill health. In particular, many carry a burden of chronic disease: mortality rates for chronic diseases are much higher for Aboriginal people in the Northern Territory than for non-Indigenous people (over 8 times the rate for diabetes, and about 3 times the rate for respiratory diseases) [6]. Within the Northern Territory, Central Australia has significantly higher rates of chronic diseases than the Top End.

13. The social and economic circumstances in which Aboriginal people are forced to live have profound effects on their ability to age with good health and wellbeing. For example:

    - the median weekly personal income for Aboriginal people in Central Australia is $281: barely more than a quarter of that for non-Indigenous people in the region ($1,080) [7];
    - a third (32%) of Aboriginal houses in the region are overcrowded [7]; and
    - nationally, in very remote areas Aboriginal and Torres Strait Islander incomes are falling, and the income gap is widening [8].

14. These figures are given added significance because we know that between a half- and a third- of the gap in life expectancy between Aboriginal and non-

Indigenous Territorians is due to socioeconomic disadvantage such as relatively poor education, housing, nutrition and income [4].

15. These figures paint a challenging picture for the future: we can expect significantly *increasing* numbers of older Aboriginal people in the Northern Territory, and at the same time – in the absence of significant efforts to close the poverty gap and improve housing – a *decreasing* capacity of Aboriginal families to care for them, especially in remote areas

16. Notwithstanding the cultural obligation to give or share food amongst kin, these extremes of poverty and overcrowding (and the high levels of addiction related to these factors and to intergenerational trauma) drive concerning levels of Elder abuse. Addressing the issue means addressing the underlying factors, not blaming the Aboriginal community and family members who are themselves victims of the same set of circumstances.

Recommendation 3. That all Governments commit themselves to tackling the social determinants of health, and in particular housing, poverty and inequality as a foundation for enabling Aboriginal Elders to age in health, to enable Aboriginal families to care for their older people, and to reduce the prevalence of 'Elder abuse' that is driven by high levels of disadvantage.

Responding to the Royal Commission's terms of reference

a) The quality of aged care services provided to Australians

17. Culture, language and connection to Country and family are strong in Central Australia. They remain at the heart of our people's lives. They give our diverse communities strength and resilience. Aged care services must be founded on respect for these central tenets of Aboriginal life.

18. It is also important to recognise the challenges of geography. Communities in Central Australia are small and widely dispersed: many communities have only 200 or 300 people and have a dispersed network of even smaller outstations around them. This is in accordance with the unique spiritual imperative of Aboriginal people whereby Elders are able to live and pass away on Country.

19. Aged services must therefore be provided in way that enables people to stay on their Country for as long as possible. This includes the need to ensure that in all Aboriginal communities of 500 people or more there is a residential aged care facility that is able to accept nursing home level clients, and to provide care in the community for older people and their families.

Recommendation 4. All aged care services must respect Aboriginal culture and the realities of Aboriginal life including the spiritual imperative for Aboriginal elders to live and to pass away on Country. All services must be flexible, adaptive and resourced to operate as close as possible to where people live.

Recommendation 5. All aged care services for Aboriginal Elders must be provided in ways that enable people to stay on their Country. This includes the need to ensure that in all Aboriginal communities of 500 people or more there is a residential aged care facility that can accept nursing home level clients as well as providing care in the community.

b) Delivering services to people with disabilities and those living with dementia

20. Maintaining and supporting the connection between older people and their families is fundamental to an effective and humane aged care system. For a kin-based culture such as in Aboriginal Central Australia, the connection with a wide network of family is imperative and all aged care services recognise this fact and support a high level of connection for older people to their kin, including for those with dementia.

21. The Stolen Generations have particular needs as they age, particularly around the risk of re-traumatisation if required to live once again in non-Aboriginal institutions. Parents and other family members of those forcibly removed (as well as the survivors themselves) may have also endured trauma. The risks for both groups is particularly acute for those with cognitive impairment.

22. All Stolen Generations are expected to be aged over 50 by 2023. Approximately 9% of the Aboriginal population over 50 in the Northern Territory are Stolen Generations, forcibly removed from their families when they were children as part of Australia's race-based policies in place until the 1970s. Nationally, Stolen Generations have poorer health, and less access to services than other Aboriginal and Torres Strait Islander people [9].

23. Aged care services should build partnerships with local Stolen Generations / Link-Up organisations and Social and Emotional Wellbeing Counsellors to better support Stolen Generations residents or clients and their families. In addition, The Healing Foundation, a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the intergenerational trauma caused by the forced removal of children from their families has extensive experience in this area. They have developed a fact sheet which provides information for aged care staff to improve services for Stolen Generations survivors and help providers meet their statutory obligations to care for recipients who are Stolen Generations survivors [10].

Recommendation 6. That the aged care sector be resourced and trained to work with the Stolen Generations and other family members affected by the forcible removal of children, to ensure that aged care is trauma-informed and healing focused at all levels, especially when dealing with those with dementia. Local Stolen Generations / Link-Up organisations and Social and Emotional Wellbeing Counsellors, as well as The Healing Foundation's extensive expertise in this area should be recognised as central to this response.

c) Supporting people to live at home and the needs of remote, rural and regional Australia

24. In common with most ageing Australians, Aboriginal Elders want to live at home for as long as possible. However, for our people this is uniquely important given the spiritual imperative to stay on Country and remain linked with family and kin.

25. However, currently their ability to do so is severely compromised by the lack of consistent, appropriate and integrated services that support them and their families. The strong wish to pass away on Country coupled with lack of services means that Aboriginal people may choose palliative care rather than leave their Country for effective treatment. Challenges faced by our Elders to staying at home are as follows.

Home Care Packages

26. The Home Care Packages system is failing to properly meet the needs of Aboriginal Elders in Central Australia. A critical reason for this is the basis of the scheme whereby clients (consumers) negotiate the provision of services from a range of providers. Such 'personalisation schemes' are organised around the well-meaning principle of giving people choice and control over the services they receive.

27. However, personalisation schemes such as that used for the delivery of Home Care Packages do not work unless there are sufficient quality service providers to meet demand and provide choice [11]. This basic requirement is not met in many regional and remote areas where populations are dispersed and the costs of delivering services are high. Central Australia is one such area.

28. In addition, populations bearing the burden of multiple, complex overlapping social and health challenges are those least able to navigate the complex bureaucracy of personalised systems [11]. These differences are multiplied significantly in cross cultural situations such as apply for Aboriginal people in Central Australia where large sections of the population speak English as a second language and where the experience of mainstream services lead many Aboriginal people to be suspicious of them and to avoid engagement.

29. The establishment of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) which pools funds to organisations to provide culturally appropriate aged care to older Aboriginal and Torres Strait Islander people is a much improved model, allowing economies of scale and the secure employment of staff. This has led to improved services in Central Australia.

30. However, in our experience there are still too few quality providers whose services are appropriate for Aboriginal people, and within providers there is still too much responsibility placed on individuals and their families to ensure they are getting the services to which they are entitled.

Recommendation 7. Urgent action is required by the Australian Government to ensure an adequate supply of quality, culturally safe home and community care providers to enable Aboriginal Elders in remote and regional areas to remain living at home for as long as possible

Home nursing

31. Home nursing services provide important assistance to help Aboriginal Elders remain at home, including dealing with dressings, assistance with complex medication regimes for multiple chronic illnesses, and hygiene requirements.

32. However, there is no dedicated and sustainable funding stream to support these vital services. While Home Care Packages can in theory provide such services, low population densities, high costs of delivering services and the challenges of attracting, housing and retaining qualified staff mean that home nursing services are unable to meet the needs of all Aboriginal Elders who need them. It is also mostly the case that services that provide Home Care Packages do not routinely employ nurses to undertake this work and therefore prefer to leave home nursing to community health services provided by the Territory Health Department. However, community health home nursing services do not service all Aboriginal people, especially those living on town camps and they have tended to reduce their services in response to the advent of Commonwealth funded programs. To partly address this, Congress developed a Frail Aged and Disabled program using core primary health care funds. However, the lack of dedicated funding means that despite its excellent work it is not well enough resourced itself to meet demand.

Recommendation 8. That the Australian Government create a grant program for Aboriginal community controlled health services to provide home nursing services to support older Aboriginal people to remain at home.

d) How to ensure that aged care services are person-centred

Integration of aged care services with primary health care

33. A key challenge for the aged health care system seeking to support elderly people to live in the community as long as possible is to respond effectively to their multiple overlapping needs in a holistic way. Unfortunately, the support system is highly fragmented, with different social and health needs provided in separate 'silo-ed' service systems. In such systems, responsibility for managing multiple service providers and treatment streams frequently falls largely upon the client or their family. However, (as described in paragraph 28 above) it is precisely those elderly people and families with the greatest needs who are least able to successfully and consistently manage fragmented service delivery.

34. While there is no universally agreed definition of what integration looks like, a more integrated and seamless system is needed to support elderly people to continue to live in the community, which should [12]:

- be people-centred, focusing on the needs of individuals, their families and communities;
- seek to address a person's multi-dimensional, holistic needs; and
- involve a multidisciplinary approach, coordinating care for the client across multiple providers.

35. While greater integration of primary or community level services is vital to help Elders to continue to live at home, a situation of high demand, poor resourcing, and high staff turnover such as we face in Central Australia means that such integration needs to be formalised, specifically resourced, and focussed on key issues such as case management and information sharing. This is especially the case in Aboriginal communities but would also assist in the delivery of mainstream services as well.

36. Integrated care between Aged Care providers (in the community and residential) and primary health care services should therefore be mandated through funding requirements such that Aged Care providers have MOUs with local primary health care services, addressing issues such as clear role delineation; multidisciplinary care arrangements; shared clinical governance and accountability mechanisms; information sharing; and complaints handling.

Recommendation 9. The Australian Government should mandate and resource better integration of services for elderly Aboriginal people at home, by requiring aged care providers to have regularly updated MOUs with local Aboriginal community controlled health services, which address issues including clear role delineation; multidisciplinary care arrangements; shared clinical governance and accountability mechanisms; information sharing; and complaints handling.

Independent Aboriginal aged care advocacy services

37. Central Australia previously had a highly effective Aboriginal aged care advocacy service funded by the Australian Government. The re-establishment of such independent, regionally based services is an essential part of building a more effective and appropriate aged care system for our Elders. The key rationale for these services is that the most disadvantaged and marginalised people are the least able to advocate to service providers and require culturally appropriate and accessible advocacy processes to:

    - assist with eligibility for, access to and delivery of aged care packages in the community; and
    - ensure that the appropriate standards for Aboriginal Elders are applied in residential aged care.

Recommendation 10. That the Australian Government reintroduce and resource independent Aboriginal aged care advocacy services in the Northern Territory (one based in Darwin and one in Alice Springs) to assist with eligibility for, access to and delivery of aged care packages in the community; and ensure that the appropriate standards for Aboriginal Elders are applied in residential aged care.

e) How best to deliver aged care services in a sustainable way

38. Residential aged care facilities can be very challenging socially and culturally for Aboriginal Elders and their families. Providing high quality residential care in a way that respects the rights and needs of Aboriginal Elders is a profound challenge to the aged care system.

39. There are some success stories such as the Aboriginal flexible aged care services integrating residential care, care in the community and respite services in Mutitjulu (Nganampa Ngura Mutitjulu-nya) and Docker River (Tjilpi Pampaku Ngura). Both are run by the Australian Regional and Remote Community Services (ARRCS). The Hetti Perkins Home for the Aged and the Old Timers Nursing Home provide residential care facilities in Alice Springs itself. However, there have been times in the past when Congress has had to advocate, including through complaints to the Aged Care Ombudsman, to ensure care in residential facilities meets the minimum standards required, especially in relation to adequate nursing ratios and clinical governance.

40. Key areas to address to ensure proper, culturally safe care for Aboriginal Elders in residential aged care are outlined in the following paragraphs.

41. **Mandated nursing staff ratios** are critical to ensure that sufficient staff are available for residents who may have multiple interacting chronic conditions and where the need to provide cross-cultural care places additional demands on staff time and resources. Ratios may need to be flexible in certain clearly defined areas (for example in remote communities where staff turnover may

be a particular challenge) but exemptions from mandated ratios should only be allowed on successful application to the body tasked with maintaining standards, and for a specific period.

42. **Ensuring effective clinical governance for all residential aged care facilities to enable them to** optimise care and promote safety including minimise medication errors and **respond effectively to outbreaks of infectious disease**. Clinical governance is vital in any institutional setting providing multidisciplinary clinical care to clients with complex needs. Good clinical governance can play a key role in reduce the incidence of the major source of serious, at times life-threatening errors, in nursing homes – medication errors. Careful, root cause analysis of incidents and complaints with good medical input along with others can play a key role in this as can clinical audits and other clinical governance systems.

43. The lack of clinical governance in many nursing homes has also now come to light in terms of infection control. As we are seeing currently in Victoria with the 'second-wave' of community transmission of the coronavirus, many residential care facilities (overwhelmingly those which are privately run) have responded disastrously poorly to the COVID-19 pandemic, despite having had many months to prepare [13]. Once aged care has been "outsourced" or contracted out the necessary system supports to ensure quality clinical governance are no longer provided as part of the funding model compared with government delivered services who continue to provide the necessary supports. This points to deeper issues around the privatisation of care for our elderly and the assumption that good care is compatible with a system that is built on the need to turn a profit.

44. However, the immediate task is to ensure that all residential aged care facilities, whatever their governance structure, can manage public health threats effectively for their residents and their staff. Mandated nurse ratios will assist (see above) but in addition all facilities need to have effective clinical governance systems including public health expertise in place, noting that these are generally unable to be provided by visiting private General Practitioners many of whom do not have public health expertise and will be operating from their own 'fee for service' model that does not allow a focus on systemic issues such as infection control, staff training and equipment. Clinical governance with medical input needs to be resourced as part of the nursing home funding model as this cannot be funded through a fee for service system based on a mix of different general practitioners seeing their own clients.

45. **Minimum standards on, and sustainable resourcing of, cultural safety**, which includes but is not limited to:

    - funding for the employment of Aboriginal cultural workers in residential aged care facilities to work alongside care workers and nurses, with the

number of such staff to be determined by the number of Aboriginal residents. Such staff could be direct employees of the aged care organisation or contracted from Aboriginal organisations such as ACCHSs. Attention should be given to ensuring both male and female Aboriginal workers are available to support cultural safety;

- funding for aged care facilities to address the additional cost of providing culturally safe services in Aboriginal communities, achieved by adding a significant loading for Aboriginal residents to the current funding model;
- access to interpreters for those Aboriginal residents who do not speak English as a first language; and
- cultural safety training for all residential aged care facility staff.

46. **Residential aged care standards need to be adapted to ensure they are appropriate for local Aboriginal people** where there are large numbers of Aboriginal residents. This may include, for example, daily access to outside living, campfires, traditional foods, etc. Philosophically this requires a profound reorientation from prioritising risk management alone to also prioritising quality of life on the terms of those living it.

47. **Residential aged care facilities need to be allocated significant resources for community engagement** given the importance of social networks and connection to family to maintain Aboriginal wellbeing. Residential aged care facilities need to have the capacity for supporting resident Elders to travel home for short periods (reverse respite) and for safe accommodation for family to visit their Elders at the facility.

48. **Local ACCHSs should be mandated as the preferred provider of medical care for Aboriginal residents of aged care facilities.** ACCHSs provide high quality, evidence-based care in a way that is culturally-responsive to the communities they serve. They have highly effective clinical governance systems in place. They have formal structures by which Aboriginal communities can engage with the health issues that are of most concern to them and determine the potential solutions to those problems. ACCHSs are also highly cost effective, with a major study concluding that *"up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services"* [14].

49. **Addressing nursing workforce shortages.** Attracting and retaining health staff in remote areas is a continuing challenge for all areas of health care. It is particularly important for the care of Aboriginal Elders as it takes time for health practitioners and care givers to learn about the unique and diverse cultures of Central Australia, to be able to practice culturally safe care, and to form the relationships with Elders and their families that are the precondition for quality of care.

50. Aged care nurses are often the lowest paid in the health system so these positions are particularly hard to fill. However, nationally there are many thousands of registered nurses who are not working. In order to help provide a workforce to care for Aboriginal Elders, and to meet mandated staff ratios (see above), the Australian Government should consider an incentive scheme to encourage nurses to re-enter the workforce, with the appropriate upskilling fully funded for the purpose of working in aged care and primary health care.

51. **Independent, culturally appropriate Aboriginal aged care advocacy services** are required (see paragraph 37 above).

Recommendation 11. A substantial national reform effort led by the Australian Government is required to ensure safe, culturally responsive care for Aboriginal Elders in residential aged care. Urgent action is required to develop and implement the following reforms:

- **Mandated nursing staff ratios, to ensure safe and appropriate care for residents who may have complex interacting health and wellbeing needs**
- **Ensuring effective clinical governance is in place in all residential aged care facilities to enable them to optimise care; promote safety including minimising medication errors; and respond to outbreaks of infectious disease (such as the COVID-19 pandemic) in a way that protects residents and staff**
- **Mandated minimum standards on cultural safety, including funding of male and female Aboriginal cultural workers (in-house or provided by an Aboriginal organisation); resourcing of aged care facilities to address the additional cost of providing culturally responsive care; access to interpreters; and cultural safety training.**
- **Responsible adaptation of residential aged care standards to ensure they are appropriate for local Aboriginal people**
- **Resourcing of significant community engagement processes to support social networks and connection to family and Country as essential to Aboriginal wellbeing**
- **Mandating Aboriginal community controlled health services as the preferred provider of medical care for all Aboriginal residents of aged care facilities**
- **Addressing nursing workforce shortages through a Government incentives program targeting in particular those who are registered as nurses but not currently working**
- **Resourcing of independent, culturally appropriate Aboriginal aged care advocacy services**

References

1. National Aboriginal Health Strategy Working Party, *A National Aboriginal Health Strategy*. 1989, Department of Aboriginal Affairs: Canberra.
2. United Nations. *United Nations Declaration on the Rights of Indigenous Peoples*. 2007; Available from: http://www.un.org/esa/socdev/unpfii/en/drip.html.
3. United Nations. *United Nations Principles for Older Persons*. 1991; Available from: https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx.
4. Wilson, T., Y. Zhao, and J. Condon, *Limited progress in closing the mortality gap for Aboriginal and Torres Strait Islander Australians of the Northern Territory.* Australian and New Zealand Journal of Public Health, 2019. **43**(4): p. 340-345.
5. Northern Territory Department of Treasury and Finance, *Northern Territory Population Projections (2019 Release)*. 2019, Northern Territory Government: Darwin.
6. Australian Institute of Health and Welfare (AIHW), *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Northern Territory*. 2015, AIHW: Canberra.
7. Australian Bureau of Statistics (ABS). *2016 Census Community Profiles*. 2016; Available from: http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/7?opendocument.
8. Markham F and Biddle N, *Income, poverty and inequality*. 2018, Centre for Aboriginal Economic Policy Research,: Canberra.
9. Australian Institute of Health and Welfare (AIHW), *Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over*, in *Cat. no. IHW 199*. 2018, AIHW: Canberra.
10. Healing Foundation, *Working with the Stolen Generations: understanding trauma (Providing effective aged care services to Stolen Generations survivors)*. 2019, Aboriginal and Torres Strait Islander Healing Foundation: Canberra.
11. Malbon, E., G. Carey, and A. Meltzer, *Personalisation schemes in social care: are they growing social and health inequalities?* BMC Public Health, 2019. **19**(1): p. 805.
12. World Health Organisation, *Integrated care models: an overview*. 2016, WHO Regional Office for Europe: Copenhagen.
13. Bachelard M, *A troubled past in the multimillion-dollar nursing home empire of Epping Gardens*, in *The Sydney Morning Herald*. 1 August 2020.
14. Vos T, et al., *Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report*. 2010, ACE–Prevention Team: University of Queensland, Brisbane and Deakin University: Melbourne.