

### Aged care for Aboriginal and Torres Strait Islander people

Based on our research with Aboriginal and Torres Strait Islander partners, we welcome the flexible approach to funding aged care services for Aboriginal and Torres Strait Islander people, especially those from remote communities. We also welcome training in cultural safety and trauma informed care, and funding for culturally important activities such as travel to and from Country.

### Integration of care

The commissioners rightly identify that many concerns raised by older people and their carers during the commission relate not only to the aged care system, but also to lack of integration with health systems.

We welcome recommendations about increased integration between health and aged care systems including better access to all health and primary care.

The current aged care system places the onus on older people or their family members to understand their aged care options and choose the best provider. Unfortunately, many older people do not feel empowered about making these decisions and can feel trapped in relationships with unsatisfactory services.

Our report for the royal commission, *Models of Integrated Care, Health and Housing*, highlighted the benefits of having qualified care coordinators who work at the interface between primary health, specialist care, and aged care. These workers can visit older people and their carers in their own homes, remain attentive to changing needs, offer advocacy and guidance, and ensure divisions between these systems do not result in unmet need or gaps in their care.

It is possible that the recommendation for the engagement of government funded care finders to assist older people with information about the aged care system and to provide case management services may address these problems, but it would be preferable to have a system that did not require specialist navigators.

### Research and education

A chapter of the royal commission's final report is devoted to research. NARI supports the recommendation for establishment of an aged care research council as there is an important role for research to drive best practice in the sector.

As both commissioners recommend, research should be co-designed with older people, industry partners, and government to ensure it is practical and meets their needs and priorities.

Co-designing research with older people, carers and healthcare workers is a core tenant of NARI's human rights approach, and should be an essential part of the business of all ageing and aged care research. This approach should also underpin the reform process as a whole. The perspectives of current and future users of aged care should be central in designing the new aged care system.

NARI encourages the government and providers to consider research and teaching as core business for aged care. Without research-trained staff embedded in aged care settings, mentoring and modelling the translation of research into practice, the sector may continue to view research and teaching as separate from its main business, and fail to benefit from the latest innovations in practice.

Funding for aged care research is noted in the report as lacking. NARI endorses the recommendation for a new aged care research and innovation fund to lead and coordinate work on new models of care and innovations.

Given the clear need for reform and the extent of investment both financial and emotional that has gone in to producing this report, we call on the government to act swiftly and comprehensively to capitalise on this once-in-a-generation opportunity to design and provide a fit-for-purpose aged care system of which all Australians can be proud. ■

**Professor Briony Dow is director of the National Ageing Research Institute**

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