



AAG
Australian
Association of
Gerontology



ATSIAAG
Aboriginal and
Torres Strait Islander
Ageing Advisory Group

ASSURING EQUITY OF ACCESS AND QUALITY OUTCOMES FOR OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES:



WHAT NEEDS TO BE DONE

Report on the 5th National Workshop of the Australian
Association of Gerontology Aboriginal and Torres Strait
Islander Ageing Advisory Group

HELD IN PERTH, WESTERN AUSTRALIA
7 NOVEMBER 2017

ACKNOWLEDGEMENT OF COUNTRY

The 5th National Workshop of the Australian Association of Gerontology Aboriginal and Torres Strait Islander Ageing Advisory Group was held on the land of the Whadjuk Noongar people.

We acknowledge the Whadjuk Noongar people as the traditional owners of the land on which the workshop was held, and thank them for welcoming us.

The Australian Association of Gerontology acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present.



WARNING TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Aboriginal and/or Torres Strait Islander readers are warned that this report may contain images of deceased persons.

ACKNOWLEDGEMENT OF CONTRIBUTORS

The success of the workshop was due to the commitment and energy of those involved in the workshop planning, those who facilitated and presented at the workshop, and those who participated on the day. Particular thanks are due to the following people for their efforts in planning and/or facilitating the workshop:

Mr Mark Elliott
Mr Graham Aitken
Ms Sharon Wall
Mr James Beckford Saunders
Ms Kathy Bell

Other presenters and panellists were:

Professor Tony Broe AM
Mr Terry Donovan
Professor Leon Flicker AO
Ms Louise Herft
Dr Thi-Yen Hill
Mr Matt Moore
Dr Kylie Radford
Ms Trischia Ritchie

A full list of participants is provided as an Appendix to this report.

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Australian Government
Department of Health

EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of the 5th National Workshop of the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG), held in Perth on 7 November 2017.

The workshop aimed to address the apparent inequities of access and outcomes for older Aboriginal and Torres Strait Islander peoples under the current aged care reform program, and suggest directions for the future. In particular, the intent was for the workshop to generate input into the development of an Action Plan for aged care for Aboriginal and Torres Strait Islander Elders.

The workshop met its aim of exploring the barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, and in suggesting directions for the future. The key issues identified at the workshop were as follows.

Current barriers to equity of access and quality outcomes

Workshop participants identified several barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, particularly in the current Consumer Directed Care environment. These included a lack of service connectivity and policy connectivity; and the fact that vulnerable groups face challenges participating in Consumer Directed Care, and that these challenges are multiplied exponentially for those with multiple needs. Vulnerable groups need supports including education and advocacy to be able to direct their own care, and this is often lacking. Additionally, the encouragement of competition rather than collaboration between service providers, and a tendency of some providers to “cherry pick”, can act as barriers. Finally, these barriers are often compounded by the costs of case management, geographic barriers for remote communities, and difficulties with the My Aged Care system.

Specialist targeted services for Aboriginal and Torres Strait Islander Elders

There was a strong view from workshop participants that all Aboriginal and Torres Strait Islander Elders should have the option of accessing Indigenous-specific aged care services. While many Aboriginal and Torres Strait Islander people access mainstream aged care services, it is important that this is a choice rather than being the only option available. Indigenous-specific services can offer an appropriate, holistic model of care, which ideally should be provided where people are living. The workshop called for the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP), with appropriate funding models that support continuity of service provision, innovation in service delivery, and collaboration and co-operation between providers. Better information about service availability was also identified as important, to prompt more referrals to Indigenous-specific services.

Delivery of appropriate care by mainstream aged care service providers

Workshop participants acknowledged that even with an expansion of the NATSIFACP, there will always be a significant number of Aboriginal and Torres Strait Islander people accessing mainstream aged care services. It is therefore critical that all mainstream aged care services are ready, willing and able to provide culturally safe care to Aboriginal and Torres Strait Islander people. Participants suggested that all services should be accountable for providing appropriate, culturally safe care, with performance assessed through consumer feedback. Measures identified for promoting cultural safety in mainstream services included appropriate service standards and accreditation requirements, relevant policies and performance indicators, and supportive education and information for service providers.



An aged care workforce that improves access and quality care

Participants noted that the aged care workforce is a critical factor in the delivery of appropriate aged care for Aboriginal and Torres Strait Islander people. Participants called for an Aboriginal and Torres Strait Islander aged care workforce and employment strategy; better education and training for non-Indigenous aged care employees; and leadership that promotes cultural safety.

Advocacy services

Workshop participants agreed on the importance of wide availability of advocacy services, including Aboriginal and Torres Strait Islander support workers, to ensure that Aboriginal and Torres Strait Islander people have the best chance of achieving equity of access and quality outcomes in the aged care system.



Appropriate aged care needs assessment

Appropriate aged care assessment for Aboriginal and Torres Strait Islander people was identified by workshop participants as a key issue. An appropriate assessment system was envisaged as encompassing greater utilisation of Aboriginal and Torres Strait Islander assessors, as well as appropriate training for non-Indigenous assessors; development and uptake of culturally appropriate assessment tools; linking of health and aged care assessments; and the integration of assessment with case management and service provision.

An evidence-based approach

Workshop participants discussed how evidence from research and data can be better connected with policy and practice, to improve equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander peoples. Key priorities identified by the workshop were: more consistent and comprehensive routine data collection from the aged care system; better integration of data from a range of sources; data modelling to better understand access gaps; research and data analysis that establishes causality; a research strategy that is grounded in community concerns and needs; and a holistic, life span approach to research.

AAG response

AAG undertakes to:

- ▶ ensure the workshop outcomes are communicated to those responsible for developing a national Action Plan for aged care service provision for Aboriginal and Torres Strait Islander people;
- ▶ advocate for the uptake of the policy and program directions suggested by the workshop; and
- ▶ continue to support and take advice from the ATSIAAG, to inform AAG's approach to all ageing matters affecting Aboriginal and Torres Strait Islander people.

BACKGROUND

This report provides a summary of the proceedings and outcomes of a workshop held on 7 November 2017, on achieving equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people.

The workshop was hosted by Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group.

AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia's peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

The Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) reports to the AAG Board to assist in building evidence regarding gaps, challenges and opportunities, as well as provide guidance and advice on all issues related to ageing of Aboriginal and Torres Strait Islander people. ATSIAAG welcomes Indigenous Australians to join. Non-Indigenous AAG members can join "Friends of ATSIAAG". The ATSIAAG achieves its objectives through consultation and the development of partnerships with Aboriginal and Torres Strait Islander individuals, researchers and organisations. This ensures that the AAG is able to represent Australia's first peoples in the ageing policy arena in an informed and collaborative way.

The first formal meeting of the ATSIAAG took place at the 2006 AAG Conference in Sydney. Since that time, the ATSIAAG has held five national workshops to address specific and relevant issues impacting on ageing for Aboriginal and Torres Strait Islander peoples:

ATSIAAG Workshops:

1. Sydney, 2008: Growing Old Well
2. Darwin, 2010: Growing Old in Aboriginal Communities – Research and Services
3. Brisbane, 2012: Dementia in Aboriginal and Torres Strait Islander Communities – Translating Research into Caring and Practice
4. Alice Springs, 2015: Remote Communities – Effects on Ageing in Place
5. Perth, 2017: Ensuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander Peoples – What Needs to be Done.

PURPOSE

The purpose of the 5th ATSIAAG workshop held in Perth on 7 November 2017 was:

- ▶ To meet the AAG commitment of consultation through a national workshop to inform policy and advocacy for Aboriginal and Torres Strait Islander older peoples.
- ▶ To raise the profile of the needs of older Aboriginal and Torres Strait Islander peoples.
- ▶ To advocate for evidence informed responses to ageing and access and equity in Aboriginal and Torres Strait Islander ageing.
- ▶ To provide a model of partnership and connection between organisations and projects committed to issues of access and equity in Aboriginal and Torres Strait Islander Older peoples.
- ▶ To provide a forum for consultation and discussion between a wide variety of participants.
- ▶ To promote issues raised in the workshop widely for further consultation through a compilation report of proceedings
- ▶ To enhance care and support of for Aboriginal and Torres Strait Islander older people
- ▶ To inform the AAG strategic planning processes for Aboriginal and Torres Strait Islander older people.

The policy context was the need to ensure that the aged care reform process and particularly the progressive implementation of Consumer Directed Care (CDC) in the aged care system, meets the needs of older Aboriginal and Torres Strait Islander people. The Commonwealth Government had expressed a commitment to work with national experts and consumer groups to develop a new Diversity Framework to guide aged care provision. Within the proposed diversity framework, equity of access and outcomes is a critical component, and the National Aged Care Alliance (NACA) had recently developed a statement of principles to guide equity of access and outcomes. The Commonwealth Government had indicated its intent to have a range of Action Plans for identified special interest groups, and the timeframe for the development of an Action Plan for aged care for Aboriginal and Torres Strait Islander Elders was set as May 2018.

This workshop aimed to address the apparent inequities of access and outcomes for older Aboriginal and Torres Strait Islander peoples under the current aged care reform program, and suggest directions for the future.



CONTEXT: OVERVIEW OF AGED CARE ISSUES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Demographics¹

In the 2016 Census, 649,171 people identified as Aboriginal and/or Torres Strait Islander, representing 2.8% of the population – up from 2.5% in the 2011 Census, and 2.3% in 2006.

Although the Aboriginal and Torres Strait Islander population has a much younger age profile and structure than the non-Indigenous population, the median age of Aboriginal and Torres Strait Islander people is gradually rising.

The proportion of Aboriginal and Torres Strait Islander people aged 65 years and over is only 4.8%, much smaller than for non-Indigenous people at 16%. However, the number of Aboriginal and Torres Strait Islander people aged 55 years and over is increasing, and is projected to more than double from 59,400 in 2011 to up to 130,800 in 2026.

Over one-third (35%) of the Aboriginal and Torres Strait Islander population reported living in capital city areas, compared with 68% for non-Indigenous people. Nevertheless, the Indigenous population is becoming more urban and likely to continue to become more urban over the next few decades.

Aboriginal and Torres Strait Islander people were half as likely as non-Indigenous people to report an equivalised weekly household income of \$1,000 or more in 2016 (20% compared with 41%).

Aged care needs of Aboriginal and Torres Strait Islander people

The aged care needs of older Aboriginal and Torres Strait Islander people differ from those of their non-Indigenous counterparts.

Aboriginal and Torres Strait Islander people tend to use dementia and aged care services at a younger age than other Australians, due to their poorer health status and premature ageing.²

Nevertheless, Aboriginal and Torres Strait Islander people are under-represented in aged care relative to the aged care target population. They are less likely than the general population to be accessing aged care; are more likely to access home care than residential care; and have significantly different access patterns from one jurisdiction to another.³ Fewer than one per cent of residential aged care places are taken up by Aboriginal and Torres Strait Islander people.⁴

Aboriginal and Torres Strait Islander Elders need access to culturally appropriate services, and they generally want to be cared for in their communities where they are close to family, and where they can die on their land. Aboriginal and Torres Strait Islander people face ongoing challenges finding services that are appropriate to their needs and circumstances, and often have problems accessing services where they exist.⁵

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features102016;https://secure.abs.gov.au/AUSSTATS/abs@.nsf/bb8db737e2af84b8ca2571780015701e/C19A0C6E4794A3FACA257CC900143A3D?opendocument>

² Australian Institute of Health and Welfare (2011). Older Aboriginal and Torres Strait Islander People. <https://www.aihw.gov.au/reports/indigenous-australians/older-aboriginal-and-torres-strait-islander-people/formats>

³ Tune D for the Commonwealth of Australia (September 2017). Legislated Review of Aged Care 2017, pp 151-2. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf

⁴ Australian National Audit Office (2017). Indigenous Aged Care. Performance Audit. ANAO Report No 53 2016-17. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>

⁵ Arkles et al 2010, cited in Australian Institute of Health and Welfare (2011). Older Aboriginal and Torres Strait Islander People. <https://www.aihw.gov.au/reports/indigenous-australians/older-aboriginal-and-torres-strait-islander-people/formats>

Need for dementia-specific services⁶

Aboriginal and Torres Strait Islander people have a high level of need for dementia services.

Estimates suggest a much higher prevalence and incidence of dementia and a younger onset of the disease amongst Aboriginal and Torres Strait Islander people when compared with non-Indigenous Australians. In fact, research indicates that dementia incidence in Aboriginal Australians is among the highest in the world, and is associated with head injury as well as age⁷

Studies measuring prevalence of dementia and cognitive impairment in Aboriginal communities for people aged 45 and older have demonstrated a significantly higher prevalence, including among people of relatively young ages.⁸ In residential aged care, a much higher proportion of Aboriginal and Torres Strait Islander residents with dementia are aged under 75 years compared with non-Indigenous residents.

Aboriginal and Torres Strait Islander Elders pass on lessons in traditional law, land and language by relying on their memory, so the impact of a dementia diagnosis can be devastating not just for the immediate family, but for the entire Indigenous community.

Relatively few Aboriginal and Torres Strait Islander people with dementia access formal government support programs. Limited availability of services in remote areas contributes to these low access levels, and in urban areas low access is related to social isolation and difficulty accessing culturally appropriate services.

⁶ Unless otherwise indicated, material in this section is drawn from: Australian Institute of Health and Welfare (2011). Older Aboriginal and Torres Strait Islander People. <https://www.aihw.gov.au/reports/indigenous-australians/older-aboriginal-and-torres-strait-islander-people/formats>

⁷ Lo Giudice D, Smith K, Fenner S, Hyde Z, Atkinson D, Skeaf L, Malay R, Flicker L (2015). Incidence and predictors of cognitive impairment and dementia in Aboriginal Australians: A follow-up study of 5 years. *Alzheimers Dement*, May 18. Pii: S1552-5260(15)00151-X.

⁸ Flicker L and Holdsworth K (2014). Aboriginal and Torres Strait Islander people and dementia: A review of the research. *Alzheimer's Australia Paper 41*, pp 15-6. https://www.dementia.org.au/files/Alzheimers_Australia_Numbered_Publication_41.pdf



Aged care programs for Aboriginal and Torres Strait Islander people⁹

Aboriginal and Torres Strait Islander people are designated as a special needs group under the Aged Care Act 1997 and all aged care service providers must have regard to the particular physical, physiological, social, spiritual, environmental and other health related care needs of individual recipients.

The aged care target population includes the Aboriginal and Torres Strait Islander population aged 50 years or older, compared with 65 years or older for non-Indigenous Australians. This is in recognition that health conditions associated with ageing affect Aboriginal and Torres Strait Islander people at an earlier age.

The majority of Aboriginal and Torres Strait Islander people access aged care through the mainstream Commonwealth Home Support Program, Home Care Packages Program and residential aged care programs. Supplements are available in residential care and home care for Aboriginal and Torres Strait Islander people with complex care needs.

Some Aboriginal and Torres Strait Islander people also have access to targeted aged care services funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). The NATSIFACP was established under the Aboriginal and Torres Strait Islander Aged Care Strategy which was developed in 1994. The NATSIFACP aims to provide aged care services that meet the specific needs of Aboriginal and Torres Strait Islander people in a culturally appropriate setting, close to home and community. The majority of NATSIFACP services are delivered in regional, remote and very remote locations, often in places where no aged care services were previously available. In 2015–16 funding for the NATSIFACP was approximately \$37 million.

Australian National Audit Office Report¹⁰ (2017)

In 2017, the Australian National Audit Office released the report of its performance audit of Indigenous Aged Care.

The report concluded that Australian Government-funded aged care services are largely delivered effectively to Aboriginal and Torres Strait Islander people. However, the report found there were challenges in ensuring access to culturally appropriate care and service continuity for Aboriginal and Torres Strait Islander people, particularly for those living in remote and very remote communities.

The report found that the NATSIFACP had been effective in increasing access to culturally appropriate aged care services for elderly Indigenous Australians.

However, the report also found that the direct selection and recurrent funding approach of the NATSIFACP meant that grant agreements for existing services had simply been continued year after year, locking out potential new service providers. The report also found that a quarter of NATSIFACP funding was allocated to services located in major cities and inner regional areas, and questioned whether this is appropriate given the original policy focus of the program was to improve access in remote areas.

The report recommended that eligible Indigenous-focused aged care service providers who are not currently funded under the NATSIFACP, should have opportunities to access funding under the program; and that funded places should be aligned to service provider capacity and target service providers that will deliver the most community benefit.

⁹ Australian National Audit Office (2017). Indigenous Aged Care. Performance Audit. ANAO Report No 53 2016-17. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>; Tune D for the Commonwealth of Australia (September 2017). Legislated Review of Aged Care 2017. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf

¹⁰ Australian National Audit Office (2017). Indigenous Aged Care. Performance Audit. ANAO Report No 53 2016-17. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>

Tune Review – Legislated Review of Aged Care (2017)¹¹

The report of the Tune Review of the Living Longer Living Better aged care reforms, released in September 2017, is likely to be very influential in setting the parameters for aged care policy in the medium term.

The report recognises the importance of equity of access, saying:

“No group should find it more difficult to access aged care than other groups. Equity of access recognises the value in ensuring that all services are welcoming and responsive to people regardless of their needs and that people are not discriminated against. Policies that support equity of access recognise that additional assistance for some groups of people will improve their ability to access care.”

The report found that many Aboriginal and Torres Strait Islander aged people face a combination of challenges in accessing aged care, including economic disadvantage, remoteness, and the need for culturally appropriate services.

The report noted that the Living Longer Living Better reforms have seen expansion of the NATSIFACP by 200 places, and additional funding to improve the skills and knowledge of providers to meet the care needs of diverse populations, including Aboriginal and Torres Strait Islander people. The viability supplement, usually paid to rural and remote providers, was also expanded in 2012 to provide additional support for Aboriginal and Torres Strait Islander people with complex care needs.

During the review, stakeholders expressed support for the expansion of the Flexible Program both for rural and remote locations, and for metropolitan locations with a high Aboriginal and Torres Strait Islander population. The review concluded that it appears Aboriginal and Torres Strait Islander people's access to services has been moderately improved by the Living Longer Living Better reforms, but further improvement is possible. The review recommended expansion of the Flexible Program.

¹¹ Tune D for the Commonwealth of Australia (September 2017). Legislated Review of Aged Care 2017. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf



Consumer Directed Care

Consumer Directed Care, or CDC, is being progressively implemented across the aged care system in Australia, beginning with home care services. In this model, funding is attached to the consumer rather than the service provider, and at least in theory, consumers can “shop around” for a service that suits their needs.

In the government’s words:

“Consumer Directed Care is a model of service delivery designed to give more choice and flexibility to consumers. Consumer Directed Care... allows consumers and carers more power to influence the design and delivery of the services they receive, and allows them to exercise a greater degree of choice in what services are delivered, where and when they are delivered.¹²

In the consultations for the Tune Review, stakeholders said that changes to home care, including Consumer Directed Care and individualised budgets, do not meet the needs of Aboriginal and Torres Strait Islander people.¹³ Recent evaluative research¹⁴ around CDC confirms these concerns. When there are limited service and care options within a community, it is difficult to have consumer directed care. In areas where there are few resources and those that are available are thinly stretched, it is a struggle to offer any real change or options. Furthermore, the actual funds available to a customer for direct support through their CDC package is compromised by the need for case management, which can be costly. In addition, the high unit cost of service operation and provision in remote areas which may leave little funding available beyond the most basic of needs.

It also appears that the guidelines in terms of the inclusions and exclusions for CDC packages are too restrictive resulting in minimal uptake of home care. Finally, literacy issues, including financial literacy, make it difficult for some Indigenous – and non-Indigenous – people to fully understand consumer directed care.

Summary

This brief overview of Aboriginal and Torres Strait Islander access to aged care services has outlined that:

- ▶ Aboriginal and Torres Strait Islander people need access to aged care services at a younger age
- ▶ Despite their higher need, they are under-represented in aged care programs
- ▶ They often face barriers to access including lack of culturally appropriate care and lack of service availability and choice
- ▶ Aboriginal and Torres Strait Islander people can and do access mainstream services, and targeted services are also provided through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- ▶ The aged care policy environment is changing, particularly with the introduction of consumer directed care
- ▶ The Australian National Audit Office Report and the Tune Review have made recommendations for reform and/or expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

¹² https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2015/what_is_consumer_directed_care_0_0.pdf

¹³ Tune D for the Commonwealth of Australia (September 2017). Legislated Review of Aged Care 2017, p 153. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf

¹⁴ Tually S, Faulkner D, Lewis J; Centre for Housing, Urban and Regional Planning, The University of Adelaide (October 2016). Consumer Centred Care (CCC) Readiness Project: Identifying gaps and barriers. State of knowledge rapid review report for the Australian Red Cross, pp 30-31.

WORKSHOP PROCEEDINGS

The workshop was held in Perth as one of the pre-conference workshops for AAG's 2017 National Conference. The workshop convenor was Mr Mark Elliott, ATSIAG Chair. The four-hour workshop was attended by 28 participants (see participant list at Appendix 1). The Workshop Program is at Appendix 2.

The program opened with a Welcome to Country from Ms Freda Ogilvie, a Whadjuk/Balladong woman. The Welcome to Country was followed by five presentations.

SUMMARY OF PRESENTATIONS

Presentation 1: ►

Mr Matt Moore, Institute for Urban Indigenous Health

Mr Moore briefed the workshop on the development of an Action Plan for Aged Care for Aboriginal and Torres Strait Islander peoples.

It was noted that the aged care reforms were not always delivering well for the most vulnerable older people, including Aboriginal and Torres Strait Islander people. The Government had developed a Diversity Framework to address the aged care needs of groups with special needs, and three working groups had been established to develop action plans for three priority populations, including older Aboriginal and Torres Strait Islander people. The Institute for Urban Indigenous Health (IUIH) had put forward a proposal to lead the development of the national action plan for aged care for Aboriginal and Torres Strait Islander people. This would involve consultation with Elders and service providers, under the auspices of a consultative committee.

Presentation 2: ►

Mr Mark Elliott, ATSIAG Convenor

Mr Elliott provided an overview of aged care issues for Aboriginal and Torres Strait Islander people and the policy context, as outlined in the earlier section of this report. Mr Elliott also pointed out that in Aboriginal communities, Elders are accorded a respect that is not always carried over into mainstream aged care services. He noted that care needs to be culturally appropriate; for example, for Aboriginal and Torres Strait Islander people there is a distinction between men's business and women's business, and this should be carried over into aged care where Elders should be cared for by a person of their own gender. Mr Elliott noted that dementia has a significant impact in Aboriginal and Torres Strait Islander communities, and among other things, dementia can lead to a loss of opportunity to record stories from Elders. Mr Elliott acknowledged that Aboriginal and Torres Strait Islander people can and do access mainstream services; while this is sometimes by choice, it is often due to a lack of availability of targeted services, with the availability of Indigenous-specific services falling far short of the growing population of Elders.



Presentation 3: ►

Mr Graham Aitken, CEO, Aboriginal Community Services South Australia

Mr Aitken provided a presentation on the topic: Understanding the impact of aged care reforms in Aboriginal and Torres Strait Islander ageing in remote locations – a service provider's perspective from the APY Lands, South Australia.

Mr Aitken's presentation outlined the role of Aboriginal Community Services South Australia (ACS), which has operated since 1995 and is the largest provider of aged care services to Aboriginal and Torres Strait Islander Elders in South Australia, with over 100 employees. The purpose of ACS is to support the growth of progressive and prosperous Aboriginal communities that are built on a foundation of respect, self-determination, and accountability.

The presentation noted that there are approximately 40,000 Aboriginal people in South Australia, over half of whom live in Adelaide. Through the work of ACS, Aboriginal Elders across the State are able to access aged care services and supports, including through home care and home support services, and through six higher level residential and community services in Adelaide, Port Augusta, Coober Pedy, Pukatja, Ceduna, and Yalata.

Challenges for Aboriginal and Torres Strait Islander Elders include lack of information and understanding about the aged care reforms; lack of understanding and difficulty contacting My Aged Care and aged care assessment services; Elders not receiving the appropriate level of service and supports; and transport issues. In response, ACS has established a Community Development and Engagement Team that has met with Communities and Elders across the State, and is assisting Elders to navigate the aged care system, and monitoring the journey of each Elder.

Mr Aitken described the model of service provision in the remote APY Lands, including the engagement of Aboriginal community employees, and linkages with other health and community services.

Presentation 4: ►

Mr Terry Donovan and Dr Thi-Yen Hill, Neuroscience Research Australia

Mr Donovan and Dr Hill provided a presentation on Issues of access and equity for regional/rural older Aboriginal and Torres Strait Islander Peoples: What needs to change and how.

The presentation noted the disadvantage experienced by Aboriginal and Torres Strait Islander people, and outlined their model of care which is based on integrated planning, linkages with Indigenous community controlled health services, and capacity building. To improve access to care for Elders, the service targets funding to areas of need, including through a geriatrician outreach model and other specialised services; innovation in service delivery including e-health, community-based care, and outreach services; and works to improve health literacy and overcome financial barriers. There is a commitment to ongoing engagement and education, including audit and evaluation, and educating the next generation of health professionals as well as the wider community.

Presentation 5: ►

Ms Trischia Ritchie and Ms Louise Herft, Aged Rights Advocacy Service, South Australia

Ms Ritchie and Ms Herft provided a presentation on issues of access and equity for older Aboriginal and Torres Strait Islander people, with particular reference to the work of the Aged Rights Advocacy Service (ARAS). It was noted that the work of ARAS is critical in achieving access and equity for Aboriginal and Torres Strait Islander Elders in SA.

Panel discussion

Following the presentations, a panel discussion was held on the topic: How do we ensure there is an evidence informed approach to assuring quality outcomes in Aboriginal and Torres Strait Islander ageing? What should we consider for the future? Questions came from the panel facilitators (Mr Mark Elliott and Mr Graham Aitken) and from the floor.

The panellists were:

- ▶ Prof Tony Broe AM, Neuroscience Research Australia
- ▶ Prof Leon Flicker AO, Western Australian Centre for Health and Ageing
- ▶ Dr Kylie Radford, Neuroscience Research Australia.

Key points emerging from the panel discussions and in discussions from the floor are included in the section below outlining the outcomes of the workshop discussions.

Table discussions

The presentations and panel discussion were followed by workshoping sessions in table groups, with participants discussing three questions:

- ▶ Topic 1: How can Aboriginal and Torres Strait Islander access to residential aged care services and home care services be improved?
- ▶ Topic 2: What can be done to improve quality and cultural safety in aged care service delivery for Aboriginal and Torres Strait Islander people?
- ▶ Topic 3: What additional research and data is needed to provide an evidence base to improve access and equity and in aged care for Aboriginal and Torres Strait Islander people?

The outcomes from table groups were fed back to and discussed by the full group of workshop participants, and the outcomes of these discussions are summarised below.



OUTCOMES OF WORKSHOP DISCUSSIONS

Workshop participants identified current barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, and identified several areas for action:

- ▶ An expansion of specialist, targeted aged care services for Aboriginal and Torres Strait Islander people.
- ▶ Better, more appropriate care delivery by mainstream aged care service providers.
- ▶ Expansion of appropriate advocacy services.
- ▶ More appropriate aged care needs assessment.
- ▶ An aged care workforce that contributes to better access and quality care for Aboriginal and Torres Strait Islander people.
- ▶ An evidence-based approach to improving care for Aboriginal and Torres Strait Islander people.

The discussions around each of these areas are summarised in more detail below.

Current barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people

Workshop participants identified and discussed several barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, particularly in the current Consumer Directed Care environment. These included:

- ▶ **Lack of service connectivity:** The systems which many older people must navigate are very disjointed, with inadequate linkages between health, disability care, community care, and residential aged care.
- ▶ **Lack of policy connectivity:** There is currently no clear connection between aged care policy in relation to Aboriginal and Torres Strait Islander peoples, and Closing the Gap health strategies. These strategies and other relevant policies and strategies, for example those covering disability and mental health, all need to be connected.
- ▶ **Additional challenges for vulnerable groups in the Consumer Directed Care environment:** The aged care reforms of recent years have made the system much more consumer focused. However, many older people are vulnerable for a range of reasons – for example cognitive decline, illness, or frailty. Many cannot effectively direct their own care. In addition to these issues facing many older people, Aboriginal and Torres Strait Islander people are often even more vulnerable and may have specific cultural needs, making navigating the system and accessing appropriate care even more difficult.
- ▶ **Cumulative effects of multiple additional needs:** Many Aboriginal and Torres Strait Islander people may have multiple additional needs, for example, they may also experience a disability, a mental health issue, or cognitive impairment, making their needs complex. The Diversity Framework must recognise “diversity within diversity”.

- ▶ **The need for supports to enable vulnerable groups to direct their own care:** Consumer Directed Care can work with good case management and co-ordination, empowerment, and education. However, these elements are often incomplete or missing.
- ▶ **Negative effects of competition between service providers:** We are seeing a major change in the provision of aged care services that is driven by concepts of privatisation, competition, and constant change – the antithesis of what vulnerable people need. They need advocacy, informed relatives and carers. Those who most need a consumer-centred system are therefore unable to fully benefit from Consumer Directed Care. A co-operative approach between service providers, rather than a competitive approach, will achieve the best results in meeting the needs of vulnerable populations such as Aboriginal and Torres Strait Islander people.
- ▶ **“Cherry picking” by service providers:** Some aged care service providers may choose to direct their services towards groups that are less vulnerable and easier to service. For example, in the current Consumer Directed Care environment, many service providers are advertising their services. Those who respond to such advertising will be those who are more cognitively healthy, more aware of their rights, less likely to have highly complex needs, and less likely to be vulnerable.
- ▶ **Costs of case management:** Good case management is important, but requires funding that is additional to the funding for care delivery. Aboriginal and Torres Strait Islander people have in some cases experienced a significant proportion of their care package in the Consumer Directed Care context being used for case management, leaving a limited amount available for the actual delivery of care.
- ▶ **Geographical barriers:** There are specific, well documented access issues facing many remote communities, and appropriate care needs to be offered to people in the places where they live. However, it also needs to be recognised that needs are high for Aboriginal and Torres Strait Islander people across geographic areas, including metropolitan areas.
- ▶ **Problems with My Aged Care:** The My Aged Care portal is problematic, particularly for Aboriginal and Torres Strait Islander Elders and their service providers. Some are choosing to bypass the phone service entirely and use only web based referrals. In the My Aged Care system, if a client is contacted three times unsuccessfully they are removed from the system – this protocol absolutely doesn't work for Aboriginal and Torres Strait Islander people.



An expansion of specialist, targeted aged care services for Aboriginal and Torres Strait Islander people

There was a strong view from workshop participants that all Aboriginal and Torres Strait Islander people should have the option of accessing Indigenous-specific aged care services if they choose to do so, and that more of these services are needed across Australia. While many Aboriginal and Torres Strait Islander people access mainstream aged care services, it is important that this is a choice rather than being the only option available. Key points made in relation to this theme were as follows:

- ▶ **The importance of an appropriate, holistic model of care:** The usual model of aged care service provision is designed for a mainstream urban environment. A holistic and generalist approach to the needs of older Aboriginal and Torres Strait Islander people must be taken, rather than the current fragmented approach. Aged care services for Aboriginal and Torres Strait Islander people should be aligned with the model of Aboriginal community controlled health services, which take a holistic and generalist approach and are based on the principles of social and emotional wellbeing which is acknowledged as being central to health.
- ▶ **The need for expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP):** The NATSIFACP should be expanded so that more Aboriginal and Torres Strait Islander people have the option of accessing Indigenous-specific services if this is their preference, in metropolitan and regional areas as well as the rural/remote areas where NATSIFACP funding is currently directed. It was suggested that examples of good practice in current service provision should be identified, such as the model used on the APY Lands, and the system should build and expand on these examples.
- ▶ **The need for services to be provided where people are living:** An expansion in the number of Indigenous-specific services will help ensure Aboriginal and Torres Strait Islander people can access services where they live. Keeping people local is a very important priority.
- ▶ **Appropriate funding models for Indigenous-specific services:** Continuity of funding and service delivery for Aboriginal and Torres Strait Islander aged care is critical in supporting mutual respect and self-determination. Block funding is important in ensuring service providers are willing and able to provide aged care services to Aboriginal and Torres Strait Islander people, across metropolitan, regional, rural and remote areas
- ▶ **Innovation in funding and service delivery:** It would be beneficial to have greater uptake of innovative models that are appropriate to Aboriginal and Torres Strait Islander communities: for example, blended models of care that combine aged and health care services, particularly in smaller communities; and intergenerational activities linked to residential care to strengthen the relationship between aged care services and the community.
- ▶ **Collaboration and co-operation:** Collaboration and co-operation within the aged care sector and across sectors was identified as important. In particular, closer working relationships between Aboriginal and Torres Strait Islander community controlled health services, and Aboriginal and Torres Strait Islander aged care services would be beneficial.
- ▶ **Better information and referrals to Indigenous-specific services:** Often health professionals and other service providers are unaware of Aboriginal and Torres Strait Islander aged care services and consequently don't refer people to them. It was suggested that there is a need for better knowledge about the specialist aged care services that are available for Aboriginal and Torres Strait Islander people.

Better, more appropriate care delivery by mainstream aged care service providers

Workshop participants acknowledged that even with an expansion of the NATSIFACP, there will always be a significant number of Aboriginal and Torres Strait Islander people accessing mainstream aged care services, whether by choice or otherwise. It is therefore critical that all mainstream aged care services are ready, willing and able to provide culturally safe services to Aboriginal and Torres Strait Islander people. Key points discussed in relation to this were as follows:

- ▶ **Accountability for providing appropriate care, based on consumer feedback:** The Government should make funding to service providers dependent on them providing culturally safe care for Aboriginal and Torres Strait Islander people, and this should be assessed using consumer feedback. The My Aged Care service finder includes tick boxes for aged care services to indicate they will provide culturally appropriate services to Aboriginal and Torres Strait Islander people. Service providers tick the box, but do not have to provide evidence that Aboriginal and Torres Strait Islander people find their services appropriate. It is well recognised that the person receiving care is the only person able to define the cultural safety of a service. Older people and their carers must have a voice in identifying their own needs and providing feedback on service provision.
- ▶ **Standards and accreditation to support cultural safety:** The current aged care accreditation system measures compliance rather than quality. Real quality measures are needed, including in relation to cultural safety. Meeting standards in relation to cultural safety should be a prerequisite to achieving accreditation.
- ▶ **Policies and performance indicators that support cultural safety:** Any Action Plan for aged care service provision for Aboriginal and Torres Strait Islander peoples should have meaningful performance indicators, such as measures relating to the employment of people from Aboriginal and Torres Strait Islander communities, audits of cultural appropriateness etc.
- ▶ **Education and information for service providers:** Educating mainstream services on cultural protocols is a key priority. Service delivery should be based on cultural values rather than service system values, and all staff should complete appropriate education and training in cultural safety. Partnering with Indigenous-specific services could help to achieve this. Best practice guides for providing a range of care could be helpful.



Expansion of appropriate advocacy services


Workshop participants agreed on the importance of advocacy services, to ensure that Aboriginal and Torres Strait Islander people have the best chance of achieving equity of access and quality outcomes in the aged care system, and identified that there is a need for these services to be expanded so they can be accessed by all who need them. Key points made by participants included:

- ▶ **The importance of wide availability of advocacy services:** In some cases, family members/carers are able to help an older person navigate the aged care system, and can advocate for them; but this is often not the case. If the family is unable to provide advocacy, the services need to be publicly provided or purchased. Where this isn't possible, there are critical gaps.
- ▶ **The need for Aboriginal and Torres Strait Islander support workers:** The availability of Aboriginal and Torres Strait Islander support workers to follow and assist the person and their family on their aged care journey is an important priority.
- ▶ **Privacy legislation can be a barrier:** Privacy concerns can be a barrier to effective advocacy, and indeed effective service provision. For example, providers may be unable to talk with a person's family members without the person's permission, which presents a major barrier for ascertaining the needs of Aboriginal and Torres Strait Islander people for whom English is not a first language, or for those with dementia or with other barriers to communication.

More appropriate aged care needs assessment

Appropriate aged care assessment for Aboriginal and Torres Strait Islander people was identified by workshop participants as a key issue:

- ▶ **The need for Aboriginal and Torres Strait Islander assessors:** While some jurisdictions have good models in place, there is a lack of Aboriginal and Torres Strait Islander aged care assessors in many jurisdictions. There is a need to ensure more Aboriginal and Torres Strait Islander people are trained and employed as aged care assessors.
- ▶ **Appropriate training for non-Indigenous assessors:** Cultural safety training tailored to local needs should be mandatory, to help ensure sufficient knowledge and understanding to communicate effectively with Aboriginal and Torres Strait Islander Elders and carers. Effective communication is fundamental to making an accurate assessment.
- ▶ **Culturally appropriate assessment tools:** Aboriginal and Torres Strait Islander Elders have specific needs which may not be accurately identified by mainstream aged care assessment tools. Culturally appropriate aged care assessment tools are needed. The Kimberley Indigenous Cognitive Assessment (KICA) tool is an example of a culturally appropriate assessment tool, originally developed and validated in the Kimberley region, following which it has been more widely validated, and endorsed by the National Health and Medical Research Council for the assessment of dementia in Aboriginal and Torres Strait Islander Peoples across Australia.
- ▶ **The importance of linking health and aged care assessments:** Aboriginal and Torres Strait Islander Elders should be offered a comprehensive cultural health assessment, linking health and aged care assessments, so that their needs are assessed and addressed in a holistic way.
- ▶ **The importance of integrating assessment with service provision:** The aged care assessment system focusses solely on assessment. To better meet the needs of Aboriginal and Torres Strait Islander Elders, assessment should be integrated with case management and service provision.



An aged care workforce that contributes to better access and quality care for Aboriginal and Torres Strait Islander people

Participants noted that the aged care workforce is a critical factor in the delivery of appropriate aged care for Aboriginal and Torres Strait Islander people. Key points raised in connection with workforce included:

- ▶ **The need for an Aboriginal and Torres Strait Islander aged care workforce and employment strategy:** The vast majority of aged care service employees, including those working in Aboriginal and Torres Strait Islander communities and services, are non-Indigenous. There is a real need for an Aboriginal and Torres Strait Islander aged care workforce training and employment strategy, and for measures to promote recruitment and retention of Aboriginal and Torres Strait Islander aged care employees.
- ▶ **Better education and training for non-Indigenous aged care employees:** It is important that all non-Indigenous employees in the aged care sector undertake cultural safety training relevant to their local context. It is believed that many aged care employees avoid doing cultural safety training, in some cases because they are overloaded with training requirements. It is also acknowledged that short courses can only teach cultural awareness, not cultural safety – a short course is just the start of the journey (and generalised online training is of limited value).
- ▶ **Leadership that promotes cultural safety:** Cultural safety can be achieved by an aged care service with a mix of Aboriginal and Torres Strait Islander and non-Indigenous employees, but management must be leading the approach on cultural safety and setting the right culture within the service.

An evidence-based approach to improving aged care for Aboriginal and Torres Strait Islander peoples

Participants discussed how evidence from research and data can be better connected with policy and practice, to improve equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander peoples. Key discussion points included:

- ▶ **More consistent and comprehensive routine data collection from the aged care system:** An evidence informed approach is needed, to understand Aboriginal and Torres Strait Islander people's interactions with the aged care system. Information should be collected from service providers to provide the basis of this approach. Better routine data collection on the aged care system journeys of Aboriginal and Torres Strait Islander people would assist in improved understanding of people's experiences with the system, and would help in understanding what works and how care can be improved. The My Aged Care system does not track clients from entry to exit from the system, and a better system to track clients is needed. It is, however, difficult to achieve consistent proactive data collection by service providers, partly due to concerns from service providers that data could be used against them. Clarity around use of data is therefore important.
- ▶ **Better integration of data from a range of sources:** There is no continuity of data collection between primary health care services, hospital services, and aged care services. Integration of data already available from the Medicare Benefits System (MBS) and elsewhere, with data from the aged care system, would assist in understanding the holistic needs and service experiences of Aboriginal and Torres Strait Islander peoples.
- ▶ **Data modelling:** Data modelling showing how many Aboriginal and Torres Strait Islander people should be using aged care services, compared with how many are actually accessing services, could provide a useful starting point for improving access.

- ▶ **Research and data analysis that establishes causality:** Much current research and data analysis in relation to aged care fails to establish causality, that is, to establish what if any processes have led to changes in outcomes for people accessing aged care.
- ▶ **A research strategy that is grounded in community concerns and needs:** It is not acceptable to simply research the experiences of Aboriginal and Torres Strait Islander people and communities, without meaningful changes resulting. Research should be relevant to improving quality of life, and should lead to meaningful change. To collect real evidence, and to translate this evidence into practice, researchers need to start by talking with Aboriginal and Torres Strait Islander people to discover what they want and need, and tailor a service to meet needs and wants. Data can then be collected as an outcome of service delivery. Gaining the community's trust and delivering a valuable service will help ensure the community's respect and willingness to collaborate on research.
- ▶ **A holistic, life span approach to research:** A life span approach to research is needed, rather than simply a focus on the end of life. For Aboriginal and Torres Strait Islander people, a long history of deprivation affects health and wellbeing at end of life. In addition, the research agenda shouldn't just be about aged care – it should be about the whole health and wellbeing agenda and service systems as these all affect the wellbeing of Aboriginal and Torres Strait Islander Elders.





AAG RESPONSE TO WORKSHOP OUTCOMES

In response to the outcomes of the 5th National ATSIAG Workshop held in November 2017, the Australian Association of Gerontology makes a commitment to:

- ▶ Ensure the workshop outcomes are communicated to those responsible for developing a national Action Plan for aged care service provision for Aboriginal and Torres Strait Islander people.
- ▶ Advocate for an expansion of specialist, targeted aged care services for Aboriginal and Torres Strait Islander people through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.
- ▶ Advocate for more appropriate delivery of care to Aboriginal and Torres Strait Islander people by mainstream aged care providers.
- ▶ Advocate for the expansion of appropriate aged care advocacy services for Aboriginal and Torres Strait Islander Elders.
- ▶ Advocate for more appropriate aged care needs assessment for Aboriginal and Torres Strait Islander Elders.
- ▶ Advocate for an Aboriginal and Torres Strait Islander aged care training and employment strategy; and for better education and training for non-Indigenous aged care employees, to support the delivery of culturally safe care.
- ▶ Advocate for, and work with the AAG membership on, improved data and research strategies, to improve the evidence base for aged care service provision for Aboriginal and Torres Strait Islander people.
- ▶ Continue to support and take advice from the ATSIAG, to inform AAG's approach to all ageing matters affecting Aboriginal and Torres Strait Islander people.

CONCLUSION

This workshop aimed to address the apparent inequities of access and outcomes for older Aboriginal and Torres Strait Islander peoples under the current aged care reform program, and suggest directions for the future. In particular, the intent was for the workshop to generate input into the development of an Action Plan for aged care for Aboriginal and Torres Strait Islander Elders.

The workshop met its aim of exploring the barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, and in suggesting directions for the future.

Workshop participants identified current barriers to equity of access and quality outcomes in aged care for Aboriginal and Torres Strait Islander people, and identified several priority areas for action:

- ▶ An expansion of specialist, targeted aged care services for Aboriginal and Torres Strait Islander people.
- ▶ Better, more appropriate care delivery by mainstream aged care service providers.
- ▶ Expansion of appropriate advocacy services.
- ▶ More appropriate aged care needs assessment.
- ▶ An aged care workforce that contributes to better access and quality care for Aboriginal and Torres Strait Islander people.
- ▶ An evidence-based approach to improving care for Aboriginal and Torres Strait Islander people.

AAG has undertaken to ensure the workshop outcomes are communicated to those responsible for developing a national Action Plan for aged care service provision for Aboriginal and Torres Strait Islander people; to advocate for the uptake of the policy and program directions suggested by the workshop; and to continue to support and take advice from the ATSIAAG, to inform AAG's approach to all ageing matters affecting Aboriginal and Torres Strait Islander people.





APPENDIX 1: **ATSIAAG WORKSHOP PARTICIPANTS**

Mr Mark Elliott, ATSIAAG Chair and Workshop Convenor

Mr Graham Aitken, Aboriginal Community Care South Australia

Mr Angus Algie, Commonwealth Department of Health

Ms Kathy Bell, Australian Association of Gerontology

Professor Tony Broe, Neuroscience Research Australia

Ms Robyn Burton, ECH

Ms Dawn Casey, National Aboriginal Community Controlled Health Organisation

Ms Gail Daylight, Community Member, NSW

Mr Terry Donovan, Neuroscience Research Australia

Professor Leon Flicker, University of Western Australia Centre for Health and Ageing

Ms Sandra Forster, Neuroscience Research Australia

Ms Lianne Gilchrist, CAMDH, UWA

Ms Jennifer Hayes

Ms Louise Herft, Aged Rights Advocacy Service Inc

Dr Thi Yen Hill, Prince of Wales Hospital, Sydney

Mr Adam Hooper, Aboriginal Community Care South Australia

Dr Dina LoGiudice, Melbourne Health

Ms Paulene Mackell, National Ageing Research Institute

Ms Roslyn Malay, University of Western Australia Centre for Health and Ageing

Mr Matt Moore, Institute for Urban Indigenous Health

Ms Freda Ogilvie, Community Member, WA

Ms Leah Pitt, Department of Communities Western Australia

Ms Eliza Pross, Eliza Pross Consulting

Dr Kylie Radford, Neuroscience Research Australia

Ms Trischia Ritchie, Aged Rights Advocacy Service Inc

Ms Kate Smith, University of Western Australia

Ms Noeleen Tunny, Victorian Aboriginal Community Controlled Health Organisation

Ms Sharon Wall, Neuroscience Research Australia

APPENDIX 2: WORKSHOP PROGRAM

Assuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander Peoples: What needs to be done

Workshop hosted by: AAG Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG)

Date and time: 12.00 pm – 4.30 pm, Tuesday 7 November 2017

Venue: Botanical 4, Crown Perth, Burswood

Convenor: Mr Mark Elliott, Chair, ATSIAAG

TIME	NAME	CONTENT
12.00 – 12.30 pm		Lunch
12.30 – 12.40 pm	MS FRED A OGILVIE	Welcome to country
12.40 – 12.50 pm	MR MARK ELLIOTT	Workshop opening
12.50 – 1.50 pm	PRESENTATION 1 MR MATT MOORE	Action Plan for aged care for Aboriginal and Torres Strait Islander people
	PRESENTATION 2 MR MARK ELLIOTT	Overview: Aged care issues for Aboriginal and Torres Strait Islander peoples
	PRESENTATION 3 MR GRAHAM AITKEN	Aboriginal and Torres Strait Islander ageing and aged care in remote locations – a service provider's approach in the APY Lands (SA)
	PRESENTATION 4 DR THI-YEN HILL MR TERRY DONOVAN	Issues of access and equity for regional/ rural older Aboriginal and Torres Strait Islander peoples: What needs to change and how
	PRESENTATION 5 MS TRISCHIA RITCHIE MS LOUISE HERFT	Issues of access and equity for Aboriginal and Torres Strait Islander people
1.50 – 2.15 pm	PANEL DISCUSSION PROF TONY BROE AM PROF LEON FLICKER AO DR KYLIE RADFORD	How do we ensure there is an evidence informed approach to assuring quality outcomes in aged care for Aboriginal and Torres Strait Islander peoples? What should we consider for the future?
2.15 – 3.15 pm	TABLE GROUP DISCUSSIONS	Discussion topics listed below
3.15 – 3.30 pm	AFTERNOON TEA	
3.30 – 4.20 pm	GROUP FACILITATORS AND PARTICIPANTS	Feedback to full group - summary of major points from each table group with recommendations, and full group discussion
4.20 – 4.30 pm	MR MARK ELLIOTT	Closing comments



TOPICS FOR TABLE GROUP DISCUSSION

TOPIC 1

How can Aboriginal and Torres Strait Islander **access** to residential aged care services and home care services be improved?

- ▶ What are the current **problems and barriers** for Aboriginal and Torres Strait Islander people in accessing residential aged care and home care?
- ▶ Are there **good examples** where barriers to access have been overcome?
- ▶ **What needs to happen** to improve access? For example, do funding models need to change, do workforce models need to change?

TOPIC 2

What can be done to improve **quality and cultural safety** in aged care service delivery for Aboriginal and Torres Strait Islander people?

- ▶ What are the **current problems and barriers** to high quality, cultural safe residential aged care and home care for Aboriginal and Torres Strait Islander people?
- ▶ What good models are in place already for **high quality, culturally safe** residential care and home care?
- ▶ **What needs to be done** to improve quality and cultural safety in residential aged care and home care, for example how can we ensure the dissemination and uptake of good models of care for Aboriginal and Torres Strait Islander people?

TOPIC 3

What additional **research and data** is needed to provide an evidence base to improve access and equity in aged care for Aboriginal and Torres Strait Islander people?

- ▶ What **good research** is being done or has been done already?
 - ▶ What are the **research and data gaps**?
 - ▶ How can these **gaps be addressed**?
 - ▶ What needs to be done to **improve translation of research** into policy and practice?
-

NOTES



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