



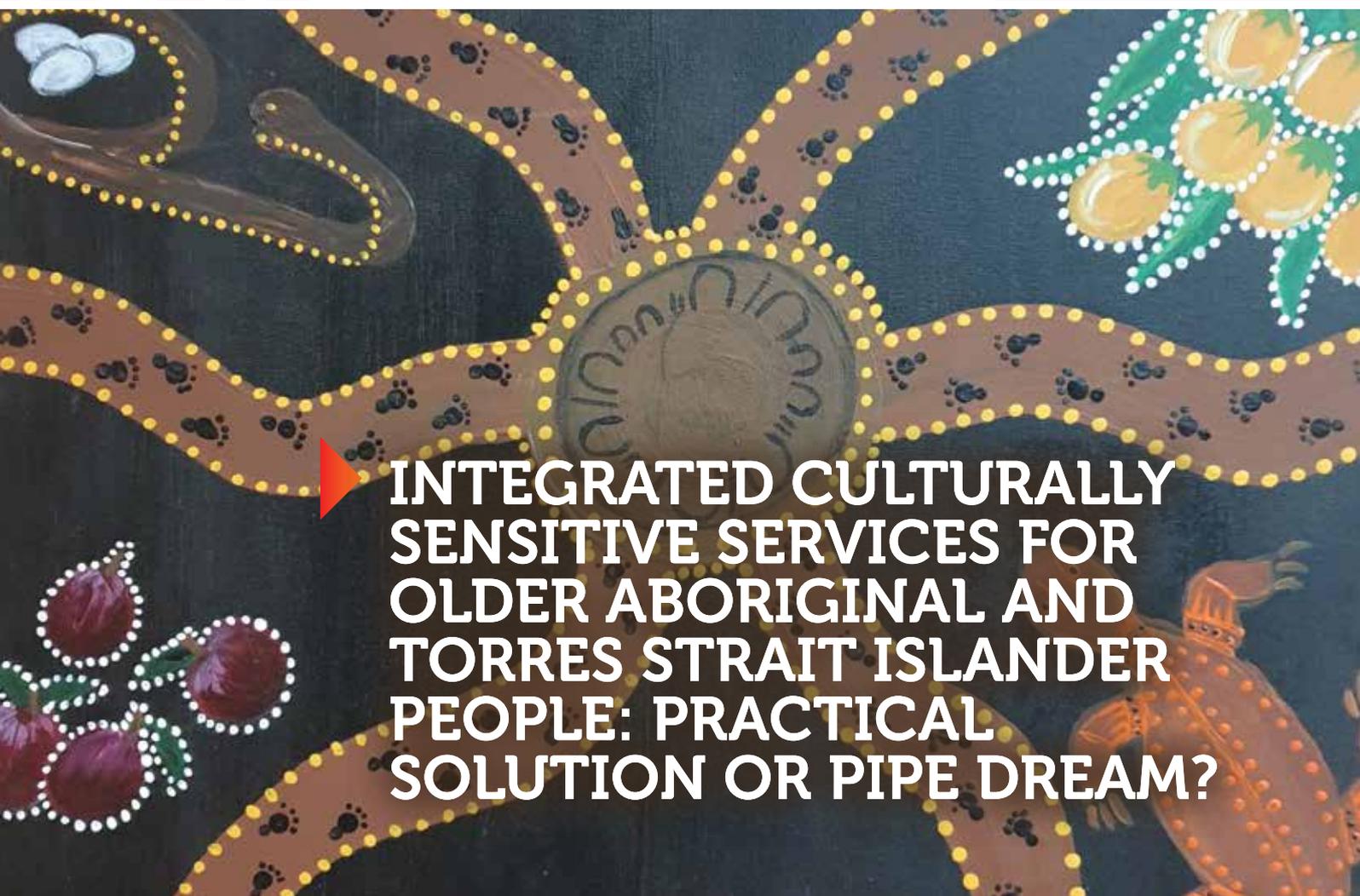
AAG

Australian
Association of
Gerontology



ATSIAAG

Aboriginal and
Torres Strait Islander
Ageing Advisory Group



**INTEGRATED CULTURALLY
SENSITIVE SERVICES FOR
OLDER ABORIGINAL AND
TORRES STRAIT ISLANDER
PEOPLE: PRACTICAL
SOLUTION OR PIPE DREAM?**

Report on the 7th National Workshop of the
Australian Association of Gerontology (AAG
Aboriginal and Torres Strait Islander Ageing
Advisory Group) held in Sydney,
New South Wales on 5th November 2019

Report launched on 23 September 2020

ACKNOWLEDGEMENT OF COUNTRY

The 7th National Workshop of the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) was held on the land of the Gadigal people of the Eora Nation.

We acknowledge the Gadigal people of the Eora Nation 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; to Elders past, present, and emerging; and to all Aboriginal and Torres Strait Islander peoples, including members of the Stolen Generations.

We particularly thank Aunty Ann Wheldon, Metropolitan Local Aboriginal Land Council for her warm Welcome to Country.



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:

Ms Roslyn Malay, Co-Chair, ATSIAAG

Mr Graham Aitken, Co-Chair, ATSIAAG

Mr Mark Elliott, Immediate Past ATSIAAG Chair, AAG Life Member

Ms Sharon Wall, Neuroscience Research Australia

Mr Thomas Voigt, Senior Policy and Research Officer, AAG

Mr James Beckford Saunders, CEO, AAG

We would also like to thank the following Facilitators and scribes who assisted in those workshop sessions that followed the presentation:

Group 1. – Eliza Pross, Kate Smith & Louise Lavrencic

Group 2. – Terry Donovan, Kylie Radford & Rebecca Mann

Group 3. – Trischia Ritchie, Leon Flicker & Maddie Nichols

We also thank the other workshop presenters:

Mala'la Health Service Aboriginal Corporation, Maningrida N.T, AAG Board Member is a continuation of Ms Toni Roberts, Manager - Mala'la Aged Care and Community Services.

Mr Matt Moore, Institute for Urban Indigenous Health, Queensland.

Professor Leon Flicker AO, Professor of Geriatric Medicine. Director, Western Australian Centre for Health & Ageing, University of W.A., AAG Life Member

Mr Mark Elliott, ATSIAAG Executive Member and AAG Life Member.

Ms Margaret Hayes, Director Residential and Flexible Aged Care Division, Commonwealth Department of Health, A.C.T.

We also thank our scribes from Neuroscience Research Australia, Aboriginal Health and Ageing Program who facilitated workshop sessions after the presentations.

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

This report has been prepared by Thomas Voigt.

COVER IMAGE

'Healthy Food – Our Way' by Mark Elliott. Mark describes the painting as families coming together to share bush tucker. Mark's biography is on p33 of this report.

ACKNOWLEDGEMENT OF FUNDING

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Australian Government
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EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of the 7th National Workshop of the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG), held in Sydney on 5 November 2019, which was attended by 35 people.

The primary aim of the workshop was to explore themes and issues surrounding Integrated Culturally Sensitive Services for Older Aboriginal and Torres Strait Islander peoples, across mainstream and Aboriginal and Torres Strait Islander focused programs and service delivery models, across different settings of Australia.

The theme of Integrated and Culturally Sensitive Services was chosen for this Pre-Conference workshop to build on the successful Cultural Awareness/Cultural Safety webinar and training programs delivered to AAG members, staff and Board members during 2019. Additionally, this focus was particularly relevant following on from a highly successful joint AAG/Healing Foundation workshop held in June 2019 which highlighted gaps in meeting the needs of the ever-increasing numbers of Stolen Generation survivors moving into and receiving aged care services.

Services for older Aboriginal and Torres Strait Islander people are often expected to fit into generic mainstream systems with minimum recognition or flexibility to respond to the unique cultural needs and outlooks. This approach does not recognise the traumatic impacts of colonisation or the significant impacts of disproportionate socio-economic disadvantage experienced by this group.

While a broad range of specialised Aboriginal and Torres Strait Islander focused services would be the ideal solution, this is not always possible where populations are low or spread out over considerable distances. By holistically looking across a range of service areas including aged care, disability, health, housing, there may be opportunity to meet this need more creatively however this would require greater flexibility around funding for different service models by various governments.

Integrated care refers to the processes, methods and tools of integration that facilitate integrated care. Integration involves connecting the health care system (acute, community and primary medical) often broadly and creatively with other service systems, such as disability, long-term care, education and or housing and social services.

Importantly though, integration cannot be achieved by one provider alone but must cross multiple borders, including across sector, professional and geographical boundaries. The potential for integrated care is often driven by creativity and flexibility, particularly around funding and resource allocation.

Within this context, the key issues identified at the workshop were as follows.

What are the essential or necessary components of a good service delivery model for Aboriginal and Torres Strait Islander people?

There was a level of consistency and agreement amongst workshop participants around the essential or necessary components of a good service delivery model. In particular, flexibility around funding, locally based services delivered by local staff and integrated service models were all agreed priorities. Common themes included:

- ▶ Flexible funding/Block funding/Pooling of funding/Community based funding.
- ▶ Program flexibility, to take into account factors such as seasonality (wet and dry season), local circumstances, travel costs, and local engagement time with Elders.
- ▶ Integration of and collaboration amongst services such as disability, health and aged care rather than separately funded services.
- ▶ One stop shop service locations/co-location of services in the one spot making it easier to access as many services as possible in the one place.

- ▶ Economies of scale and flexibility to allow for jointly funded positions and services (pooling of funding approach).
- ▶ Services provided by local staff employed by local community-controlled organisations (Aboriginal Medical Services were suggested).
- ▶ Increased local workforce investment and training.
- ▶ Consultation with and involvement of local Elders in decision making processes.
- ▶ Cultural safety needs to be a priority and all services need to be culturally appropriate.

What are the barriers and enablers to delivering integrated care for Aboriginal and Torres Strait Islander people?

Several key elements were identified in this area:

Barriers

- ▶ Elders are not always consulted and need to be fully engaged.
- ▶ The aged care system needs to be easier to navigate.
- ▶ Need to remove barriers such as institutional racism.
- ▶ There are not enough aged care services available for Aboriginal and Torres Strait Islander people – not enough choices or options available.
- ▶ Aboriginality is often not understood or considered within the aged care system.
- ▶ There is a lack of culturally responsive aged care services.
- ▶ Brokerage is not an option in remote communities.

Enablers

- ▶ Aged care for Aboriginal and Torres Strait Islander people should be run through Aboriginal Medical Services (AMSs).
- ▶ Cultural leadership is necessary and should be promoted and supported.
- ▶ More integrated services are more effective i.e. including disability, housing, health etc.
- ▶ A collective approach rather than an individualised approach.
- ▶ There needs to be a peak body for Aboriginal and Torres Strait Islander ageing and aged care comprised of Aboriginal and Torres Strait Islander people.
- ▶ More employment of local Aboriginal and Torres Strait Islander people in aged care including proper career pathways.
- ▶ There needs to be more funding flexibility.



What does a vision for integrated care in the Aboriginal and Torres Strait Islander ageing space look like and how will we get there?

Once again there were a number of consistent themes emerging from the various workshop groups including around a vision of integrated care for Aboriginal and Torres Strait Islander people:

- ▶ There needs to be collaboration between services, they need to work together.
- ▶ Everything should be available in the one place (integrated care).
- ▶ Flexible funding models and flexible funding.
- ▶ Elders have a key part and role to play in the aged care space – Whole community involved but Elder driven.
- ▶ Quarantined/Dedicated funding for Aboriginal and Torres Strait Islander people and services.
- ▶ Pilot some different funding models in different types of communities with health economic evaluations.
- ▶ Services provided through Aboriginal and Torres Strait Islander organisations such as Aboriginal Medical Services (AMSs).

AAG response

AAG recognises and acknowledges that the current aged care system is less than ideal for Aboriginal and Torres Strait Islander people with limited service delivery options in remote areas and with rigid funding models and requirements which do not consider the unique history, culture, geography, society, impact of colonisation, connection to land and sense of community.

AAG acknowledges the important and significant role that Elders play in Aboriginal and Torres Strait Islander communities, noting that this is not the same within non-Indigenous society. There is a wealth of evidence supporting the fact that Aboriginal and Torres Strait Islander people experience significant disadvantage yet there is often an expectation, particularly so in a climate of limited resources, that Aboriginal and Torres Strait Islander people should fit in with generic non-Indigenous services. This approach does not acknowledge or give due recognition to what has gone before under the banner of colonisation, nor does it recognise the significant trauma experienced by Aboriginal and Torres Strait Islander people.

AAG notes that the 7th ATSIAG workshop has recommended a range of actions to support and develop integrated culturally sensitive services for older Aboriginal and Torres Strait Islander peoples and communities, including:

- ▶ More flexible funding models.
- ▶ Greater service delivery collaboration and integration.
- ▶ Locally based services provided by local Aboriginal and Torres Strait Islander staff employed by local community-controlled organisations such as Aboriginal Medical Services (AMSs).
- ▶ Greater consultation and involvement with local Elders in decision making processes.

It is clear that an individual/client centred approach is at odds with the cultural values and sense of community inherent within Aboriginal and Torres Strait Islander people. AAG wholeheartedly support those calls for greater funding flexibility within aged care and greater service integration. Wherever possible we support the model of Aboriginal and/or Torres Strait Islander people delivering services locally, to older Aboriginal and Torres Strait Islander people. We also support an approach which is more inclusive of Elders, recognising the critical role which they play in Aboriginal and Torres Strait Islander communities.

AAG supports, and undertakes to advocate for, action by appropriate parties to address these recommendations.

BACKGROUND

This report provides a summary of the proceedings and outcomes of the 7th annual ATSIAG workshop held on 5 November 2019, which focused on integrated culturally sensitive services for older Aboriginal and Torres Strait Islander people. The workshop included a number of presentations by five invited speakers who shared best practice models around integrated service delivery and funding models.

The workshop was hosted by the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAG). 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 (ATSIAG) is made up of Aboriginal and Torres Strait Islander people who are members of AAG who nominate to join the group.

The ATSIAG reports to the AAG Board and assists in building evidence regarding gaps, challenges and opportunities, as well as providing guidance and advice on all issues related to ageing of Aboriginal and Torres Strait Islander people. The ATSIAG 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 work with Australia's First Peoples in the ageing policy arena in an informed and collaborative way, supporting the achievement of a key goal from AAG's 2017-20 Strategic Priorities, to "improve outcomes for First Nation Elders and communities, with direction by the Aboriginal and Torres Strait Islander Ageing Advisory Group". AAG will commence a Reflect Reconciliation Action Plan (RAP) in early 2020.

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

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: Closing 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
6. Melbourne, 2018: Exploring Appropriate Aged Care Needs Assessment for Older Aboriginal and Torres Strait Islander Peoples.
7. Sydney, 2019: Integrated Culturally Sensitive Services for Older Aboriginal and Torres Strait Islander peoples: Practical Solution or Pipe Dream?



The purpose of the 7th ATSIAG workshop held in Sydney on 5 November 2019 was:

- 1. To meet the AAG commitment of consultation** through a National workshop to inform policy and advocacy for Aboriginal and Torres Strait Islander Older peoples.
- 2. To raise the profile of the needs** of Older Aboriginal and Torres Strait Islander peoples.
- 3. To advocate for evidence informed responses** to ageing and access and equity in Aboriginal and Torres Strait Islander ageing.
- 4. 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.
- 5. To provide a forum for consultation and discussion** between a wide variety of participants.
- 6. To promote issues raised in the workshop** widely for further consultation through a compilation report of proceedings.
- 7. To enhance care and support** of Aboriginal and Torres Strait Islander older people.
- 8. To inform the AAG strategic planning processes** for Aboriginal and Torres Strait Islander older people.

The policy context for the 7th ATSIAG workshop was to explore various service delivery and funding models which are integrated, culturally appropriate, culturally sensitive and practical. Due to poorer health and premature ageing, Aboriginal and Torres Strait Islander people need access to aged care services at a younger age. Yet despite this higher need, Aboriginal and Torres Strait Islander people are under-represented in aged care programs

Aboriginal and Torres Strait Islander people can and do access generic services, and targeted services are also provided through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Yet access to appropriate and culturally safe services across Australia continues to be problematic. Aboriginal and Torres Strait Islander people are more likely to access care, and to have better outcomes, where services are respectful and culturally safe. Cultural safety is the recipient's own experience and cannot be defined by the caregiver.¹

Part of the intent of the 7th ATSIAG workshop was to also build on the findings and experience of the AAG/ATSIAG/Healing Foundation, Stolen Generations Aged Care Forum held in Melbourne on 5th June 2019. The Workshop Report explored the needs, priorities and challenges of Stolen Generation survivors as they move into aged care. In particular, this workshop focused on the cultural sensitivities and cultural needs of this ever-growing cohort.

In November 2018, the Australian Institute of Health and Welfare (AIHW) released a report 'Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over'² which was commissioned by the Healing Foundation. The report detailed for the first time the needs of Stolen Generation survivors over 50 years of age, and complemented an earlier, more detailed AIHW report about Stolen Generations. Together the reports detail the extent of disproportionate disadvantage of Stolen Generations due to the significant trauma they experienced.

The AIHW data reveals that Stolen Generation survivors have been significantly more impacted in terms of health and welfare outcomes even compared to their Aboriginal and Torres Strait Islander contemporaries, who are already facing greater challenges in Australia. The evidence paints a picture of complex needs for the Stolen Generations who suffered profound childhood trauma when they were forcibly removed from their homes, isolated from family and culture and often institutionalised, abused and assaulted.

1. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) (2014). Cultural Safety Position Statement. <https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf>
2. Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over. (2018)



We know that Stolen Generations survivors currently make up 14% or one in seven of all Aboriginal and Torres Strait Islander people. In 2018, about 13,800 or two thirds of Stolen Generations survivors were aged 50 and over. By 2023 all will be aged 50 years and over, and eligible for government aged care support.³ It is therefore essential that the aged care needs of this group are carefully and appropriately considered.

Additionally, this workshop built on a number of findings and suggestions from the previous two ATSIAG workshops held in 2018 in Melbourne and 2017 in Perth. The issue of cultural awareness, cultural competence and cultural safety was explored in 2018 in Melbourne with the following strategies put forward from the ATSIAG Workshop:

How could we work towards cultural competence in aged care assessment for non-Indigenous aged care assessors?

- ▶ Mandatory competency based cultural safety training for aged care assessors tailored to local protocols and areas.
- ▶ Regular follow-up and refreshment of cultural safety training.
- ▶ Funded mentoring programs, to enable Aboriginal/Torres Strait Islander people to mentor non-Indigenous aged care assessors.
- ▶ Community/care recipient surveys to identify whether the service is culturally safe.
- ▶ Inclusion of at least one Aboriginal/Torres Strait Islander person in every aged care assessment team.
- ▶ A requirement that aged care assessment services have a Reconciliation Action Plan and appropriate policies in place, as a condition of funding.
- ▶ Partnerships with Aboriginal organisations.
- ▶ Mandatory use interpreters (unless the service is clearly not required).



³. <http://www.aihw.gov.au/reports/Indigenous-australians/stolen-generations-descendants/contents/table-of-contents>.

The 2017 ATSIAAG Workshop held in Perth had also identified some very pertinent and relevant issues in relation to barriers around equity of access to aged care services for Aboriginal and Torres Strait Islander people as follows:

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

- ▶ Lack of service connectivity.
- ▶ Lack of policy connectivity.
- ▶ Additional challenges for vulnerable groups in the Consumer Directed Care environment.
- ▶ Cumulative effects of multiple additional needs.
- ▶ The need for supports to enable vulnerable groups to direct their own care.
- ▶ Negative effects of competition between service providers.
- ▶ Cherry picking by service providers.
- ▶ Costs of case management.
- ▶ Geographic barriers.
- ▶ Problems with 'My Aged Care'.

The 7th ATSIAAG workshop held in November 2019 provided a forum to further explore these issues, drawing on the expertise of Aboriginal and Torres Strait Islander people themselves, as well as other service providers, researchers, and policy makers. The aim was to highlight the importance of service integration, cultural safety and cultural sensitivity as well as exploring best practice funding and service delivery models.

The workshop focused on three key questions:

- ▶ **What are the necessary or essential components of a good service delivery model for older Aboriginal and Torres Strait Islander people?**
- ▶ **What are the barriers and enablers to delivering integrated care?**
- ▶ **What does a vision for Integrated care in the Aboriginal Ageing space look like and how will we get there?**

The workshop was attended by 35 participants who actively engaged and interacted with those various speakers whilst then exploring the above key questions.



CONTEXT: OVERVIEW OF ISSUES AROUND INTEGRATED CULTURALLY SENSITIVE SERVICES FOR OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

Aboriginal and Torres Strait Islander population data.

According to the Australian Bureau of Statistics (ABS) Census and population count there were 649,200 people who reported being of Aboriginal and/or Torres Strait Islander origin, representing 2.8% of the population up from 2.5% in 2011 and 2.3% in 2006.⁴

The average annual population growth rate for Aboriginal and Torres Strait Islander people is estimated to be between 2.0% and 2.3% compared to an average annual population growth rate for the total Australian population of between 1.5% and 1.8%. Between 2001 and 2011 the Aboriginal and Torres Strait Islander population increased by 2.3% per year on average, compared with 1.5% for the total Australian population.

Aboriginal and Torres Strait Islander people's use of aged care services

Aboriginal and Torres Strait Islander people face multiple health and social disadvantages, and consequently have a greater need for aged care services at younger ages. In recognition of this, Australian government funded aged care programs and services are available to Aboriginal and Torres Strait Islander people from the age of 50, rather than the age of 65 which is the eligibility age for the broader population.

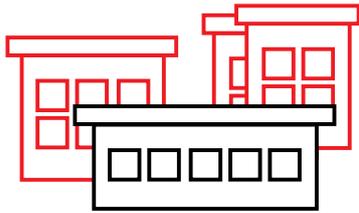
On the 30th June 2018 there were approximately 123,000 Aboriginal and Torres Strait Islander people who were aged 50 years or over. Whilst only accounting for around 3% of the total Australian population, Aboriginal and Torres Strait Islander people made up approximately 1% of Australians in Residential Aged Care, 4% of those consumers of Home Care services, and 6% of home support services⁵

The government funds 35 aged care services to deliver a flexible model of care under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP), offering 860 places as at 30 June 2018. Of these places 338 were high care, 126 were low care residential and 396 were home care places. As per the following map, as at 30 June 2018, there were a considerable number of services and programs distributed throughout Australia who have 50% or more Aboriginal and Torres Strait Islander clients - 22 residential facilities (0.8% of all facilities), 96 home care services (3.7% of all services) and 218 home support services (6.2% of all services).⁶

4. Australian Bureau of Statistics, Census: Aboriginal and Torres Strait Islander Population, Media Release, 27 June 2017.
5. Australian Institute of Health and Welfare, Services and places in aged care. (2017)
6. <http://www.gen-agedcaredata.gov.au/Resources/Dashboards/Aboriginal-and-Torres-Strait-Islander-people-using>. (2017) Healing Foundation, Working with the Stolen Generations: understanding trauma. Providing effective aged care services to Stolen Generation survivors. (2019)

Who is providing aged care – numbers of aged care services with 50% or more Aboriginal and Torres Strait Islander clients - 30 June 2018.⁶

The distribution of those aged care services who identify as having 50% or more Aboriginal and Torres Strait Islander people is quite extensive with the following map showing the location of these services across Australia.



RESIDENTIAL CARE: 22



HOME CARE: 96



HOME SUPPORT: 218



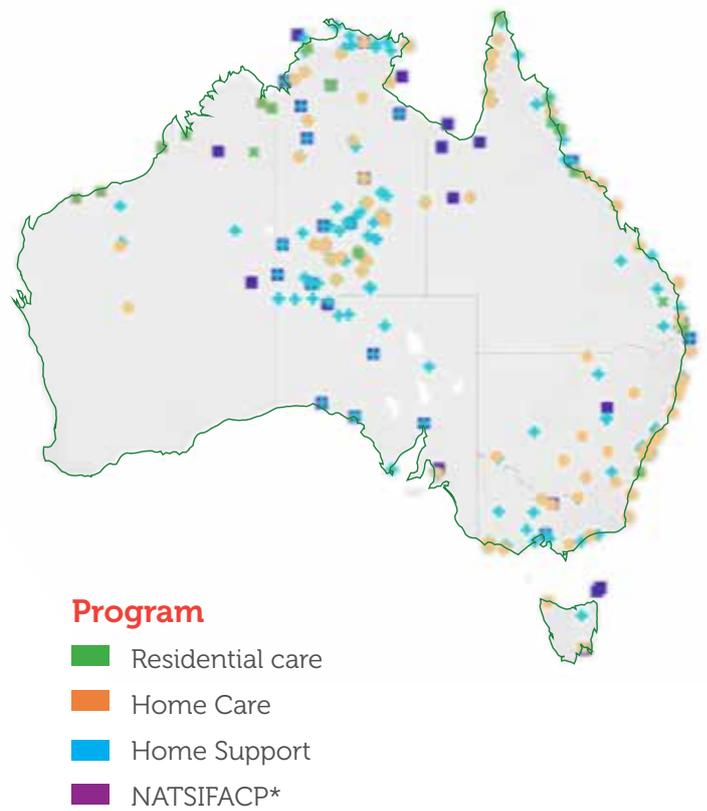
NATSIFACP*: 35

*National Aboriginal and Torres Strait Islander Flexible Aged Care Program.





Aged care services with 50% or more clients who are Indigenous by program and location, 30 June 2018.⁶

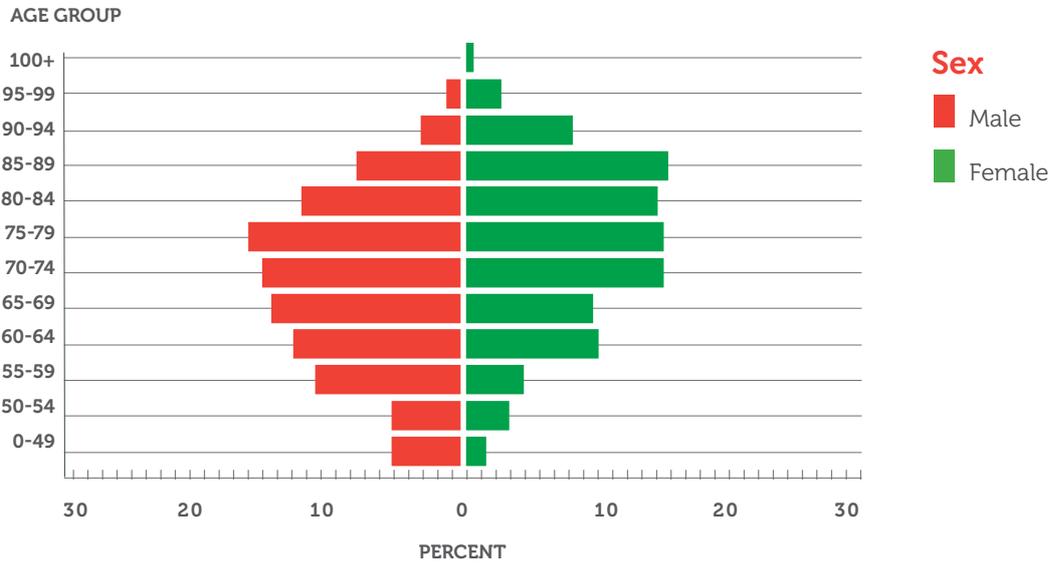


Residential aged care use.

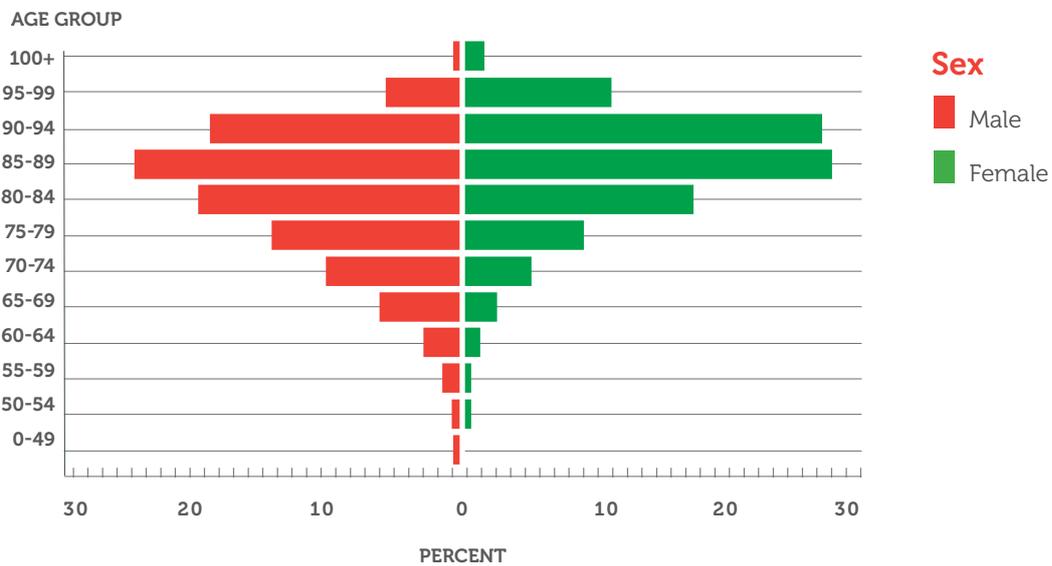
While Aboriginal and Torres Strait Islander people only account for about 1% of people in residential aged care the age structure of those using residential aged care is strikingly different, showing that Aboriginal and Torres Strait Islander people access aged care services at a significantly younger age.



Age and gender profile of Aboriginal and Torres Strait Islander people using residential aged care, 30 June 2018⁶.



Age and gender profile of Non-Indigenous people using residential aged care, 30 June 2018⁶

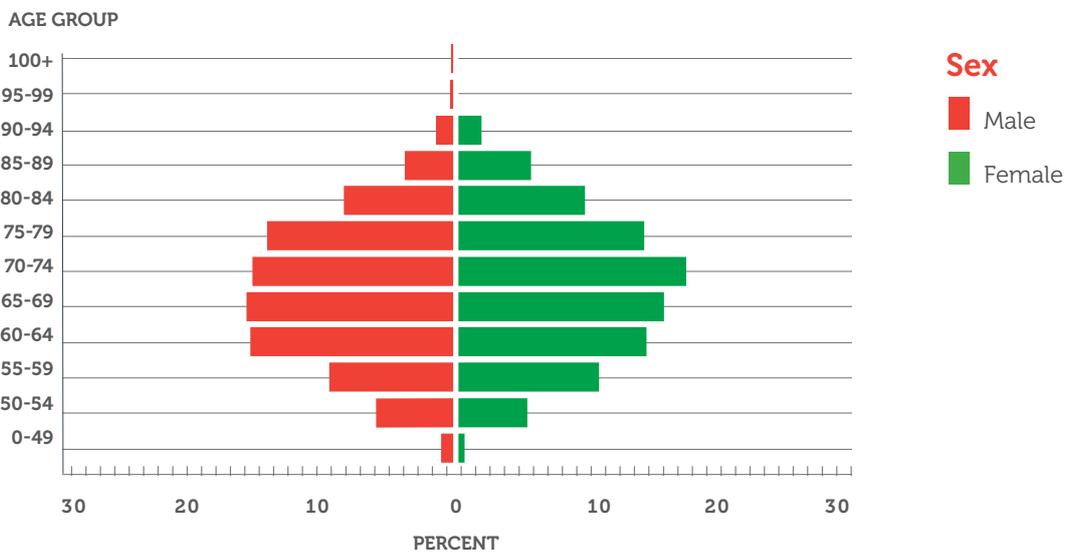




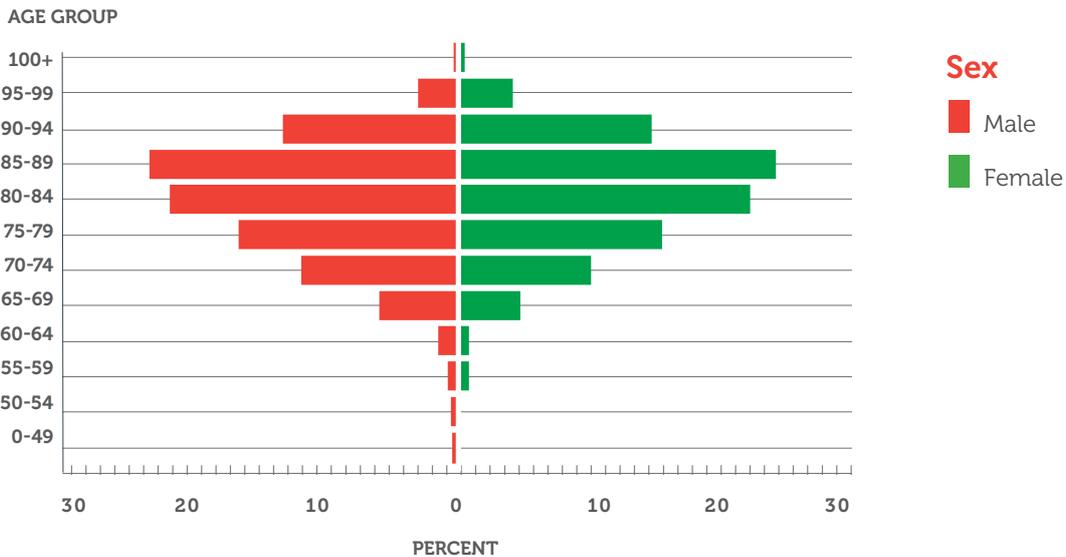
Home Care use.

Similarly, we can see that Aboriginal and Torres Strait Islander people access Home Care services at a much earlier age than non-Indigenous people. As highlighted previously there would appear to be a good uptake of Home Care services by Aboriginal and Torres Strait Islander people who make up 4% of all Home Care consumers.

Age and gender profile of Aboriginal and Torres Strait Islander people using Home Care services, 30 June 2018⁶



Age and gender profile of Non-Indigenous people using Home Care services, 30 June 2018⁶



What we can see clearly with all of the above is the increasing use of home care and home support services by Aboriginal and Torres Strait Islander people at considerably younger ages compared to the non-Indigenous population. The growing population of Aboriginal and Torres Strait Islander people are using proportionally greater levels of home care services and home care programs on a per capita basis.

With such an extensive distribution of services across Australia who report having 50% or more Aboriginal and Torres Strait Islander clients, there is no doubt of the need to ensure that aged care services are culturally sensitive to this group of people. This is perhaps most critical when looking at Stolen Generation survivors who are now increasingly entering or accessing aged care services.

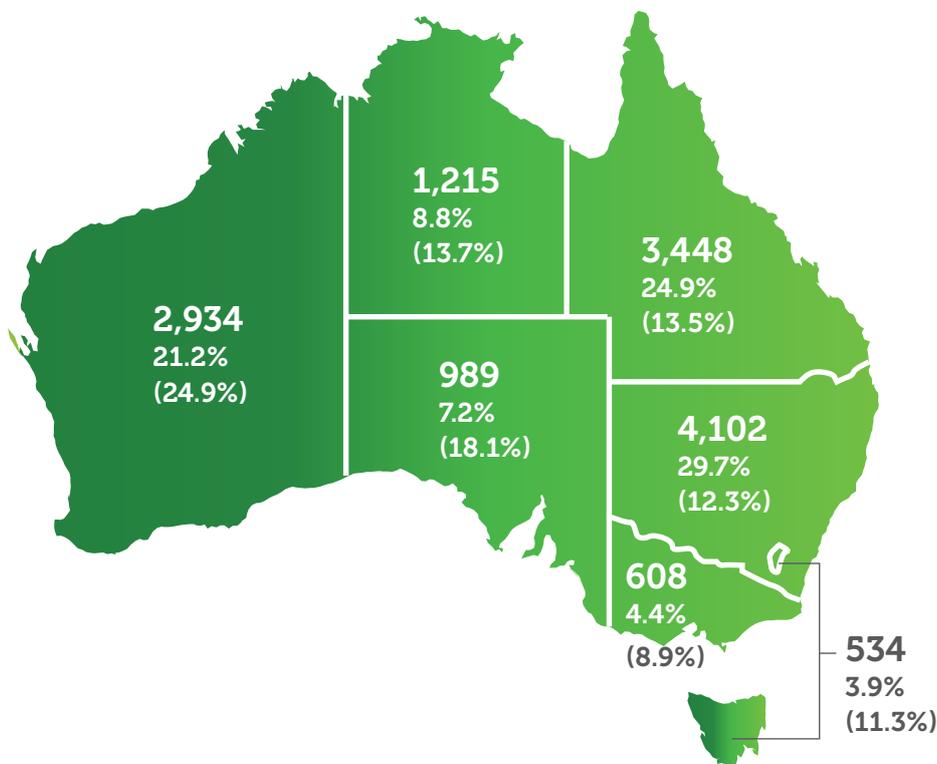
Stolen Generation survivors

We know that one in seven Aboriginal and Torres Strait Islander children were forcibly removed or 'stolen' from their families between 1910 and the 1970's.² These children were either placed in institutional care or were adopted out to non-Indigenous families. This resulted from the government policies of the day which were intended to assimilate Aboriginal and Torres Strait Islander people.

We know that in Australia today there are some 17,000 Stolen Generation survivors and that there are presently approximately 13,800 Stolen Generation survivors who are aged 50 years and over. We also know that by 2023 all Stolen Generation survivors will be over 50 years of age and eligible to access aged care services².

Members of the Stolen Generation are distributed throughout Australia with the highest numbers and percentages being found in New South Wales, Queensland and Western Australia.

Where do survivors of the Stolen Generations aged 50 years and over live?²





Many Stolen Generation survivors experienced considerable trauma as a result of their being forcibly removed and taken from their families at a very young age. They also frequently experienced lifelong physical, mental and economic disadvantage and were often denied an education. According to the Australian Institute of Health and Welfare (AIHW) some 89% of Stolen Generation survivors do not have good health, 79% relied on government payments as their main source of income and 76% did not own their own home².

Furthermore, based on AIHW data the following odds ratio's have been calculated for Stolen Generation survivors compared to a reference group of Aboriginal and Torres Strait Islander people aged 50 years and above, highlighting the significant disadvantage experienced by survivors.

Stolen Generations aged 50 years and above, compared to all Aboriginal and Torres Strait Islander people aged 50 years and above².

- 2.8 x as likely** Government payments as main income source
- 2.7 x as likely** Not a home owner
- 2.3 x as likely** Ever charged by police
- 2.1 x as likely** Arrested in last five years
- 2.0 x as likely** Ever incarcerated
- 2.0 x as likely** Does not have good health (composite measure)
- 1.9 x as likely** Current smoker
- 1.8 x as likely** Problems accessing services
- 1.8 x as likely** Not employed
- 1.6 x as likely** Felt discriminated against in last 12 months
- 1.5 x as likely** Poor self-assessed health
- 1.5 x as likely** Household income in lowest 30%

Source: AIHW (2018) Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over.

Infocus, published November 2018.



The Healing Foundation, who are a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families has identified that there may be any number of triggers which might distress Stolen Generation survivors as they transition across to aged care.⁷ These include;

- ▶ Clinical setting resembling a dormitory or institution they were placed in as a child
- ▶ A tone of voice, such as someone projecting authority
- ▶ A look on someone's face or a gesture
- ▶ Any situation that brings back feelings of the lack of control they experienced when they were taken from their families.

It is essential that aged care service providers are culturally informed and sensitive to the needs of Stolen Generation survivors as they access or enter aged care.

Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations.

Recent work in this space has been undertaken by the South Australian Health and Medical Research Institute (SAHMRI) at the University of Adelaide⁸, who following a series of consultations (meetings and discussions) with older Aboriginal and Torres Strait Islander people, to identify their views and perspectives around cultural safety, came up with the following principles having been identified to protect, support, help and care for Aboriginal Elders.

7. Healing Foundation, Working with the Stolen Generations: understanding trauma. Providing effective aged care services to Stolen Generation survivors. (2019)
8. South Australian Health and Medical Research Institute, Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations. (2019)

The Principles of Culturally Safe Aged Care

The following principles describe culturally safe aged care services that protect, support, help and care for Aboriginal Elders.

1. Respecting Aboriginal life, traditions and living culture.

Aged care services can demonstrate cultural safety by understanding and respecting the cultural beliefs, protocols and practice, and supporting an older person to maintain cultural connection.

2. Create and maintain Aboriginal friendly spaces

Include public acknowledgment of traditional owners of Country. Consider how internal and external spaces are used to support the physical, social and emotional wellbeing of an older person.

3. Provide buildings that meet Aboriginal Elders' and their communities' needs

Co-design facilities under the direction, views and opinions of Aboriginal Elders.

4. Employ Aboriginal staff

Prioritise employment of Aboriginal people.

5. All aged care staff work toward cultural competence

Ensure training to support the development of respectful relationships and ability to work in cross cultural settings.

6. Be an advocate for and with Aboriginal Elders and their communities

Support Aboriginal Elders to access health and community services.

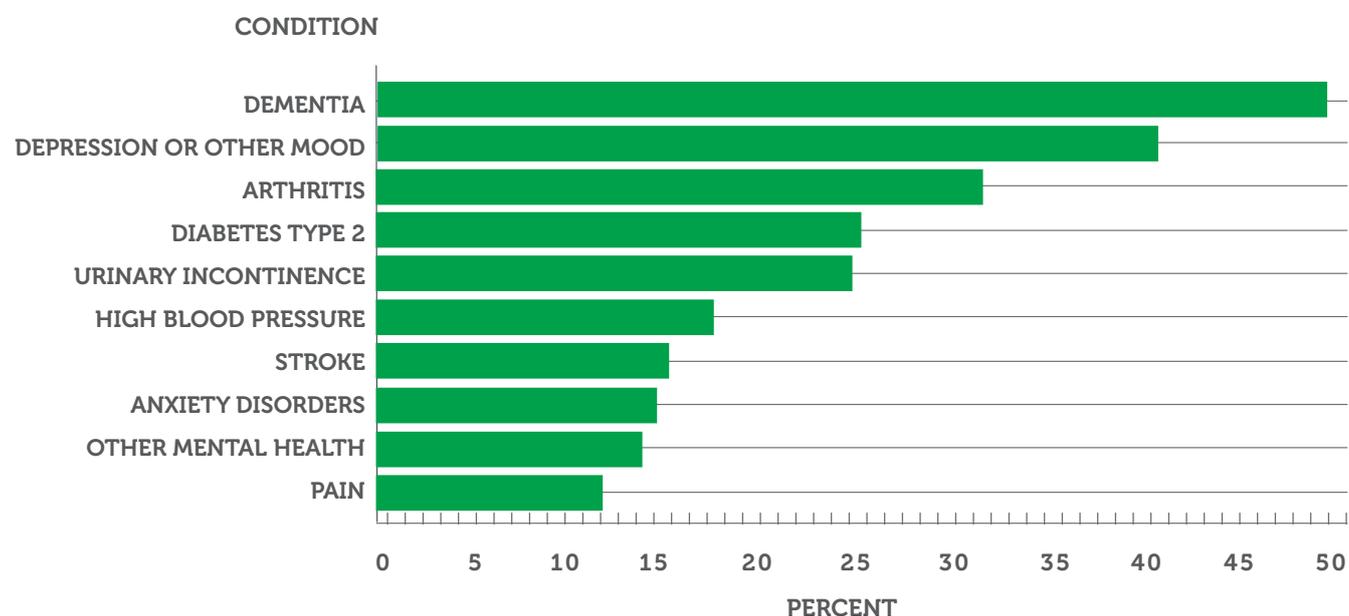
As highlighted earlier from the 2019 AAG ATSIAG workshop findings there are a number of common themes here which are reinforced and reflected in our own workshop including; engaging with, respecting and advocating for Aboriginal and Torres Strait Islander Elders, facilities that meet the needs of local communities, employment of local Aboriginal staff and greater cross-cultural training and education.



Medical and health needs of Aboriginal and Torres Strait Islander people accessing aged care.

If we look at the care needs and medical conditions of Aboriginal and Torres Strait Islander people accessing residential aged care services, we can see that there are a very high percentage of medical and health related conditions which are present. Long-term health conditions affect 88 per cent (almost 9 in 10) of Aboriginal and Torres Strait Islander people aged 55 years and over, with much higher rates of diabetes, cardiovascular disease and respiratory illness being recorded amongst this group.

Care needs and medical conditions of Aboriginal and Torres Strait Islander people using aged care services⁶



We know from the recent 2016 ABS Census data that 46 per cent of Aboriginal and Torres Strait Islander people had one or more chronic conditions that posed a significant health problem, up from 40 per cent in 2012-13. The proportion of Aboriginal and Torres Strait Islander people with diabetes was higher in remote areas at 12 per cent compared to non-remote areas at 7 per cent. The number of Aboriginal and Torres Strait Islander people aged over 15 years who were overweight or obese increased from 66 per cent (2012-13) to 71 per cent (2018).⁹

There is a critical need not just to ensure integration of services but also the smooth transition as Aboriginal and Torres Strait Islander people move into aged care and become consumers of aged care services, whether this is residential aged care or home care or home service support.

9. Australian Bureau of Statistics, 4715.0 National Aboriginal and Torres Strait Islander Health Survey. (2019)

WORKSHOP PROCEEDINGS

The 7th ATSIAG National Workshop was held in Sydney on 5 November 2019 as one of the pre-conference workshops of AAG's 52nd National Conference. The workshop convenors on the day were Mr Mark Elliott and Ms Roslyn Malay (Acting ATSIAG Co-Chair and ATSIAG Co-Chair). The four-hour workshop was attended by 35 participants (see recorded participant list at Appendix 1). The Workshop Program is at Appendix 2.

The program opened with a Welcome to Country from Aunty Ann Wheldon, Metropolitan Local Aboriginal Land Council.

An introductory presentation providing background to the main workshop topic of Culturally Sensitive Services for Older Aboriginal and Torres Strait Islander peoples; Practical Solution or Pipe Dream was then provided by the workshop convenors, covering several of the contextual issues outlined earlier in this report. This was followed by five presentations.



SUMMARY OF PRESENTATIONS

Presentation 1: ▶

Ms Toni Roberts, A Current Model in Action, Mala'la Aged Care and Community Services (Northern Territory)

Ms Roberts, provided some background and context to Mala'la Aged Care, located in Maningrida in the northern Territory (NT), being a remote community with a population of 2600 of which 92% identify as Aboriginal and/or Torres Strait Islander, made up of 13 different language groups and 13 different skin groups. Mala'la Aged Care receives a number of different funding streams including, National Aboriginal Islander Flexible Aged Care Packages funding, Home Care packages, Commonwealth Home Support and National Disability Insurance Scheme funding.

The key to the success of Mala'la was identified as: local staff; staffing flexibility; understanding duties are shared equally; engagement with and full family participation; flexible funding allowing people to come and go easily; and a holistic approach to care.

'When supporting Aboriginal clients, we must remember that their family must just not be considered, but, be actively part of their care planning. Working without a systematic and holistic approach is culturally inappropriate and can impact on providing services that meet individual needs.'

Areas identified where things are not working well included unit-based funding which is rigid and lacks flexibility, restrictions around home care packages and the evolving National Disability Insurance Scheme (NDIS) which needs further refinement.

Improvement in aged care services could be achieved by:

- ▶ Adopting and implementing non-tokenistic consultation processes such as true co-design;
- ▶ Design of locally and culturally appropriate infrastructure (one size does not fit all);
- ▶ Tailor-made services designed to meet culturally appropriate individual needs; and
- ▶ Addressing services gaps such as training around palliative care or 'finishing-up'.

In closing Toni Roberts suggested that the following simple fixes to aged care could go a long way to fix the current aged care system – innovation, flexibility and creativity.



Presentation 2: ▶

Mr Matt Moore, Institute for Urban Indigenous Health, Integrated Services.

Matt gave an introduction to the Institute for Urban Indigenous Health (IUIH) which is a service delivery organisation based in South West Queensland, made up of four (4) Aboriginal Medical Services (AMSs) servicing an Aboriginal and Torres Strait Islander population of 85,000 people.

IUIH employs over 1,300 staff across its overall network area and employs 120 staff in its aged care business unit. At the organisational level IUIH employs over 70% of staff who identify as being Aboriginal and Torres Strait Islander. The aged care program only commenced five years ago and has provided aged care funded services to over 3,000 Elders across seven different aged care planning regions. The IUIH is the largest Community Controlled Community Aged Care Provider across Australia.

The key elements to the IUIH integrated model is a person centred philosophy where clients receive wrap around services including clinical, allied health, family wellbeing, chronic disease, health promotion and seniors focused programs and activities. The service model is based on breaking down barriers to better access a complex system. A key focus for staff is service integration and smooth transition and transfers, with staff building up relationships with clients based on trust. The key mantra adopted by IUIH is - high touch/low impact interactions and engagement, as well as under promise and over deliver.

Barriers to success and gaps in the aged care system include, the system is not designed to meet the needs of the most vulnerable groups, National Diversity Action Plan needs to be enacted, targets need to be set for Aboriginal and Torres Strait Islander aged care consultations, there needs to be mandated/dedicated funding to meet the complex needs of Elders, there needs to be more data and research to help identify gaps and there needs to be flexibility, innovation and co-design to address barriers for Aboriginal and Torres Strait Islander engagement.

Presentation 3: ▶

Professor Leon Flicker AO, Mainstream health care services and dementia care services for Aboriginal and Torres Strait Islander people.

Professor Flicker presented an extensive range of data and research being undertaken around dementia rates within Aboriginal and Torres Strait Islander communities. Additionally, there is now a great deal of interest worldwide in looking at dementia rates amongst First Nations people populations.

Current research has identified dementia rates amongst Aboriginal and Torres Strait Islander people at approximately 3 to 5 times the average national Australian dementia rates. Major barriers exist for Aboriginal and Torres Strait Islander peoples to access residential and community aged care.

- ▶ Aboriginal and Torres Strait Islander peoples are more likely to experience dementia, falls, pain and urinary incontinence at younger ages compared with the general Australian population.
- ▶ Provision of services for Aboriginal and Torres Strait Islander peoples in rural and remote locations is particularly problematic.
- ▶ Cultural safety training for all staff crucial to increase access to mainstream services
- ▶ The importance of family and relationships, connection to place/country, respect for Elders and their community role need to be considered in provision of culturally safe care.
- ▶ The use of culturally appropriate assessment tools assists in the provision of valid assessments.

Presentation 4: ▶

Mr Mark Elliott, NDIS/Disability Services and Aboriginal and Torres Strait Islander people. Is it Working and what are the Barriers?

Mark gave a compelling presentation around the uptake of the NDIS in the Iron Triangle of South Australia (Whyalla, Port Augusta and Port Pirie). Some initial research has been undertaken on a group of 50 Aboriginal and Torres Strait Islander people. Initial findings and results suggest that;

- ▶ Service Providers feel that there is not enough flexibility to deliver services in a culturally safe way.
- ▶ A large percentage of the Community had not heard about the NDIS nor knew what it is about.
- ▶ The process for registering children was seen to be too long and invasive.

In general, it was felt that the following needs to be undertaken to make the NDIS more suitable and applicable to Aboriginal and Torres Strait Islander communities;

- ▶ Demystify and simplify the NDIS by distributing more resources and information targeted towards Aboriginal and Torres Strait Islander people.
- ▶ Better promotion of the Information Linkages and Co-ordination (ILC) program and the Local Area Co-ordination (LAC) service.
- ▶ More flexibility for LAC's to work in a culturally safe way.
- ▶ Simple statements around what will and will not be funded with particular reference, to how Disability Support Program (DSP) funding might be affected.

Concern has been expressed that the rollout of the NDIS to Aboriginal and Torres Strait Islander people may struggle due to the high level of confusion around;

- ▶ What will and what will not qualify for support and funding.
- ▶ How to access the NDIS.
- ▶ The lack of available services in rural and remote communities.
- ▶ Not enough information promoting the benefits of the NDIS.
- ▶ Concerns around labelling people (children in particular) as being disabled.

Presentation 5: ▶

Ms Margaret Hayes, Commonwealth Department of Health, National Aboriginal and Torres Strait Islander Flexible Aged Care Packages Program.

Margaret gave a presentation around the Commonwealth Department of Health, National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. In essence, this program is specifically targeted to fund organisations to, provide flexible, culturally appropriate aged care services to older Aboriginal and Torres Strait Islander people close to their home and/or community in remote and very remote Australia. These services can be a mix of either residential aged care or home care services dependent on need.

Most importantly this program operates and is administered outside of the traditional Aged Care Act, 1997 with funding provided on a 'cashed out' model based on a notional number of places, not the occupancy of these places, thereby providing stability of income to the service provider and allowing for flexibility to manage the delivery of aged care services to meet the changing needs of the community.

The objectives of the NATSIFAC program were described as follows:

- ▶ deliver a range of services to meet the changing aged care needs of the community
- ▶ provide aged care services to older Aboriginal and Torres Strait Islander people close to home and community
- ▶ improve access to aged care services for Aboriginal and Torres Strait Islander people
- ▶ improve the quality of culturally safe aged care services for Aboriginal and Torres Strait Islander people
- ▶ develop financially viable cost-effective and co-ordinated services outside of the existing mainstream programs
- ▶ recognise, respect and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights.

The findings and recommendations of a number of reviews and enquiries including the Senate Community Affairs Committee Aged Care Sector Workforce Review, the 2017 Legislative Review of Aged Care and the Carnell Patterson Review of National Aged Care Quality Regulatory Processes recommended the expansion of the NATSIFAC program.

The ANAO Indigenous Aged Care Report also found that consistent with its policy intent, the NATSIFAC is a more cost effective and viable model for specialised aged care delivery to Aboriginal and Torres Strait Islander people when services are located in remote communities.

Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is one of the overarching principles to be incorporated in all aspects of service delivery and quality systems for the NATSIFAC Program.

The 2018-2019 Budget included a measure to expand the existing NATSIFAC Program by \$105.7 million from 2018-19 to 2021-22. Currently there are 35 aged care services funded to deliver 860 places comprising of 338 high care and 126 low care residential places, and 396 home care places.

The expansion of the NATSIFAC Program will occur over a four-year period, commencing later this year. The funding rounds will be targeted to services providing aged care services to Aboriginal and Torres Strait Islander people in remote and very remote Australia (Modified Monash Model (MMM) 6 and 7). Eligible organisations will be able to apply for funding to deliver residential and home care services.

TABLE DISCUSSIONS

The presentations were followed by workshop sessions in table groups, with participants discussing three questions:

- ▶ **What are the essential or necessary components of a good service delivery model for Aboriginal and Torres Strait Islander people?**
- ▶ **What are the barriers and enablers to delivering integrated care for Aboriginal and Torres Strait Islander people?**
- ▶ **What does a vision for integrated care in the Aboriginal and Torres Strait Islander ageing space look like and how will we get there?**

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



What are the essential or necessary components of a good service delivery model for Aboriginal and Torres Strait Islander people?

Overall there was a good level of consistency amongst the three groups that examined each question. In particular, flexibility around funding, locally based services delivered by local staff and integrated service models were all agreed priorities. The National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program was highlighted as a particularly successful program with flexible funding arrangements working very well. A block funding approach was preferred to a person-centred funding model, thereby allowing communities to determine overall community needs.

A very strong theme that emerged from all of the groups was around the need to train and employ local Aboriginal and Torres Strait Islander staff through increased investment in local workforce training. The importance to involve local Elders in decision making processes around services was also consistently seen as an essential element of what makes a good service delivery model.

Common responses and suggestions on this question included:

- ▶ Flexible funding/Block funding/Pooling of funding/Community based funding.
- ▶ Program flexibility, to take into account factors such as seasonality (wet and dry season), local circumstances, travel costs, and local engagement time with Elders.
- ▶ Consultation with and involvement of local Elders in decision making processes.
- ▶ Cultural safety needs to be a priority and all services need to be culturally appropriate.
- ▶ Integration of and collaboration amongst services i.e. disability, health and aged care rather than separately funded services.
- ▶ One stop shop service locations/co-location of services in the one spot making it easier to access as many services as possible in the one place.

- ▶ Economies of scale and flexibility to allow for jointly funded positions and services (pooling of funding approach).
- ▶ Services provided by local staff employed by local community-controlled organisations (Aboriginal Medical Services were suggested).
- ▶ Increased local workforce investment and training.
- ▶ Advocacy.
- ▶ There needs to be a shared vision.
- ▶ Work with what is there, not what is not there. Be realistic around care plans.

What are the barriers and enablers to delivering integrated care for Aboriginal and Torres Strait Islander people?

There were a number of barriers highlighted for this question which focused around what needs to be done to improve the aged care system for older Aboriginal and Torres Strait Islander people. The lack of a culturally responsive aged care system was highlighted as a barrier, as was concerns around institutional racism.

Barriers

- ▶ Elders need to be fully engaged.
- ▶ The aged care system needs to be easier to navigate – it is too complex.
- ▶ Many Aboriginal and Torres Strait Islander services are being integrated into mainstream services.
- ▶ Very few ACAT services provided to Aboriginal people except for in town.
- ▶ Need to remove barriers such as institutional racism.
- ▶ There are not enough aged care services available for Aboriginal and Torres Strait Islander people – not enough choices or options available.
- ▶ Aboriginality is often not considered within the aged care system.
- ▶ Consumer directed-care isn't a reality or realistic.
- ▶ Current aged care system is archaic with too much funding going into administration costs.
- ▶ Issues exist around transport.
- ▶ There is a lack of culturally responsive aged care services.
- ▶ More education and training for young Aboriginal and Torres Strait Islander carers.
- ▶ Disparities exist between health services and land councils making things difficult in some communities.
- ▶ Brokerage is not an option in remote communities.



Enablers

- ▶ Aged care for Aboriginal and Torres Strait Islander people should be run through Aboriginal Medical Services (AMSs).
- ▶ Cultural leadership is necessary and should be promoted and supported.
- ▶ Integrated services are more effective i.e. including disability, housing, health etc.
- ▶ A collective approach rather than an individualised approach.
- ▶ Integration also means getting together and working with family.
- ▶ Services responsive to different complexities in different communities – respecting and understanding cultural diversity.
- ▶ There needs to be a peak body for Aboriginal and Torres Strait Islander people comprised of Aboriginal and Torres Strait Islander people.
- ▶ Need to work more with younger family members around education on caring.
- ▶ More employment of local Aboriginal and Torres Strait Islander people in aged care including proper career paths.
- ▶ Use the Aboriginal model as the template for the mainstream model.
- ▶ There needs to be more funding flexibility.
- ▶ ‘Nothing about us without us’ (inclusion and consultation).
- ▶ Everything should be available in the one place (integrated care).
- ▶ There needs to be more data and research to identify appropriate targets.
- ▶ Flexible funding models and flexible funding.
- ▶ Elders have a key part and role to play in the aged care space – Whole community involved but Elder driven.
- ▶ More face to face, direct contact rather than phone or internet based.
- ▶ Quarantined/Dedicated funding for Aboriginal and Torres Strait Islander people and services.
- ▶ Pilot some different funding models in different types of communities with health economic evaluations.
- ▶ Services provided through Aboriginal and Torres Strait Islander organisations such as Aboriginal Medical Services (AMSs).

What does a vision for integrated care in the Aboriginal and Torres Strait Islander ageing space look like and how will we get there?

Once again there were a number of consistent themes emerging from the various workshop groups including around a vision of integrated care for Aboriginal and Torres Strait Islander people:

- ▶ There needs to be collaboration between services, they need to work together.
- ▶ There needs to be aged care navigators.

At the conclusion of this 2019 ATSIAG Pre-Conference workshop there was a strong feeling and view amongst participants that there needed to be a number of actions for follow-up in addition to the completion of a Conference Report. Workshop participants felt that the AAG ATSIAG should submit a follow-up supplementary submission to the Royal Commission on Aged Care Quality and Safety around integrated culturally sensitive services for older Aboriginal and Torres Strait Islander people, informed by this workshop.

In addition, there was a very strong view amongst workshop participants that ATSIAG should actively advocate with the Royal Commission on Aged Care Quality and Safety for the creation and establishment of a funded peak body for older Aboriginal and Torres Strait Islander people and their needs. It was felt that whilst annual ATSIAG workshops are of great value in highlighting gaps and needs, there needs to be more pro-active follow-up, research, planning and policy development in this space, which would best be achieved by having a dedicated peak body with a sole focus on the needs of the ever increasing number of older Aboriginal and Torres Strait Islander people entering the aged care system.

AAG RESPONSE TO WORKSHOP OUTCOMES

In response to the outcomes of the 7th National ATSIAG Workshop held in Sydney on 5 November 2019, the Australian Association of Gerontology makes a commitment to:

AAG recognises and acknowledges that the current aged care system is not working for many Aboriginal and Torres Strait Islander people with limited service delivery options in remote areas and with rigid funding models and requirements which do not consider the unique history, culture, geography, society, impact of colonisation, connection to land and sense of community.

AAG acknowledges the important and significant role that Elders play in Aboriginal and Torres Strait Islander communities, noting that this is not the same within non-Indigenous society. Aboriginal and Torres Strait Islander people experience significant disadvantage yet there is often an expectation, particularly so in a climate of limited resources, that Aboriginal and Torres Strait Islander people should fit in with generic mainstream services. This approach does not acknowledge or give due recognition to what has gone before under the banner of colonisation, not does it recognise the significant trauma experienced by Aboriginal and Torres Strait Islander people.

AAG notes that the 7th ATSIAG workshop has recommended a range of actions to support and develop integrated culturally sensitive services for older Aboriginal and Torres Strait Islander peoples, including:

- ▶ More flexible funding models.
- ▶ Greater service delivery collaboration and integration.
- ▶ Locally based services provided by local Aboriginal and Torres Strait Islander staff employed by local community-controlled organisations such as Aboriginal Medical Services (AMSs).
- ▶ Greater consultation and involvement with local Elders in decision making processes.

It is clear that an individual/client centred approach is at odds with the cultural values and sense of community inherent within Aboriginal and Torres Strait Islander people. We wholeheartedly support those calls for greater funding flexibility within aged care and greater service integration. Wherever possible we support the model of Aboriginal and Torres Strait Islander people delivering services locally, to older Aboriginal and Torres Strait Islander people. We also support an approach which is more inclusive of Elders, recognising the critical role which they play in Aboriginal and Torres Strait Islander communities.

AAG also supports the recommendation coming from the 2019 ATSIAG Pre-Conference workshop supporting the development of a supplementary ATSIAG submission to the Royal Commission on Aged Care Quality and Safety, around integrated culturally sensitive services for older Aboriginal and Torres Strait Islander people, informed by this workshop. AAG also supports the recommendation that in its supplementary submission that ATSIAG also advocate for the creation and establishment of a funded peak body for older Aboriginal and Torres Strait Islander people and their needs.

AAG supports, and undertakes to advocate for, action by appropriate parties to address these recommendations.

AAG also notes that in the recent release by the Royal Commission into Aged Care Quality and Safety of its 'Aged Care Program Redesign: Services for the Future – Consultation Paper 1, December 2019' that the following comment has been made under the heading of 'Access for Diverse Groups'¹⁰.

'We have heard that Aboriginal and Torres Strait Islander people require flexible, adaptable and culturally safe models from assessment through to service delivery, including the role of community-controlled organisations'.¹⁰

¹⁰ Royal Commission into Aged Care Quality and Safety. Aged Care Program Redesign: Services for the Future. Consultation Paper 1. December 2019.



CONCLUSION

The need for integrated culturally sensitive services for older Aboriginal and Torres Strait Islander people was the key theme for the 2019 ATSIAG Pre-Conference workshop. Through the various presentations, background information and workshop discussions it became abundantly clear that as more and more, older Aboriginal and Torres Strait Islander people aged 50 years and over, move into aged care services, that the role of history, culture and Elders cannot be ignored.

From the perspective of the presentations, funding flexibility is critical in meeting the needs of older Aboriginal and Torres Strait Islander people and that funding and services cannot work in isolation but need to be integrated and work together for the benefit of all community members. Elders need to be better engaged and need to be consulted and have input into their care. Service delivery models which appear to work well are those which have invested in a local workforce and employ significant numbers of Aboriginal and Torres Strait Islander people.

The needs of the Stolen Generation survivors cannot be ignored as this group now represents almost one in seven older Aboriginal and Torres Strait Islander people aged 50 years and over. By 2023 this group will represent 17,000 older Aboriginal and Torres Strait Islander people. Given the past history of forcible removal, trauma and institutionalisation it is evident that the key to working successfully with this group is founded in better understanding their history and their culture.

While there are an ever increasing number of aged care service providers that cater to 50% or more older Aboriginal and Torres Strait Islander people, it is inevitable in some areas that mainstream services and service providers may be the only option available. It is essential that these services seek to understand the diversity, history, culture and experiences of older Aboriginal and Torres Strait Islander people and recognise the important role that Elders play. The key to success here is not to adopt a 'one size fits all' approach, but to identify, recognise, nurture and value the things that define us.

The 7th ATSIAG workshop explored the issue of integrated culturally sensitive services for older Aboriginal and Torres Strait Islander peoples. The workshop identified a number of strategies to work towards greater service integration, whilst at the same time recognising the importance of culture and culturally sensitive services.

AAG has considered the workshop outcomes and has committed to support, and advocate for, action by appropriate parties to address the workshop recommendations.

APPENDIX 1: ATSIAG WORKSHOP

Attendance was recorded for the following participants:

Ms Margaret Anderson, Neuroscience Research Australia
Mr James Beckford Saunders, Australian Association of Gerontology
Ms Sally Cairnduff, University of New South Wales
Ms Jessica Cecil, National Ageing Research Institute
Ms Marianne Cummins, Psychogeriatric Nurses Association
Mr Terry Donovan, Neuroscience Research Australia
Mr Mark Elliott, Linking Futures (Immediate Past Chair, ATSIAG)
Ms Ellen Finlay, Neuroscience Research Australia
Professor Leon Flicker AO, University of Western Australia
Dr Scott Fraser, National Ageing Research Institute
Ms Lianne Gilchrist, CAMDH, University of Western Australia
Ms Margaret Hayes, Australian Government Department of Health
Ms Louise Lavrencic, Neuroscience Research Australia
Ms Paulene Mackell, National Ageing Research Institute
Ms Roslyn Malay, University of Western Australia, ATSIAG Co-Chair, Co-Convenor
Ms Rona Malniven, University of New South Wales
Ms Rebecca Mann, Neuroscience Research Australia
Mr Matt Moore, Institute for Urban Indigenous Health
Ms Vasi Naganathan, Sydney University
Ms Yim Eng Ng, University of Queensland
Ms Lauren Poulos, Neuroscience Research Australia
Ms Eliza Pross, Ochre and Salt
Dr Kylie Radford, Neuroscience Research Australia
Ms Toni Roberts, Malalla Health Service Aboriginal Corporation
Ms Bridget Riggs, Top End Health Service
Ms Trischia Ritchie, Aged Rights Advocacy Service Inc
Ms Thushara Senaratha, Penrith City Council
Mr Arti Shah, PSG Dental Group
Mr Aaron Simons, University of New South Wales
Ms Kate Smith, University of Western Australia
Ms Rhonda Smith, Booroongen Djugun Ltd
Miss Alison Timbery, Neuroscience Research Australia
Mr Thomas Voigt, Australian Association of Gerontology
Ms Sharon Wall, Neuroscience Research Australia
Mrs Deidre Widdall, Top End Health Service



APPENDIX 2: WORKSHOP PROGRAM

AAG Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG)
7th National Workshop

Integrated Culturally Sensitive Services for Older Aboriginal and Torres Strait Islander peoples: Practical Solution or Pipe Dream?

1.15 – 5.30 pm, Tuesday 5 November 2019

International Convention Centre Sydney

PROGRAM

TIME	CONTENT
Facilitators:	Ms Ros Malay, Co-Chair, ATSIAAG, University of Western Australia Mr Mark Elliott, Acting Co-Chair, Immediate past Chair ATSIAAG
1.15 – 1.30 pm:	Welcome to Country
1.30 – 1.50 pm:	Workshop opening and introductions (Facilitators)
1.50 – 2.05 pm:	Overview of key issues (Facilitators)
2.05 – 2.20 pm:	Presentation 1: A Current Model in action, Mala'la Aged Care and Community Services (NT), Ms Toni Roberts.
2.15 – 2.30 pm:	Presentation 2: Improving and Integrating Urban Indigenous Health Services in South East Queensland, Mr Matt Moore.
2.45 – 3.00 pm:	Presentation 3: Mainstream health care services and dementia care services for Aboriginal and Torres Strait Islander people, Prof. Leon Flicker.
2.45 – 3.00 pm:	Presentation 4: NDIS/Disability Services and Aboriginal and Torres Strait Islander people, Mr Mark Elliott.
3.00 – 3.15 pm:	Presentation 5: National Aboriginal Islander Flexible Aged Care Packages program, Ms Margaret Hayes.
3.05 – 3.30 pm:	Afternoon tea
3.30 – 4.30 pm:	Small group discussion
4.30 – 5.15 pm:	Feedback from Groups
5.15 – 5.30 pm:	Summary and next steps (Facilitators)

BACKGROUND

Services for older Aboriginal and Torres Strait Islander people are expected to fit into generic systems with minimum recognition or flexibility to respond to the unique cultural needs and outlooks. This approach does not recognise the traumatic impacts of colonisation or the significant impacts of disproportionate socio-economic disadvantage experienced by this group.

While a broad range of specialised Aboriginal and Torres Strait Islander focused services would be the ideal solution, this is not always possible where populations are low or spread out over considerable distances. By holistically looking across all service areas i.e. aged care, disability, health, housing etc. there may be opportunity to meet this need more creatively however this would require greater flexibility around funding by various governments.

Integrated care refers to the processes, methods and tools of integration that facilitate integrated care. Integration involves connecting the health care system (acute, community and primary medical) often broadly and creatively with other service systems, such as disability, long-term care, education and or housing and social services.

Importantly though, integration cannot be achieved by one provider alone but must cross multiple borders including across sector, professional and geographical boundaries.

The potential for integrated care is often driven by creativity and flexibility (particularly around funding and resource allocation) but also differs in urban rural and remote environments depending upon available resources.

This Workshop explores a range of areas focusing on what currently works well and doesn't work well in the integration space.

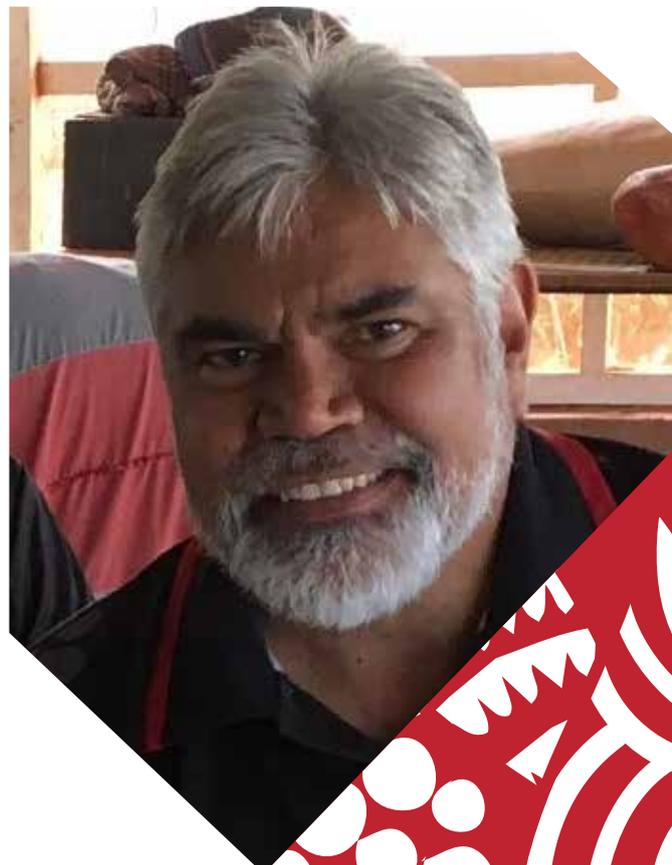
Additionally, it intends to unpack the required factors to better meet the service delivery needs of older Aboriginal and Torres Strait Islander people in mainstream or Aboriginal and Torres Strait Islander focused services in urban, as well as regional, rural and remote settings.

At the end of this workshop participants will have: ~ increased understanding of how the current systems in aged care, health and other relevant services impact on cultural safety, and equity of access and outcomes for older Aboriginal and Torres Strait Islander peoples.

- ▶ improved knowledge of what integrated culturally sensitive services look like, with examples from both mainstream and Aboriginal and Torres Strait Islander focused services, and different geographical settings.
- ▶ recommendations for providers about developing integrated culturally sensitive services for older Aboriginal and Torres Strait Islander peoples.
- ▶ recommendations for governments about funding integrated culturally sensitive services for older Aboriginal and Torres Strait Islander peoples.

The workshop will focus on three key questions:

1. What are the essential or necessary components of a good service delivery model for Aboriginal and Torres Strait Islander People?
2. What are the barriers and enablers to delivering integrated care?
3. What does a vision for Integrated care in the Aboriginal ageing space look like and how will we get there?



APPENDIX 3: PRESENTER BIOGRAPHIES

MS TONI ROBERTS

AAG Board Member



Toni Roberts is a Manager of a Flexible Aged Care Facility in Maningrida, a remote community in the Northern Territory. Toni has held this position since 2017 – prior to this Toni held a similar position in another remote NT community. Toni is originally from Perth and worked for the WA government for over 20 years.

Toni holds a diploma in Community Management. Toni is currently undertaking a Diploma in Indigenous Culture. In Toni's current position – Toni has developed Policies and Procedures in line with the new Aged Care Standards. This has also included developing Employee and Client Handbooks that are more culturally appropriate. Also developing a recruitment and performance management system.

Toni received a Community Services Award from the Governor General in 2018. This was in recognition of the work and commitment to improve the care and outcomes for Aboriginal people particularly Aged and People with a Disability. Toni is passionate about providing services to people that are person centred, culturally appropriate and promote choice and control.

MATTHEW MOORE

Manager, IUIH Home Support

Matthew Moore has been managing indigenous community aged care services for more than 20 years. He is Manager of IUIH Home Support, which was established in 2013 to provide household and home support services to Aboriginal and Torres Strait Islander people in South East Queensland.

Since establishment, the IUIH Home Support primary health and aged care integrated model has expanded to provide household and home support services to more than 2750 Aboriginal and Torres Strait Islander community members in the Brisbane North, Moreton and the Sunshine Coast regions.

Before joining IUIH Home Support, Matthew was director of a firm providing consultancy services to community aged care organisations in Queensland. He has also previously served as Aged Care Manager for Jymbilung House Aged and Disabled Care Services.

He has served on many boards, including 15 years as Chairperson for the State-wide Aboriginal and Torres Strait Islander Aged Care Network. He is currently involved with the National Aged Care Alliance, the Gateway Advisory Group, the State reference group for the Australian Aged Care Quality Agency and the Expert Reference Group for Information Technology in Aged Care.

In March 2008 Matthew was recipient of the Hesta Aged Care Person of the Year Award. In 2011, while he was Manager of Jymbilung House, the organisation was named 2011 Champion Employer of the Year by National Employment Services Australia, recognised the organisation's commitment to employing long term unemployed Aboriginal and Torres Strait Islander people.



PROFESSOR LEON FLICKER AO

Director, Western Australian Centre for Health and Ageing (WACHA)

Leon Flicker is the inaugural Professor of Geriatric Medicine at the University of Western Australia since 1998 and is the Executive Director of the Western Australian Centre for Health and Ageing. He has researched the risk factors, assessment and management of the common health problems of older people as well as to why some older people achieve healthy ageing. He has a specific interest in issues concerning ageing in First Nations people. He has published over 420 peer-reviewed articles. In 2017 he was honoured with an Order of Australia for his contributions to geriatric medicine and dementia prevention and care.



MR MARK ELLIOTT

ATSIAAG Executive Member



Mark Elliott is a Ngarrindjeri Aboriginal man whose family are the Trevorrows from the Coorong area of South Australia. Mark was a member of the National Aboriginal and Torres Strait Islander Dementia Advisory Group (NATSIDAG) since its inception until it wound up in 2015/16 and continues to have a passion for working in the area of dementia. Mark currently sits on the Executive of the Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) which is supported by the Australian Association of Gerontology of which he is a LIFE MEMBER.

Mark works as an Aboriginal Engagement Officer with the Australian Bureau of Statistics based in the Adelaide office.



MARGARET HAYES

Director, Commonwealth Department of Health

Margaret Hayes commenced in the Department of Health in 2001 and is a Director in the Residential and Flexible Aged Care Division. In her role, Margaret has responsibility for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and the Multi-Purpose Services Program.

In total, Margaret has been involved in aged care delivery and policy for more than 35 years. Her specialised area is aged care delivery to Aboriginal and Torres Strait Islander people and people living in remote and rural areas.



NOTES



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