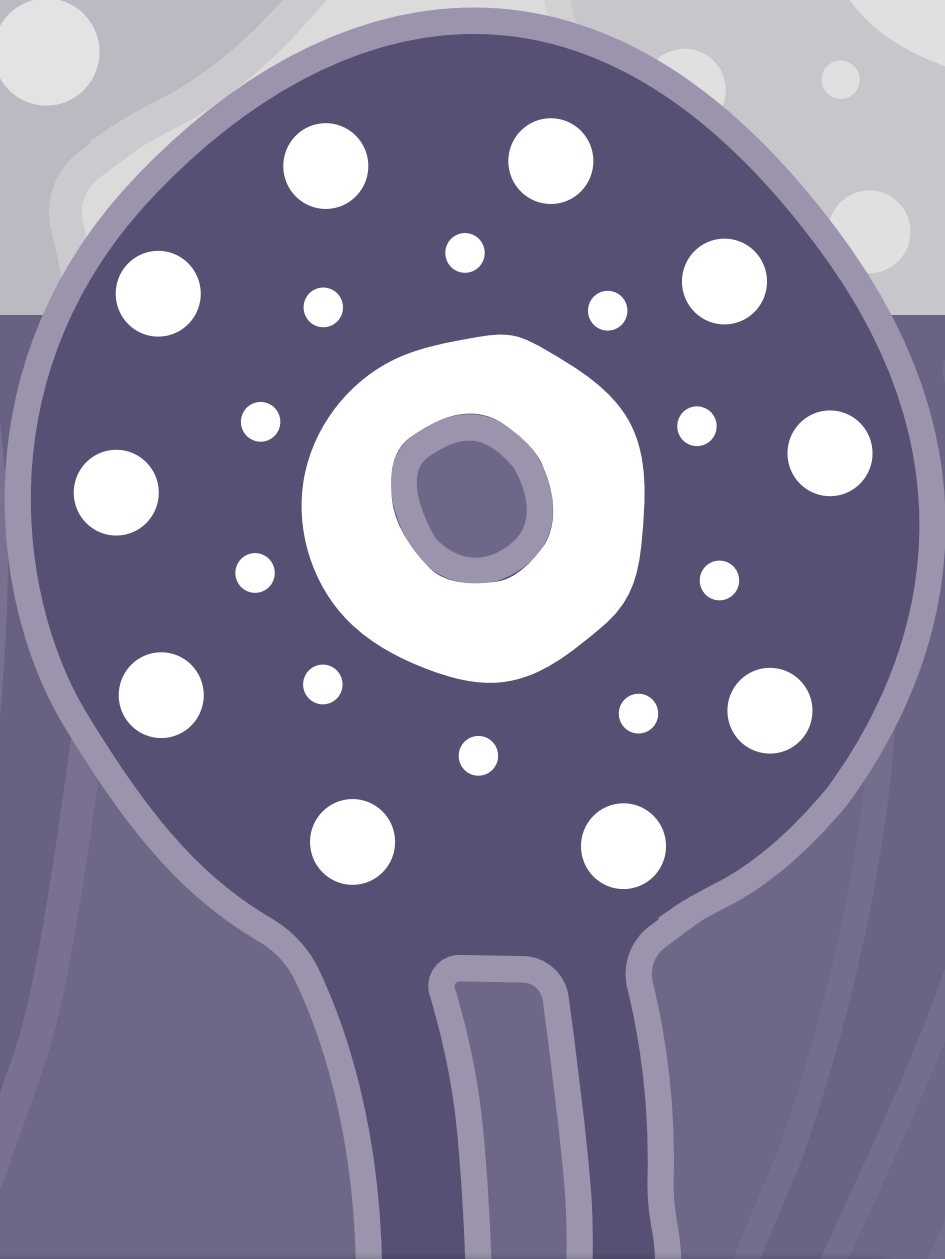


Chapter 6

Caring for Elders in practice: Aged Care in ACCHOs



This resource is a chapter from: The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector. Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide.



Caring for Elders in practice: Aged Care in ACCHOs

Summary

Aboriginal and Torres Strait Islander peoples are living longer and there are growing numbers of Elders requiring aged care services. Aboriginal community controlled services are best positioned to provide aged care services since they understand the unique needs of Elders, are connected to community and can provide culturally-centred care.

This chapter describes how ACCHOs can integrate aged care services within their comprehensive primary health care model. It details the steps ACCHOs can take to determine whether they can take on aged care service provision, and the process of integrating aged care with primary health care. It also provides information about the aged care funding currently available in Australia.

The content within this chapter was drawn from two in-depth case studies including with a metropolitan ACCHO and a metropolitan Aboriginal community controlled aged care service, and was refined by collective input from the CREATE Leadership Group to include perspectives from the ACCHO sector nationwide.

What we cover in this chapter:

- Introduction to Aged Care
- Principles of Aged Care Service Delivery
- ACCHO Aged Care service provision
- Aged Care Planning in ACCHOs
- Aged Care Implementation in ACCHOs
- Outcomes and benefits of integrating aged care in ACCHOs
- Enablers of effective aged care service provision
- Challenges of aged care service provision and integration of aged care
- Recommendations
- Discussion
- References
- Appendix: Aged care funding for home care and day respite services
- Reflection Tool

Introduction to Aged Care

Elders and Aged Care

Aboriginal and Torres Strait Islander peoples are living longer and there are a growing number of Elders¹. Aboriginal and Torres Strait Islander Elders play an important role in the lives of local communities as knowledge holders, storytellers, family connectors and trail blazers who fought to bring about equity and social justice to enable better living conditions for generations to come. Elders can access aged care services through Aboriginal community controlled organisations, where available, and through mainstream aged care services.

Aboriginal community controlled aged care service provision

In many jurisdictions around Australia there are ACCHOs who provide primary health care to Elders. ACCHOs understand the unique challenges their Elders face and strive to reduce barriers to access to ensure their Elders receive quality culturally safe care and can stay in their homes for as long as possible. Some ACCHOs have taken the steps to secure funding to become aged care service providers. ACCHOs are well positioned to provide aged care services as they are already connected to Elders through providing holistic primary health care. Around Australia there are also stand-alone Aboriginal community controlled aged care organisations that provide aged care services including residential care.

Aged Care funding

Non-residential aged care in Australia is funded through several programs including the Commonwealth Home Support Program, Home Care Packages, and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. These are outlined in the Appendix at the back of this Chapter.

Principles of Aged Care Service Delivery

Aboriginal community controlled organisations provide aged care services in line with the following principles:

- **Connection with Elders and communities:** the aged care service actively builds and maintains relationships with Elders, their families and communities so they can understand the needs of Elders and support Elders to maintain connections with community.
- **Culturally safe care:** all service provision is respectful of traditional customs, values and beliefs and is guided by strong Aboriginal governance and enabled through cultural safety training for all staff.
- **Respect for self-determination:** clients are supported to make their own decisions.
- **A focus on holistic wellbeing:** supporting Elders with their physical, social, emotional cultural wellbeing needs.
- **Tailored services:** care is tailored to the holistic needs of Elders.
- **Credibility:** staff do what they say they are going to do and are clear about what they can't do.
- **Willingness to go the extra mile:** aged care staff have a fundamental compassion for Elders and a willingness to do whatever it takes to support Elders with their holistic needs.

¹The term Elder (with a capital E) is used respectfully throughout this chapter and resource to refer to all older Aboriginal and Torres Strait Islander peoples aged 50 years and above, including but not limited to those who are recognised knowledge holders in their communities.

ACCHO Aged Care service provision

Across Australia, ACCHOs have always supported Elders through culturally responsive holistic services such as health clinics, allied health services, community programs, Elders groups, assistance with transport and support to attend community events. Within their capacity, ACCHOs have also supported Elders to navigate external services and sectors to meet their needs including through providing outreach services to Elders living in residential aged care services.

There are several ACCHOs that have integrated aged care service provision within their comprehensive primary health care model based on community need and enabled through funding opportunities.

The Metro ACCHO decided to seek aged care funding and integrate aged care services into their comprehensive primary health care model. Prior to taking on aged care funding, the ACCHO provided primary health care through the health clinic and provided transport, allied health services, an Elders group and support for their Elders in mainstream residential aged care. After integrating aged care, the Metro ACCHO was able to offer two additional services to Elders including home care services and day respite care.

Referral to the Aged Care Team

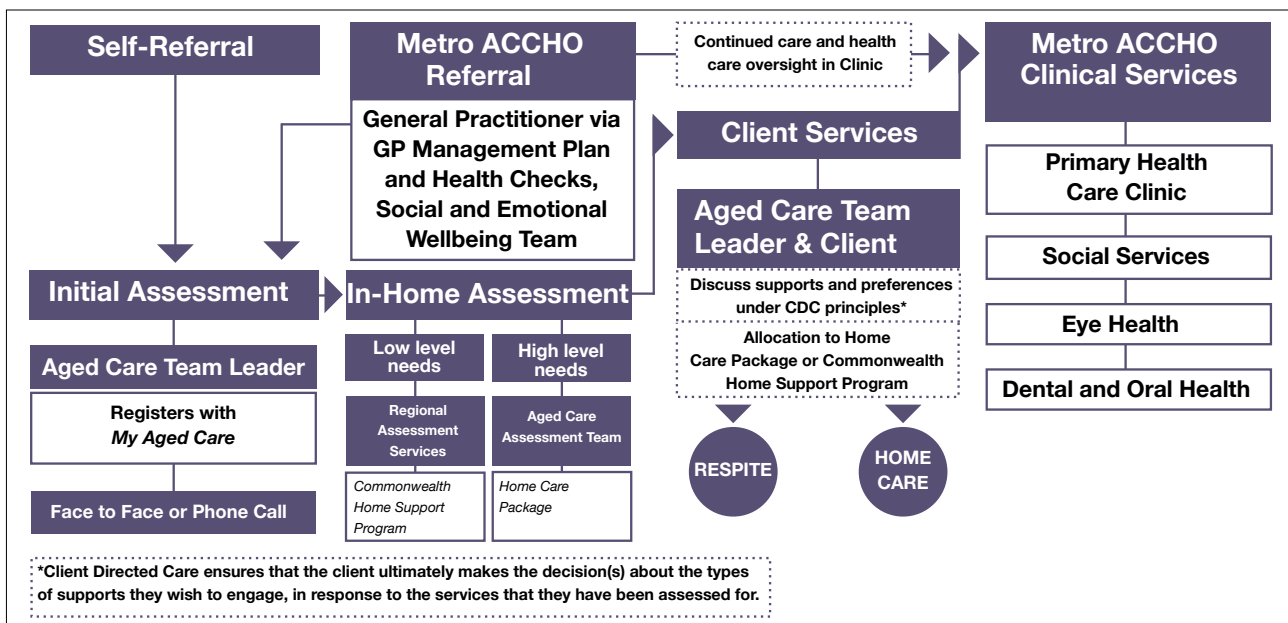
ACCHOs establish referral pathways to their Aged Care Team from their health clinics and community programs (e.g. the Social and Emotional Wellbeing Team). Elders can also self-refer directly to the Aged Care Team. The Aged Care Team reduces the complexities for Elders as they provide support with navigating the aged care system. An example of an ACCHO aged care referral flow chart is presented in Image 7.

Registration via the My Aged Care portal

The ACCHO Aged Care Team can support Elders to register for aged care services through the My Aged Care portal. My Aged Care is an external online and phone-based aged care information portal used to register Elders for aged care and manage assessments and referrals (myagedcare.gov.au). All eligible Elders need to be registered with My Aged Care to receive services through the Commonwealth Home Support Program and Home Care Packages.

At the Metro ACCHO, the GP's, Aged Care Team Leader, Regional Assessment Team and Registered Nurse all have access to the My Aged Care portal to support the referral and assessment processes for Elders.

Image 7: The Aged Care Referral Flow Chart



In-home Assessments

The Aged Care Team can support Elders to seek assessments through the Regional Assessment Service and Aged Care Assessment Team. The Regional Assessment Service undertakes in-home assessments to determine eligibility for the *Commonwealth Home Support Program* (note: this is low level need). This process assesses Elders' abilities in relation to mobility, transport, medical needs, supports, fragility and social networks. If the Elder has high level needs, the Aged Care Team will make a referral through the *My Aged Care* portal for an assessment through the Aged Care Assessment Team to determine eligibility for a *Home Care Package*.

Aged Care Plans and Services

Aged Care Team Leaders can yarn with Elders to create an Aged Care Plan based on their needs and preferences. This plan can include a range of home care services and day respite services, depending on the needs of the Elder.

Home Care Service

Services provided to Elders in the home can include low-level care funded through the *Commonwealth Home Support Program* and high-level care funded through *Home Care Packages*. Services can include personal care, clinical care, domestic assistance, home maintenance, social support and transport. Elders also receive advocacy and support to assist them in navigating the aged care system. The level of care provided is determined through the criteria of the aged care funding programs the Elder is eligible to receive. Elders approved for a *Home Care Package* are placed on a national queue until a package becomes available. Examples of home care services are included in Table 6.

Table 6: Examples of Home Care Services

Clinical Care	House Hold Duties
<ul style="list-style-type: none"> Nursing and allied health services 	<ul style="list-style-type: none"> Cleaning Lawn mowing Home modifications
Personal Care	Transport
<ul style="list-style-type: none"> Showering Dressing Mobility support 	<ul style="list-style-type: none"> Transport to appointments, events and to attend the Day Respite centre

Day Respite

Day Respite services provide a space for Elders to connect with other community members and provide a break for the carers of Elders. Day respite can include an extensive program of services, as described in Table 7.

The *Metro ACCHO*, Elders are provided with transport to and from the centre in addition to morning tea and lunch. A monthly program of respite activities is made available to all Elders, carers and families. The *Metro ACCHO* found verbal promotion as the most effective promotion approach for their Day Respite program.

Table 7: Examples of Day Respite Services

Respite Service availability
<ul style="list-style-type: none"> Monday-Friday respite Saturday respite (monthly basis) Overnight Trips Annual 4 -day holiday
Activities
<ul style="list-style-type: none"> Theme Days Guest Speakers Outings Entertainment BBQs Painting and Weaving Bingo, Cards and Board Games Indoor Bowls Shopping Trips Computer lessons
Clinical Care and Guest Speakers
<ul style="list-style-type: none"> Diversional Therapist Activities General Practitioner (fortnightly basis) Podiatrist (every 6 weeks) Physiotherapist, Dietitian, Occupational Therapist, Nutritionist (as needed) Continence Assessment and Hearing Tests Aged and Disability Advocacy Vision Australia, Alzheimer's Australia

Community Visitor Schemes

Aged Care Teams seek to connect with Elders across the community including those who live in mainstream residential facilities or who live at home. They can establish community visitor schemes including recruiting volunteers who connect with Elders.

Residential aged care

Some services can provide 24-hour residential aged care services to Elders and support for their families. Residential aged care facilities can provide extensive services such as personal care, nursing, physiotherapy, podiatry, pet therapy, emotional and social wellbeing programs, palliative care, respite care, traditional medicine, advocacy and support. The service ensures there are clear internal and external referral pathways and support for when their Elders needs to access mainstream services.

Coordinating care between the ACCHO Clinic and Aged Care Teams

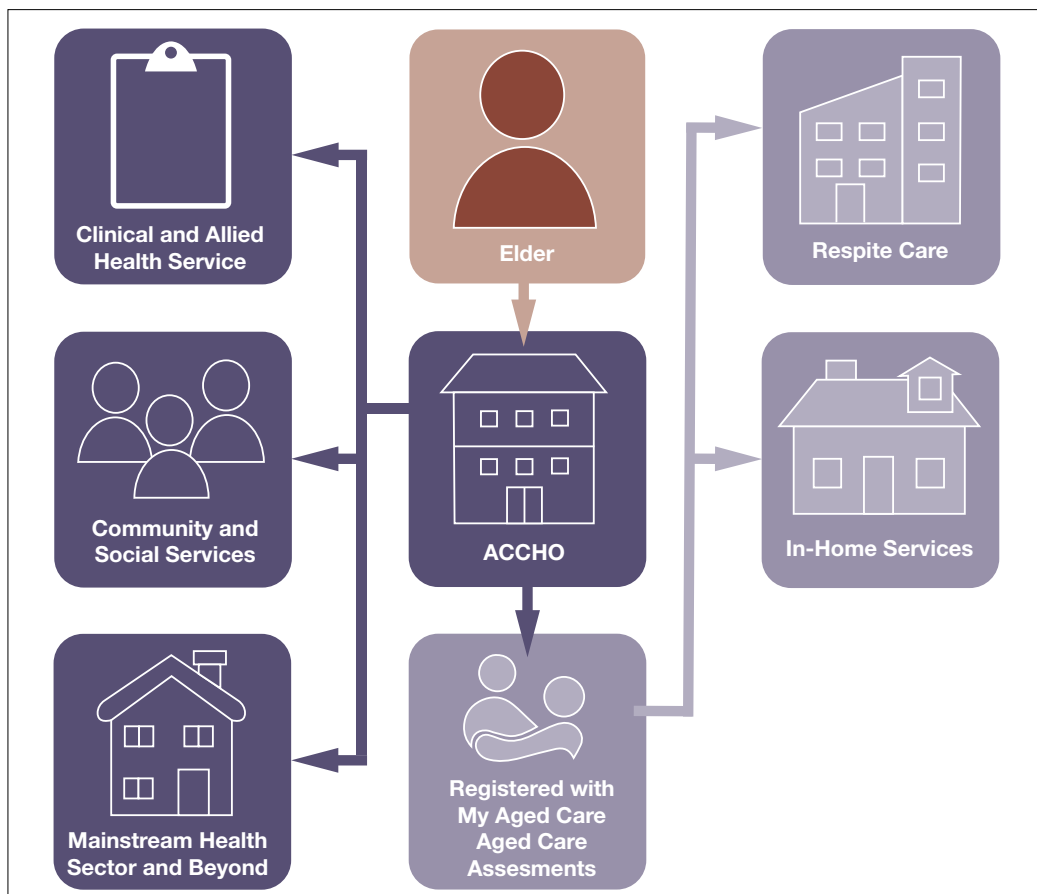
Integration of aged care enables Elders to access both holistic primary health and aged care services through the ACCHO as a one-stop-shop, as

depicted in Image 8. This results in a continuous and coordinated care model which provides seamless pathways for Elders to access services across their holistic health and aged care needs. Care coordination is provided to Elders through the work of the Clinic and Aged Care Team and managed through informal yarns and formal case conferences. These meeting are attended by key personnel providing services to the Elders such as Aged Care workers, GPs, Aboriginal Health workers and Allied Health workers. Elders attend case conferences to be actively involved in decision making.

Maximising services to Elders through funding coordination

ACCHOs supports Elders to direct their own care and get the most out of the funding available to them. This is achieved through maximising both MBS funding opportunities (e.g. allied health visits through their GP Management Plan) and funding available through their aged care package. This ensures Elders receive ongoing services (e.g. allied health, transport) without having to navigate the complexities associated with managing multiple sources of funding.

Image 8: ACCHO integrated holistic health and aged care services



Aged Care Planning in ACCHOs

ACCHOs can undertake several external and internal mapping exercises to determine their readiness to integrate aged care services.

External Mapping exercises

ACCHOs can undertake external mapping exercises to identify community need, to determine aged care service gaps within the local region, to identify the current and potential aged care workforce, and to envision what Aboriginal community controlled aged care service provision could look like in practice.

Consultations with Elders

ACCHOs can consult with Elders about their experiences accessing aged care services including the factors that support and challenge access. They can ask Elders about their knowledge of aged care services and the extent of services currently received. They can undertake broad consultations including with Elders accessing the health clinic, Elders currently receiving aged care and Elders within local residential aged care facilities.

Mapping Existing Aged Care Services

ACCHOs can collate information on aged care service providers in the region including where they are located and the number of Elders currently receiving services.

Mapping Aged Care Workforce

ACCHOs can examine the number of qualified aged care workers in the region and consider the number of community members currently providing unpaid aged care services as family members and carers.

Visiting an ACCHO already providing aged care services

ACCHOs can benefit from visiting other services already providing aged care, including interstate services.

Internal Mapping Exercises

Desktop Audit

ACCHOs can undertake a desktop audit to identify Elders already receiving services within their organisation and those who are potentially eligible to receive aged care services. The patient management system can be used to collate data on the numbers of Elders, their locations and the services they access.

Aged Care Scoping Review

To determine their readiness to provide aged care, ACCHOs can undertake an aged care scoping review that explores domains such as quality, accreditation, funding, data and reporting systems, as described in detail in Table 8.

Financial modelling

ACCHOs can use financial models to help decide whether to take on aged care service provision. Support for this financial modelling can be requested from state and territory peak bodies. To build a financial model, ACCHOs can look at demographic data from their patient management system and other sources including the number and anticipated care needs of Elders in the region. Second, they can estimate the potential income that could be sought for these Elders through available aged care funding programs (i.e. *Commonwealth Home Support Program*, *Home Care Packages*, and *National Aboriginal and Torres Strait Islander Flexible Aged Care Program*). Next, the anticipated expenditure associated with providing aged care services can be estimated. Finally, a financial model can be built that compares the potential income with anticipated expenditure related to aged care service delivery. This model can assist services to determine whether it would be financially viable to take on aged care.

Table 8: Aged Care Scoping Review

Quality Care	<ul style="list-style-type: none"> • What does our organisation already know about providing quality care to Elders and what continuous quality improvement processes are required to ensure an ethical process in caring and servicing Elders?
Accreditation	<ul style="list-style-type: none"> • What state and national accreditation Standards are required to provide aged care?
Applying for Aged Care funding	<ul style="list-style-type: none"> • What finance staff will be needed to support the additional finance management burden, including applying for and managing funding associated with aged care service provision?
Recording and Reporting systems	<ul style="list-style-type: none"> • What computer programs/software will be required to support the recording and reporting of aged care services? • Will our current clinical/client database system be able to communicate with the aged care software? • Who will need to be trained in utilising the new system?
Clinic readiness	<ul style="list-style-type: none"> • Is the clinic well-established and in a position to grow? • Is the service currently drawing sufficient MBS income? • Is the clinic in a position to provide additional services and accommodate potential growth due to aged care service demands? • What will our organisation need to do to prepare, inform and provide support to clinic staff throughout the integration of aged care services? • What will our referral pathway for aged care look like and how will aged care be linked into our clinic services?
Aged Care policies and procedures	<ul style="list-style-type: none"> • What aged care policies and procedures will our organisation require that support the provision of aged care services?

The *Metro ACCHO* undertook external and internal mapping exercises and decided there was a need to improve aged care for Elders in their region and that they were in a strong position to do so.

The external mapping exercises identified a high number of Elders living within their region (and a projected growth in the coming decade), that Elders weren't receiving culturally responsive aged care services, and that there were many barriers and challenges for Elders in accessing services. The external mapping exercise also identified the regions in greatest need. The visit to an interstate ACCHO that offered aged care services provided valuable insight related to processes, learnings and documentation to support aged care.

The internal mapping exercise confirmed that many Elders were already connected to the *Metro ACCHO* clinic. It also identified that the service was functioning well and could manage

the additional complexities of aged care relating to tendering processes, accreditation and compliance requirements, workforce capacity building, software systems, and financial management and reporting.

Aged Care Implementation in ACCHOs

For ACCHOs who decide they are in a position to integrate Aged Care into their existing primary health care model, there are several integration actions that can be undertaken. These may be sequential or concurrent depending on local context.

The integration of aged care into the ACCHO primary health care model is enabled by the recruitment of key personnel with experience and sound knowledge of the aged care system including how aged care funding works, how outputs are measured, and the terminology used. These key personnel can drive internal and external mapping exercises and the integration process including developing an Aged Care Master Plan. The recruitment of experienced personnel brings knowledge of software and systems to support aged care service provision. The ability of the ACCHO to manage multiple and complex funding streams is another enabler of the integration process.

Action 1: Inform the Commonwealth Government of an intention to take on aged care

Action 2: Employ an Aged Care Project Officer to develop an Aged Care Master Plan

An Aged Care Master Plan can capture the ACCHOs vision for the delivery of aged care services and can drive the integration process.

The *Metro ACCHOs' Aged Care Master Plan* outlined the service's vision for the delivery of aged care across the region over a five-year period. It also outlined opportunities to achieve broader social and economic outcomes through the development of a sustainable and capable local workforce including increased workforce participation. It also recognised that aged care services operate as part of a broader health and social services system, and the need for a seamless interface between primary health care, disability services, aged care and other community support services.

Action 3: Establish Aged Care Management structures

An aged care management structure can ensure effective management and care coordination across systems and services. Management structures that ACCHOs can establish are outlined in Table 9.

Action 4: Apply to become an aged care provider

ACCHOs must successfully apply to become an aged care provider for *Home Care Packages* and the *Commonwealth Home Support Program*. As an approved provider ACCHOs can seek individual home care packages for Elders through the *My Aged Care* portal. ACCHOs can also apply through an open tender process to receive block funding under the *Commonwealth Home Support Program*. To become an aged care provider, ACCHOs must demonstrate they meet the Aged Care Quality Standards which consider a range of factors such as experience in providing aged care or other relevant forms of care, understanding responsibilities of aged care providers, aged care systems and financial matters. The new Aged Care Quality Standards that were introduced on July 1st 2019².

Table 9: Aged Care Management Structures

Aged Care Consortium	An Aged Care Consortium can build a network across aged care and health services that creates a coordinated approach to the delivery of aged care services.
Aged Care Integration Project Group	An Aged Care Integration Project Group can include an Aged Care Manager and other senior executive including the CEO. Monthly meetings can be held to monitor how aged care services are integrated within day to day activities including in-services for clinic staff, care planning and care coordination (including case conferences and review of software to support efficient exchange of clinical information).
Joint Management Committee	A Joint Management Committee can consider how aged care services and clinical services inter-relate, and to look for efficiencies and economies of scale. IT specialists can help to ensure efficient communication between aged care software and the ACCHOs patient management system.

²Aged Care Quality Standards website agedcarequality.gov.au/providers/standards/transitioning-new-standards

Action 5: Develop partnerships to support the provision of aged care

ACCHOs invest in extensive relationship building and develop partnerships with numerous external organisations to support their aged care service delivery, as listed in Table 10. They also invest in the development of an effective working relationship with their funders.

Action 6: Develop an Aged Care workforce strategy

To deliver quality culturally safe aged care services, ACCHOs can develop an Aged Care Workforce Strategy that outlines how they will recruit and train their workforce.

The *Metro ACCHO* identified a shortage in Aboriginal and Torres Strait Islander Aged Care Workers. They also identified that many Elders were being cared for by friends or family members. To address this gap and build the capacity of local community members, the *Metro ACCHO* developed an Aged Care Workforce Strategy to grow a local culturally competent aged care workforce. They contacted a local aged care training provider who supported the *Metro ACCHO* to remodel and conceptualise the Cert III Aged Care Training for the ACCHO Sector to ensure it was culturally appropriate. The *Metro ACCHO* then employed and trained their own educators to deliver the Cert III training through a partnering Registered Training Organisation. The *Metro ACCHO* sought funding from the Department of Education which enabled the training of several cohorts of aged care workers. The strategy resulted in sixty local Aboriginal and Torres Strait Islander peoples becoming qualified Aged Care workers. Today the *Metro ACCHOs* aged care workforce consists of 90 skilled and qualified workers providing services to Elders within their communities. Aged Care positions include Aged Care Team Leader, Home Care Nurse, Community Support Worker, Assessment Coordinator, Service Development Officer, Senior Quality Coordinator, Respite Workers, Social Support Workers, Respite Team Leader, Kitchen Hand and Respite Support Officer.

Action 7: Purchase and embed Aged Care management software and systems

ACCHOs need the systems and software to support aged care service delivery, such as iCare. All staff providing aged care services require training to effectively use aged care management software. This software should be compatible with the ACCHOs patient management system. The compatibility of the two data management systems enables ACCHOs to have comprehensive oversight of the needs of Elders (e.g. outlined in the Health Check, GP Management Plan, Aged Care Plan), the number of services Elders have received, and the related expenditure of their primary health care and aged care funding (e.g. through eligible MBS items and *Home Care Packages*). The integration of data management systems can be continuously reviewed and improved through continuous quality improvement processes.

Action 8: Embed staff credentials and compliance requirements into the Human Resource Management System

ACCHOs can manage their aged care workforce credentials and compliance requirements by adapting their current Human Resource Management system to capture necessary data and support reporting requirements.

Action 9: Develop service delivery models

Develop service delivery models for both home care and respite services that outline ways of working such as principles and values, types of services provided, staffing, referral pathways, reporting, case management and transport.

Table 10: Partnerships to support aged care service delivery

Residential Aged Care services	ACCHOs can develop close working relationships with residential aged care and respite providers to promote culturally safe quality care for their Elders.
Hospital	ACCHOs can work closely with local hospitals to ensure continuity of care through effective discharge planning to assist Elders to transition back to home and community.
Regional Assessment Service	ACCHOs can invest in a good working relationship with the local Regional Assessment Service that determines the eligibility of Aboriginal and Torres Strait Islander community members for the Commonwealth Home Support Program.
Aged Care Assessment Team	ACCHOs can establish a partnership with the local Aged Care Assessment Team to strengthen communication regarding Elder assessments for Home Care Packages.
Meals on Wheels	ACCHOs can work closely with Meals on Wheels who deliver food for their Elders.
Home Assist Secure program	ACCHOs can utilise a local service to provide home modifications for Elders such as rails and ramps.
Mainstream specialist service	ACCHOs can develop partnerships with mainstream specialist services to ensure effective care coordination for Elders across primary health, aged care and specialist services.

Outcomes and benefits of integrating aged care in ACCHOs

Aged care services that are Aboriginal community controlled organisations have inherent benefits, including that their connection to Elders and community means they can better tailor services to client needs and promote Aboriginal identity and cultural connections. This leads to better support for Elders' social, emotional and cultural wellbeing and improvements in physical health outcomes.

- ACCHOs can create aged care services tailored to the needs of their Elders and provided by local Aboriginal and Torres Strait Islander workforce with cultural knowledge and understanding.
- Elders can access their local ACCHO to receive both aged care services and holistic primary health care services reducing the complexities associated with navigating multiple services.
- ACCHOs can increase the number of Aboriginal and Torres Strait Islander Elders receiving aged care.
- Workforce strategies can lead to increased numbers of qualified local aged care workers with the capacity to provide culturally safe aged care services.
- Integration of aged care and primary health care can create economies of scale that enable and support unfunded activities such as transport services for Elders.
- An integrated aged care model enables optimal discharge planning following hospitalisations, efficient referrals between the clinic and aged care teams, and seamless integration of services.
- Effective aged care service provision through ACCHOs can reduce the pressures and responsibilities on family carers.

Enablers of effective aged care service provision

- **Strong governance** including guidance and advice from the Board of Directors who are members of the local Aboriginal and Torres Strait Islander community and can inform the development of programs targeted to the needs of Elders.
- **Effective organisational structures and operating systems** including client management systems.
- **A local, caring, qualified and culturally safe aged care workforce.**
- **Effective workforce recruitment and training processes** to build a skilled caring and culturally safe workforce that can provide quality culturally safe care.
- **Effective communication between all staff and across teams.**
- **Clear referral pathways** across health and aged care teams.
- **Development of a model of aged care centred upon meeting Elders' needs** as identified through a thorough consultation process.
- **Effective relationships with external organisations** to enable effective advocacy and to ensure the holistic needs of clients are met.
- **Continuous quality improvement processes** to ensure that services are safe and are tailored to Elders' needs.
- **Effective back of house financial management systems** (e.g. to manage multiple income streams for aged care including the Commonwealth Home Support Program and Home Care Packages).

Challenges of aged care service provision and integration of aged care

- **Funding challenges:**
 - ACCHOs meet with a great deal of complexity in coordinating multiple sources of funding in providing services for their Elders (e.g. MBS, Home Care Packages).
 - ACCHOs often go in to deficit during the process of integrating aged care services, and hence require a robust primary health care model drawing consistent MBS funding to be able to take on this financial risk.
 - To reduce barriers to access for Elders, ACCHOs often strive to provide aged care services at no cost to their clients, however this is not always possible
 - ACCHOs provide a range of unfunded services such as advocacy and support, coordination and community events.
- **ACCHOs must manage a change process** including communicating with clinic staff and establishing referral pathways from existing ACCHO clinics and program teams.
- **ACCHOs must rapidly develop their knowledge of the aged care system** processes, funding, terminology, applications and accreditation requirements and develop effective financial management systems to manage the increased complexity.
- **Workforce challenges including a lack of qualified culturally safe aged care workers.**
- **Elders can receive multilayered, unclear letters from *My Aged Care* and Centrelink** which they find difficult to navigate and that put them at risk of having packages ceased. ACCHO aged care staff invest considerable time supporting Elders to interpret and navigate the *My Aged Care* and Centrelink correspondence and systems.
- **The aged care system eligibility requirements** creates a challenge for couples that include Aboriginal and Torres Strait Islander Elders (who are eligible at 50 years) and non-Indigenous spouses (who are eligible at 65 years). ACCHOs invest considerable time in educating Elders to understand how the aged care system works, including in relation to eligibility.

Recommendations

Recommendations for ACCHOs

- A well-functioning primary health care model must be established before integrating aged care. Therefore, before considering aged care service provision, ensure the clinic is maximising MBS rebates.
- ACCHOs should undertake a range of mapping exercises to determine their readiness and the financial viability of aged care service provision.
- Employ a project officer to undertake necessary mapping exercises and ensure a smooth aged care integration process.
- Contribute to building aged care workforce capacity through advocating for or developing and delivering culturally appropriate aged care training.
- Create a regional network for ACCHOs, Regional Assessment Service assessors and Aged Care Assessment Teams to establish better reporting and culturally responsive care coordination.
- Strengthen partnerships with mainstream aged care service providers to advocate for quality culturally safe care for Elders.
- Seek support from peak bodies in relation to navigating the Aged Care space (e.g. becoming a provider, financial guidance, accreditation).
- Clients benefit from family-centred approaches where the needs of Aboriginal and Torres Strait Islander Elders and their non-Indigenous spouses are assessed together. Invest time in supporting Elders to understand how the aged care system works, including in relation to differing eligibility requirements.

Recommendations for Policy Makers

- Commonwealth, state and territory governments resource initiatives to strengthen (i.e. attract, recruit and develop) an Aboriginal and Torres Strait Islander Aged Care workforce.
- The Aboriginal and Torres Strait Islander Aged Care Workforce to be considered within the implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023*³.
- Commonwealth, state and territory governments acknowledge the well-established connection between ACCHOs and Aboriginal and Torres Strait Islander Elders and recognise ACCHOs as the preferred provider of aged care services.
- Mainstream aged care services who have received Aboriginal-specific aged care packages and are not engaged with Aboriginal and Torres Strait Islander communities to establish formal partnerships with and/or broker the funding allocation to their local ACCHO or recruit and support Aboriginal and Torres Strait Islander staff.
- All Aged Care workforce, and particularly those in the Regional Assessment Service and Aged Care Assessment Teams, to receive ongoing and mandatory cultural safety training to provide Elders with culturally safe assessments and care.
- Data captured through the *My Aged Care* portal needs to better identify Aboriginal and Torres Strait Islander older peoples to enable reviews of package allocation (i.e. to assess who is receiving services and from which service providers).
- *My Aged Care* and Centrelink evaluate and revise their communication strategies to ensure that Elders consistently receive accurate and non-threatening correspondence to enable them to access services they are entitled to.

³Department of Health. (2017). *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023*. Accessed on January 17, 2020 at: health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwfsf

Discussion

The important role of Elders in community

Aboriginal and Torres Strait Islander Elders play an important role in the lives of their local communities and are well known and respected as knowledge keepers, story tellers and connectors. They are the older Aboriginal and Torres Strait Islander peoples who fought to bring about equity and social justice that will enable better living conditions for generations to come.

Increasing numbers of Elders

The life expectancy of Aboriginal and Torres Strait Islander peoples is improving (AIHW, 2015), and consequently the number of older Aboriginal and Torres Strait Islander peoples is growing. While the total Indigenous population is projected to grow by 59% between 2011 and 2031, the older Aboriginal and Torres Strait Islander population aged 65 and over is projected to grow by 200% (Biddle, 2013). For Aboriginal and Torres Strait Islander peoples aged 55 years, numbers are projected to more than double from 59,400 in 2011 to up to 130,800 in 2026 (ABS, 2014). In mid-2018 it was estimated that there was already more than 123,000 Aboriginal and Torres Strait Islander peoples aged 50 years or over (AIHW, 2018).

Barriers to accessing services

Disability rates are higher within older Indigenous peoples compared with non-Indigenous Australians. In the 2016 census, 27% of Aboriginal and Torres Strait Islander peoples reported a need for assistance with core activities (self-care, mobility or communication tasks), compared with 19% of non-Indigenous people aged 65 and over (ABS, 2017). At the same time, Aboriginal and Torres Strait Islander peoples encounter challenges in accessing health and welfare services. In 2014-15, 24% of Aboriginal and Torres Strait Islander peoples reported challenges with accessing service providers. In remote or very remote areas this was a greater problem, reported by 1 in 3 (33%) of Aboriginal and Torres Strait Islander peoples (ABS, 2016).

Why ACCHOs are best placed to provide home care services to Elders

The Aboriginal community controlled sector, which provides culturally responsive, holistic and accessible services to Aboriginal and Torres Strait Islander Australians is ideally positioned to provide aged care services. ACCHOs support clients to tackle social factors such as racism,

housing, income and employment and 'function as community spaces through which Indigenous people attempt to deal with their immediate health needs and the underlying structural causes that produce very poor health outcomes' (Khoury 2015, p.472). Aboriginal clients report that the accessible, culturally safe, holistic and diverse health care provided by ACCHOs brings value (Gomersall et al, 2017). Culturally respectful care is attributed to employment of Aboriginal staff, welcoming spaces, the integration of cultural protocols, a social view of health, and strategies to promote access (Freeman et al, 2014) and has been found to be at the centre of all ACCHO primary health care service delivery (Harfield et al, 2018).

An international review of how primary health and aged care services can support the wellbeing of older Indigenous peoples found there were three high level findings, including delivering culturally safe care, maintaining Indigenous identity and promoting independence (Davy et al, 2016). ACCHOs are in an ideal position to provide aged care services since they already address these three guiding principles. First, as an Aboriginal community controlled service - led by and for community under Aboriginal governance - they are connected to their Elders and they provide culturally safe client-centred care. This culturally safe care is enabled by understandings of the Elders' cultural needs, and through their culturally competent Aboriginal and Torres Strait Islander workforce. Second, ACCHOs support Elders to maintain their Aboriginal and Torres Strait Islander identity through community connection and through celebrating and promoting culture and cultural practices (e.g. story-telling, art, dance, basket weaving). Third, the founding ACCHO principle of self-determination aligns with the principle of 'promoting independence' and is demonstrated by supporting Elders to make informed decisions about the care they receive, and to stay in their homes for as long as they can.

Across Australia, ACCHOs have always acknowledged and paid respects to Aboriginal and Torres Strait Islander Elders through a Welcome to Country and Acknowledgement of Country at the beginning of meetings and events. Providing quality aged care services to Elders is a way that ACCHOs demonstrate this respect in practice.

The added benefits that ACCHOS bring for Elders

Safeguarding Elder wellbeing

A commissioned study on the wellbeing of older Aboriginal peoples in South Australia found that connectedness was a key element of wellbeing and included connection to community, connection to family, connection to other Aboriginal peoples and connection across generations (Davy et al, 2018). Holding on to culture was considered essential for wellbeing as was a focus on staying strong. The consultations led to the development of a Keeping You Strong Framework that promoted strengthening cultural identities, validating cultural traditions, maintaining cultural practices and upholding cultural connections (Davy et al, 2018). The added benefit that ACCHOs bring to Elders as an aged care provider is their ability to protect and promote the wellbeing of Elders through promotion of culture and knowledge of family and community. Compared with mainstream providers, ACCHOs are often intimately aware of any challenges the family and community are facing that impact the wellbeing of their Elders, and they can take the necessary steps to safeguard Elder safety. A commissioned report on preventing Elder abuse identified the following key recommendations for approaches to promote the safety of older Aboriginal peoples: raise awareness and provide useful and effective information, enable and support older Aboriginal peoples to connect with and to continue their culture, uphold the safety of older Aboriginal peoples, and enable community co-design (Dowling et al, 2019).

Coordinating the health and aged care needs of Elders with complex needs

Long-term health conditions affect 88% Aboriginal or Torres Strait Islander peoples over the age of 55 years, with higher risks of chronic conditions such as diabetes, cardiovascular disease and respiratory disease (AIHW, 2018). In fact, many Elders have complex health conditions that include multiple chronic disease (AIHW, 2010). ACCHOs who provide holistic primary health care in addition to aged care services are in a strong position to manage these complex conditions for Elders. In providing services in the homes of Elders, the aged care team can identify when the needs of Elders change (e.g. increasing frailty, worsening chronic conditions). Through observation, their aged care workforce are the eyes and ears of the ACCHO. They can report back to the clinic team regarding the changing needs of Elders so that both the aged care needs and holistic health care needs of Elders are monitored and addressed in an ongoing way.

Conclusion

The number of Aboriginal and Torres Strait Islander Elders is growing. It is important to develop aged care services for Aboriginal and Torres Strait Islander Elders that are culturally responsive, accessible and that support their unique needs. The ACCHO sector is ideally positioned to meet the needs of an increasing number of older Aboriginal and Torres Strait Islander Australians. The learnings outlined in this chapter may be useful for ACCHOs considering integrating aged care. Points of difference will depend on the ACCHOs size, context, workforce capacity, and the needs of the Elders they serve. The case studies informing this chapter were undertaken with metropolitan based services. There are likely to be unique challenges facing ACCHOs in regional and remote settings in relation to taking on aged care service provision and building a culturally safe aged care workforce.

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Appendix: Aged care funding for home care and day respite services

The following Aged Care funding is available for Home Care Services and Day Respite Services in Australia. This information is accurate at the time of printing (February 2020).

1. Commonwealth Home Support Program

Commonwealth Home Support Program (CHSP) funding provides entry-level support for eligible Aboriginal and Torres Strait Islander Elders aged 50 years and over with less complex needs. The Program aims to provide assistance to enable Elders to continue to live in their homes and community. Eligibility is assessed through the Regional Assessment Service. CHSP funding is block funded and is structured to include four distinct sub-programmes: Community and Home Support, Care Relationships and Carer Support, Assistance with Care and Housing, and Service System Development⁴.

How to become a CHSP provider

To become an eligible CHSP provider, an organisation must apply through an advertised selection process. These opportunities are advertised in the media and on the Australian Government's 'GrantConnect' website (grants.gov.au). Further information on becoming a CHSP provider can be obtained from the CHSP guidelines¹.

Regional Assessment Service

The Regional Assessment Service (an external agency) contacts the Elders to undertake an in-home assessment. The assessment is registered with the client's details via the *My Aged Care* portal⁵.

2. Home Care Package

Home Care Package (HCP) funding is for Elders with more complex needs. HCPs are coordinated packages of care individually tailored for Elders to enable them to live independently in their homes. They are also provided to younger persons with a disability, dementia or other special care needs that are not met through other specialist services. HCP clients are not limited to a basic list of services. Clients can use their HCP funds

to purchase a wide range of services (e.g. in-house cleaning, modifications, personal care, allied health services). There are four levels of packages available under the HCP funding including Basic care (Level 1), Low level care (Level 2), Intermediate Care (Level 3) and High level Care (Level 4)⁶.

How to become an HCP provider

To gain approval as an aged care provider under the Aged Care Act (1997), applicants must undertake an application to the Department of Health to demonstrate they are able to provide aged care. Application forms are available on the Department of Health's Ageing and Aged Care website⁷.

Aged Care Assessment Team⁸

The Aged Care Assessment Team contacts the Elders to undertake an in-home assessment. The Assessment is registered with the client's details via the *My Aged Care* portal.

3. National Aboriginal and Torres Strait Islander Flexible Aged Care Program: rural and remote regions

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program is targeted to the rural and remote context. It funds 'flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community'. It encompasses a mix of residential and home care service provision in accordance with the needs of the community which are located mainly in rural and remote areas. More information regarding the National Aboriginal and Torres Strait Islanders Flexible Aged Care Program is available on their webpage⁹.

⁴Commonwealth Home Support Program guidelines: health.gov.au/resources/publications/commonwealth-home-support-programme-guidelines

⁵My Aged Care Portal: myagedcare.gov.au

⁶Home Care Package Program: agedcare.health.gov.au/programs/home-care/about-the-home-care-packages-program

⁷Department of Health's Ageing and Aged Care website: agedcare.health.gov.au/funding/becoming-an-approved-provider

⁸Aged Care Assessment Team: health.gov.au/sites/default/files/documents/2020/01/my-aged-care-assessment-manual.pdf

⁹National Aboriginal and Torres Strait Islander Flexible Aged Care Program Website: agedcare.health.gov.au/programs-services/flexible-care/national-aboriginal-and-torres-strait-islander-flexible-aged-care-program

Aged Care in ACCHOs: Reflection Tool

ACCHOs are closely connected to their Elders and are well positioned to provide quality culturally centred aged care services. This Reflection Tool has been designed for ACCHOs who may be considering taking on aged care. It outlines aged care planning processes, aged care implementation actions, and the principles and values supporting aged care.

Aged Care Planning

ACCHOs can undertake several mapping exercises to determine their readiness to take on aged care services. These exercises can paint a picture of the needs of Elders, the aged care service gaps within the region, the available aged care workforce, the systems in place to support aged care service provision, and the financial viability of delivering aged care services.

External mapping:

- Consultation with Elders:** Yarn with Elders about their aged care needs and their experiences of accessing aged care services including any barriers to access. Consult with Elders who are accessing your clinic or ACCHO programs including those who are currently receiving aged care and those that are not, and also consult with Elders in residential aged care. Yarning can be informal during Elders lunches, community events or you can host a yarning circle and invite Elders to attend.
- Mapping existing aged care services:** Collate information on the aged care service providers in the region including where they are located and the number of Elders currently receiving services.
- Mapping the aged care workforce to identify capacity or gaps:** Look at the number of Aboriginal and Torres Strait Islander aged care workers or culturally competent non-Indigenous aged care workers in the region. You might also assess the number of community members currently providing unpaid aged care services as family members and carers. Consider what registered training organisations are in the area that could provide training to develop a culturally-competent local aged care workforce.
- Learning from other ACCHOs:** Visit another ACCHO who is well established as an aged care provider to observe how they operate including processes, systems and documentation that support service delivery.

Internal mapping:

- Desktop audit:** An audit of the patient management system can identify the number and locations of Elders connected to your service, the number of Elders who are currently receiving aged care services through other providers, and those who are potentially eligible to receive services.
- Aged Care Scoping Review:** An aged care scoping review can be used to map out the resources and systems needed to: apply for aged care funding and become accredited as an aged care provider, develop and manage policies and procedures that support quality care and continuous quality improvement, manage aged care client information and service scheduling, manage the additional finance management and reporting responsibilities and establish the referral pathways and case management processes across the clinic and aged care teams.
- Financial modelling:** Build a financial model that compares the potential income from aged care funding with anticipated operating costs of aged care service provision to determine whether it would be financially viable to take on aged care. Data from the patient management system regarding numbers of Elders and their anticipated aged care needs can be used to estimate potential income that could be sought through the Commonwealth Home Support Program, Home Care Packages and National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Contrast this against an estimate of the costs of providing aged care such as staffing, consumables, transport and software. Expect that there will be a financial deficit while the aged care team is recruited, and services are established, so check that the clinic is drawing sufficient MBS income to cover it.

Aged Care Implementation: actions to integrate aged care

Integrating aged care services within the ACCHO enables Elders to access both primary health care and aged care services as a one-stop-shop. The actions to consider when integrating aged care services within the ACCHO include:

- Action 1:** Inform the Commonwealth Government of your intention to take on Aged Care
- Action 2:** Employ a Project Officer to develop an Aged Care Master Plan and drive the integration process.
- Action 3:** Establish Aged Care Management structures.
- Action 4:** Apply to become an aged care provider through the Commonwealth Home Support Program and/or Home Care Packages. Explore eligibility for National Aboriginal and Torres Strait Islander Flexible Aged Care Program funding (for regional and remote services).
- Action 5:** Develop partnerships to support the provision of aged care such as with local hospitals, the Regional Assessment Service, the Aged Care Assessment Team, My Aged Care, Meals on Wheels, home modifications services, and mainstream specialist services. Develop a relationship with the Department of Health and the Aged Care Quality and Safety Commission to work through aged care funding, reporting and accreditation against the Aged Care Quality Standards.
- Action 6:** Develop an Aged Care Workforce Strategy and build an aged care workforce including targeting training opportunities to community members currently providing unpaid aged care. Ensure that Certificate III Aged Care training is supportive of culturally safe client-centred approaches through developing a partnership with local registered training organisations where necessary. Identify funding opportunities to support the delivery of aged care training.
- Action 7:** Purchase and embed aged care management software including training staff.
- Action 8:** Embed staff credentials and compliance requirements into the Human Resource Management System.
- Action 9:** Develop service delivery models for both home care and respite services that outline ways of working such as principles and values, types of services provided, staffing, referral pathways, reporting, case management and transport.

Principles and values of Aged Care Service Delivery

The principles and values of aged care service delivery to reflect upon:

- Connection with Elders and communities:** we actively build and maintain relationships with Elders, their families and communities so we can understand the needs of Elders and can support Elders to maintain connections with community.
- Respect for self-determination:** we empower and support Elders to make their own decisions.
- Culturally safe care:** our services are respectful of traditional Aboriginal and Torres Strait Islander customs, values and beliefs, are guided by strong cultural governance, and are enabled through cultural safety training for our staff.
- A focus on holistic wellbeing:** we support Elders with their physical, social, emotional and cultural wellbeing needs.
- Tailored services:** we tailor care to the holistic needs of Elders.
- Credibility:** we do what we say we're going to do and we are clear about what we can't do.
- Willingness to go the extra mile:** our aged care staff have a fundamental compassion for Elders and a willingness to do whatever it takes to support Elders with their holistic needs.