



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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Aged Care Rules

Stage 1 – Service List

Submission to
Department of Health
and Aged Care

November 2024

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About NACCHO

NACCHO is the national peak body for Aboriginal and Torres Strait Islander health in Australia. We represent 146 Aboriginal Community Controlled Health Organisations (ACCHOs) and assist several other community-controlled organisations to improve health outcomes for Aboriginal and Torres Strait Islander people.

Our sector has more than fifty years' collective service. In 1971, Aboriginal people established the first Aboriginal medical service in Redfern, NSW. Mainstream health services were not working and there was an urgent need to provide decent, accessible health services for the medically uninsured Aboriginal population (pre-dating Medicare (1975)). Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services. That body has grown into what NACCHO is today.

NACCHO liaises with its membership (ACCHOs) and eight state/territory affiliates, governments, and other organisations, to develop policy, provide advice and advocate for better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Together we address health issues including service delivery, information and education, research, public health, financing, and programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 146 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia; about one million of these episodes of care are delivered in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing by providing comprehensive primary health care, and by integrating and coordinating care and services. They provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

ACCHOs build ongoing relationships to provide continuity of care. This helps chronic conditions to be better managed and provides more opportunities for preventative health care. Through local engagement and a proven service delivery model, our clients 'stick'. Cultural safety in our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders. This makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Acknowledgements

NACCHO welcomes the opportunity to provide a submission to this Consultation. We support submissions from our Affiliates and members. Our focus is on health and wellbeing for Aboriginal and Torres Strait Islander people and improving their ability to deliver and access culturally safe aged care.

We acknowledge support from the Interim First Nations Aged Care Commissioner's policy team, Aboriginal Community Elders Services (ACES), and NAATSIAAC in preparing this submission.

Recommendations

NACCHO recommends:

1. the Aged Care Rules align with and support the National Agreement and its four Priority Reform Areas.

We reiterate our recommendations to the *Senate Inquiry into the Aged Care Bill 2024* which are also relevant to the Aged Care Rules, and recommend that:

2. in line with Priority Reform 2 of the National Agreement, regulatory controls and associated legislation provide flexibility to support ACCHOs and ACCOs to provide aged care services that support their local cultural and service delivery needs.
3. Aged Care Rules support specific service types to accommodate flexible pathways to support Aboriginal and Torres Strait Islander people to access and to deliver aged care services.

For specific elements of the Aged Care Rules Consultation Draft, we recommend that:

4. that the Aged Care Rules support all service-related recommendations made by the Aged Care Royal Commission.
5. NACCHO recommends that the following definitions are included in the rules:

Aboriginal Health Practitioner – Aboriginal or Torres Strait Islander primary health care professional who is registered with AHPRA.

Aboriginal Health Worker – Aboriginal or Torres Strait Islander person who holds the relevant qualifications in Aboriginal and/or Torres Strait Islander primary health care.¹

6. NACCHO recommends that the following definition is included in the Rules:

Aboriginal and Torres Strait Islander wraparound care service means culturally safe social and practical assistance such as transport to appointments, language support, help to navigate government systems and any other help that supports people to overcome barriers to accessing services.

7. that the Aged Care Rules references to services provided by AHPs and AHWs are described as Aboriginal Health Practitioner care and Aboriginal Health Worker care, respectively, and considers including these services under a new service type, **Primary Health Care**.

¹ Health. (2022, February 15). *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031?language=en>

8. that a new service type, **Aboriginal and Torres Strait Islander wraparound care**, is included.
9. that references to ‘allied health’ care provided by AHWs and AHPS are described as follows:
 - Aboriginal Health Practitioner care
 - Aboriginal Health Worker care
10. services for Aboriginal and Torres Strait Islander people in the service type **Assistance with transition care** should include:
 - Aboriginal Health Practitioner care
 - Aboriginal Health Worker care
 - Elder Care Support Services (incorporating Aged Care Connector and Aged Care Navigator services such as those delivered by NACCHO’s Elder Care Support program)
 - Aboriginal Liaison Officer Services – particularly aimed at transitions to and from hospital care
 - Social and Emotional Well Being (SEWB) care.
11. as a guide, *diverse cultural activities* for Aboriginal and Torres Strait Islander people, in the services **Group social support** and **Individual social support**, should align, as far as practicable within the elements applicable to home care in the NATSIFAC Program Manual² (See Appendix A).
12. services in the service type: **Therapeutic services for independent living** include:
 - Trauma-informed healing therapy
13. expanding the service descriptions for **Direct transport** and **Indirect transport**, as per the italicised text below:
 - ‘Provision of ...to connect the individual with their usual activities, *including activities such as Return to Country, Sorry Business, or locally contextualised cultural activities important to maintaining wellbeing*, but not including...’
14. services for Aboriginal and Torres Strait Islander people in the service type **Residential non-clinical care** should include:
 - Cultural activities
 - Social and Emotional Well Being (SEWB) care.
15. that services in the service type **Residential clinical care** should include:
 - Aboriginal Health Practitioner clinical assessments and care
 - Aboriginal Health Worker care
 - ACCHO multidisciplinary primary health care services.

² Health. (2024, September 16). *National Aboriginal and Torres Strait Islander Flexible Aged Care Program Manual*. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/natsifac-program-manual?language=en>

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

The Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The four Priority Reforms offer a roadmap to meaningfully impact structural drivers of chronic disease for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Review of Closing the Gap

In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, the Australian government needs to relinquish some control and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. It needs to share decision making with Aboriginal Community Controlled Organisations (ACCOs), recognise them as critical partners rather than passive funding

recipients, and then trust them to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Without external perspectives, government organisations will not be able to overcome any blind spots relating to institutional racism, cultural safety and unconscious bias.’³

NACCHO recommends that the Aged Care Rules align with and support the National Agreement and its four Priority Reform Areas.

Aged care services for Aboriginal and Torres Strait Islander people

In the continuum of receiving care to maintain wellbeing throughout life, aged care and primary health care become inextricably linked. Maintaining links with primary health care providers, and other therapeutic and non-clinical care services that are familiar can be important for all people as they age. Being able to access care and support from trusted providers, can provide comfort and reassurance. For Aboriginal and Torres Strait Islander people, this means receiving care from their family and community. A rights-based Aged Care Act that focuses on person-centred care, should respect and support peoples’ right to receive care from a trusted source. “The aged care system must reflect the fact that for many Aboriginal and Torres Strait Islander people, health is grounded in connection to Country, culture, family and community.”⁴

We know that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with or appropriate to their level of need⁵. They trust and prefer to access community-controlled services, however there is a lack of access to community-controlled aged care services, and aged care services generally, across remote and very remote areas.

The nature of care provided in Aboriginal community controlled settings is such that, despite resourcing challenges to meet service needs, people in need are not turned away when they need help. In situations, particularly in thin markets in rural and remote regions, where community providers face huge challenges meeting service needs, having adequate staffing, having access to housing and other local, environmental challenges, problems and issues of aged care compliance should be met with understanding of the setting. Addressing problems should begin with offering support, education, resources etc. to help resolve and improve the situation, with a focus on continuous quality improvement.

ACCHOs’ person-centred approach to care prioritises individual client needs. The multidisciplinary care model naturally supports people as they age and have growing needs for different types of care to maintain wellness. The ACCHO model of care incorporates wraparound services that are not generally available through mainstream services.

Ensuring cultural competence in aged care should not rest solely with the Aboriginal community controlled sector. Mainstream services also need to provide culturally safe services. This includes having leaders who embrace cultural competence and understand cultural intelligence so they can

³ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 [Study Report - Closing the Gap review - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/research/indicators/closing-the-gap).

⁴ Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect Volume 1 Summary and recommendations. (n.d.). <https://www.royalcommission.gov.au/system/files/2024-03/aged-care-rc-final-report-volume-1.pdf>

⁵ Royal Commission into Aged Care Quality and Safety, 2021, Final Report: Care, Dignity and Respect, <https://agedcare.royalcommission.gov.au/publications/final-report>

instil this in staff and be accountable to enforceable key performance indicators. Without this, no amount of staff training will deliver cultural safety for Aboriginal and Torres Strait Islander clients.

Supporting ACCOs/ACCHOs to deliver aged care services

Recognising that ACCOs can achieve better results for Aboriginal and Torres Strait Islander people⁶, and the Productivity Commission's recommendation⁷ that governments need to take steps to strengthen the capability of ACCOs in key sectors, it is essential that the new Aged Care Rules support the ACCO sector to deliver aged care services.

Aged care services integrated with NACCHO's Core Services and Outcomes Framework⁸, a successful, well-established model of ACCHO primary health care, offer many benefits for Aboriginal and Torres Strait Islander people needing aged care services. These include:

- Promoting elder wellbeing and safety through intimate knowledge of and connections to family and community
- Better access to aged care by reducing complexities of needing to navigate multiple services and systems
- Maintaining Indigenous identity
- Providing navigation supports across My Aged Care through the ECS program
- Supporting management of comorbidities and social complexities experienced by many older Aboriginal and Torres Strait Islander people through holistic services that incorporate social supports.⁹

NACCHO recommends that in line with Priority Reform 2 of the National Agreement, regulatory controls and associated legislation provide flexibility to support ACCHOs and ACCOs to provide aged care services that support their local cultural and service delivery needs.

Rules to support Aboriginal and Torres Strait Islander people

Aged care regulatory mechanisms should recognise that 'best practice in aged care' in Aboriginal and/or Torres Strait Islander community settings may look different from that in mainstream settings and adjust provider obligations accordingly. Furthermore, Aboriginal and Torres Strait Islander community-led pathways may vary across communities, in line with local customs and preferences.

"For Aboriginal and Torres Strait Islander people, healing is a holistic process, which addresses mental, physical, emotional and spiritual needs and involves connections to culture, family and land.

Healing works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander people."¹⁰

⁶ Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Canberra, fact sheets, Priority Reform 2, p3.

⁷ Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Study report, volume 1, Canberra.

⁸ NACCHO Core Services and Outcomes Framework <https://csof.naccho.org.au/>

⁹ Dawson, A., Harfield, S., Davy, C., Baker, A., Kite, E., Aitken, G., Morey, K., Braunack-Mayer, A., & Brown, A. (2021). Aboriginal community-controlled aged care: Principles, practices and actions to integrate with primary health care. Primary Health Care Research & Development, 22(e50). <https://doi.org/10.1017/s1463423621000542>

¹⁰ [Community Healing | The Healing Foundation](#), accessed 31/10/2024

Trauma informed healing therapy and Social and Emotional Wellbeing (SEWB) care should be factored into services offered.

NACCHO supports aged care regulatory mechanisms that take a more supportive and less punitive approach. We welcome the Aged Care Quality and Safety's Commission's stated support for innovation and openness to aged-care provider discretion as to how they achieve compliance.¹¹

We welcome regulatory frameworks for aged care that support:

- a person-centred approach, as this aligns with the ACCHO model of care¹²
- an aged care system where all services are centred around and culturally appropriate for the person receiving care
- aged care services that are free of discrimination and racism and delivered flexibly to optimise health outcomes for the person receiving care
- aged care services that respect and acknowledge the collective, holistic view of family, community, relationships with Elders, and connections with Country including the Torres Strait Islands or other islands as central to Aboriginal and Torres Strait Islander wellbeing
- an aged care system where Aboriginal community-controlled aged care providers are supported to determine and deliver an integrated model of care to meet the aged care, disability care and primary health care needs within their community.
- equitable access to assessment or reassessment of needs for funded aged care services in a manner which is culturally safe, culturally appropriate, trauma-aware and healing-informed
- Aboriginal or Torres Strait Islander people to stay connected with community and Country.

Service list alignment with ACRC Recommendations

In line with Aged Care Royal Commission (ACRC) Recommendation 54: *Ensuring the provision of aged care in regional, rural and remote areas*, and to support equity of access to aged care services, we support specific service types and associated assessment pathways and compliance requirements for Aboriginal and Torres Strait Islander aged care providers. This would provide greater flexibility, particularly in rural, remote, and regional areas, and in thin market providers. It is in these circumstances, where markets don't really exist, that providers need flexibility such as reduced reporting obligations or alternative ways to demonstrate capability.

In line with Priority Reform 2 – to grow and support the ACC sector, ACRC Recommendation 50: *Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers*. The recent Closing the Gap report called for governments to share power with Aboriginal and Torres Strait Islander people, service types that can support ACCHOs to grow their workforce and implement aged care services to support their local cultural and service delivery needs and care for ageing community members. This may include additional staff to provide navigation support, such as Aged Care Connectors and Aged Care Support Coordinators, as per NACCHO's current ECS program which supports both ACCHOs and ACCOs.

Service types for Aboriginal and Torres Strait Islander people should also accommodate specific cultural needs such as return to Country.

¹¹ Department of Health and Aged Care New Aged Care Act Exposure Draft consultation webinar, 18 January 2024

¹² NACCHO Core Services and Outcomes Framework <https://csof.naccho.org.au/>

NACCHO recommends the Aged Care Rules support specific service types to accommodate flexible pathways to support Aboriginal and Torres Strait Islander people to access and to deliver aged care services.

We reiterate our support for the ACRC recommendations relating to Aboriginal and Torres Strait Islander people and aged care service providers. With respect to the Service list, we support Aged Care Rules that align with the ACRC recommendations outlined below:

ACRC Recommendation 47a:

Aboriginal and Torres Strait Islander people receive culturally respectful and safe, high quality, trauma-informed, needs-based and flexible aged care services regardless of where they live

ACRC Recommendation 47c:

regional service delivery models that promote integrated care are deployed wherever possible

ACRC Recommendation 47f:

access to interpreters on at least the same basis as members of culturally and linguistically diverse communities when seeking or obtaining aged care, including health care services

ACRC Recommendation 53c:

Under the Aboriginal and Torres Strait Islander aged care pathway, the Australian Government and the System Governor should:

make funds available, on application, for any residential aged care provider that has Aboriginal and Torres Strait Islander residents who require assistance to retain connection to their Country, including meeting the costs of:

- i. travel to and from Country, as well as the costs of any people needed to provide clinical or other assistance to the resident to make the trip
- ii. a family member travelling to and from the older person at a distant residential facility
- iii. establishing, maintaining and using infrastructure that facilitates connection between the residential facility and communities on Country, such as videoconferencing technology.

NACCHO recommends that the Aged Care Rules support all service-related recommendations made by the Aged Care Royal Commission.

Chapter 1, Part 2 Definitions

Aboriginal Health Workers and Aboriginal Health Practitioners

Extract from Consultation Draft, p2

allied health assistant means a person who holds a Certificate IV in Allied Health Assistance from a registered training organisation within the meaning of the *National Vocational Education and Training Regulator Act 2011*.

allied health profession means a health profession other than the following:

- (a) dental practitioner;
- (b) medical practitioner;
- (c) midwife;
- (d) nurse.

allied health professional means a person who is registered under the National Law in an allied health profession.

Describing the work of AHWs and AHPs as ‘assistance’ (Section 32, p8 of the Aged Care Rules refers), undervalues their important clinical role in ACCHOs’ multidisciplinary primary healthcare teams. Whilst the AHP and AHW roles align with allied health in a VET context, the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* describes them as clinically trained primary health care practitioners and workers respectively.

In our submission to ‘Defining the public health workforce’, to Department of Health and Aged Care, October 2023, NACCHO identified a need to include AHPs and AHWs in the list of *Workforce Occupations* and for greater clarity around their roles.

While the AHW/AHP workforce is small relative to other health workforces, currently, only the AHW role is classified under Australian and New Zealand Standard Classification of Occupations (ANZSCO). NACCHO has advocated for the AHP role, which is not currently included, to be identified as a separate occupation within a new **Indigenous Health Practitioners** unit group be added to the **251 Health Diagnostic and Promotion Professionals** sub-major group. This change would align with Priority Reform 4 under the National Agreement on Closing the Gap, contribute to Outcome Area 17, and support Strategic Direction 6 of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.

NACCHO recommends that the following definitions are included in the rules:

Aboriginal Health Practitioner – Aboriginal or Torres Strait Islander primary health care professional who is registered with AHPRA.

Aboriginal Health Worker – Aboriginal or Torres Strait Islander person who holds the relevant qualifications in Aboriginal and/or Torres Strait Islander primary health care.¹³

¹³ Health. (2022, February 15). *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*. Australian Government Department of Health and Aged

Wraparound services

Extract from Consultation Draft, p2

non-clinical wraparound service, for the supply to an individual of a product listed in the AT-HM List, means any of the following:

- (a) setting up, fitting or providing training on the use of the product;
- (b) providing support and troubleshooting to minimise abandonment of the product;
- (c) maintenance and follow-up for the product (including evaluating the effects on functioning);
- (d) for a product for which the supply basis is loan or rental—refurbishment or disposal of the product at the end of its safe working life.

In the Aboriginal and Torres Strait Islander context, non-clinical wraparound services would mean something entirely different to that described above. It would include providing social and practical support for people in need, such as transport to appointments, language support, navigation of government systems and assistance to overcome barriers that might make it difficult to access services.

In the interests of ensuring broader awareness of the holistic approach of Aboriginal community controlled care, a definition of **wraparound services in the Aboriginal and Torres Strait Islander context**, should be included in the definitions.

NACCHO recommends that the following definition is included in the Rules:

Aboriginal and Torres Strait Islander wraparound care service means culturally safe social and practical assistance such as transport to appointments, language support, help to navigate government systems and any other help that supports people to overcome barriers to accessing services.

Chapter 1, Part 3 Key Concepts

26 Service types

As Health Practitioners, AHPs and AHWs provide primary health care, and this should be recognised in the Aged Care Rules in a way similar to that of Nursing Care, as per Clause 41 of the Aged Care Rules Consultation Draft, p15, rather than as allied health and therapy, as suggested by the extract from the Consultation Draft, above.

NACCHO recommends that the Aged Care Rules references to services provided by AHPs and AHWs are described as Aboriginal Health Practitioner care and Aboriginal Health Worker care, respectively, and considers including these services under a new service type, **Primary Health Care**.

Care. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031?language=en>

Given the importance of providing wraparound services to Aboriginal and Torres Strait Islander people to help them overcome barriers to accessing care, as described above,

NACCHO recommends a new service type, **Aboriginal and Torres Strait Islander wraparound care**, is included.

29 Provider registration categories

For provider registration categories:

- (a) Home and community services
- (d) personal and care support in the home or community,

NACCHO seeks policy clarity on what is meant by 'community'.

Where, for example, a home care support recipient may not be able to receive support in their own home, does support 'in the community' extend to receiving services in:

- i a community facility such as a community hall or park, homeless shelter, or community service facility
- ii other facilities such as Centre-based day care, Supported Residential Service (SRS) or Supported Residential Facilities (SRF) accommodation, respite centre
- iii an Aboriginal Community Controlled Health Organisation?

Chapter 1, Part 4, Division 2 – Home support service types

32 Allied health and therapy

Further to the discussion under Part 2, Definitions above,

NACCHO recommends that references to 'allied health' care provided by AHWs and AHPS are described as follows:

- Aboriginal Health Practitioner care
- Aboriginal Health Worker care

See also, our response to Chapter 1, Part 2 Definitions, above.

NACCHO seeks policy clarity on the inclusion of **Music therapy**, as allied health (Section 32), but **Art therapy** as **therapeutic services for independent living** (Section 46 refers). **Dance therapy** might also be considered.

33 Assistance with transition care

In transitioning to and from home to other care settings including hospitals and/or residential aged care facilities, Aboriginal and Torres Strait Islander people can benefit greatly from culturally safe assistance with transition care.

Services in the service type Assistance with Transition care should support Aboriginal and Torres Strait Islander people to confidently navigate these transitions, which in some cases are to and from mainstream delivered services.

The service Transition care therapy should incorporate Social and Emotional Wellbeing (SEWB) care.

NACCHO recommends services for Aboriginal and Torres Strait Islander people in the service type **Assistance with transition care** should include:

- Aboriginal Health Practitioner care
- Aboriginal Health Worker care
- Elder Care Support Services (incorporating Aged Care Connector and Aged Care Navigator services such as those delivered by NACCHO's Elder Care Support program)
- Aboriginal Liaison Officer Services – particularly aimed at transitions to and from hospital care
- Social and Emotional Well Being (SEWB) care.

36 Domestic assistance

NACCHO notes that a calendar year cap of 52 hours for Item 1: General house cleaning, to cover household cleaning including mopping, vacuuming, washing dishes, and general surface area cleaning, to keep them safe at home, seems very low; especially if the recipient has mobility issues and/or has a low-income status, and cannot afford professional services. For care recipients in regional and remote areas, much of the allowance would be taken up in travel time.

38 Home maintenance and repairs

NACCHO notes that a calendar year cap of 18 hrs for Item 1: Gardening to cover residential garden maintenance including mowing lawns, pruning shrubs and clearing yards to maintain a safe, habitable space, seems very low; especially if the recipient has mobility issues and/or has a low-income status and cannot afford professional services. Again, for care recipients in regional and remote areas, much of the allowance would be taken up in travel time.

45 Social support and community engagement

NACCHO seeks policy clarification on what is meant by 'to include diverse cultural activities'.

NACCHO recommends that, as a guide, *diverse cultural activities* for Aboriginal and Torres Strait Islander people, in the services **Group social support** and **Individual social support**, should align, as far as practicable within the elements applicable to home care in the NATSIFAC Program Manual¹⁴ (See Appendix A).

¹⁴ Health. (2024, September 16). *National Aboriginal and Torres Strait Islander Flexible Aged Care Program Manual*. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/natsifac-program-manual?language=en>

46 Therapeutic services for independent living

To support Aboriginal and Torres Strait Islander people, particularly survivors of the Stolen Generation, to access traditional healing therapy to support them to age well in their home environment,

NACCHO recommends services in the service type: **Therapeutic services for independent living** include:

- Trauma-informed healing therapy

47 Transport

To support Aboriginal and Torres Strait Islander people to meet their cultural obligations:

NACCHO recommends expanding the service descriptions for **Direct transport** and **Indirect transport**, as per the italicised text below:

'Provision of ...to connect the individual with their usual activities, including activities such as Return to Country, Sorry Business, or locally contextualised cultural activities important to maintaining wellbeing, but not including...'

Chapter 1, Part 4, Division 8

59 Residential non-clinical care

Services in the service type Residential non-clinical care should support Aboriginal and Torres Strait Islander people to deliver and receive trusted, culturally safe, aged care.

Noting the cultural determinants of health, specific cultural activities such as *Return to Country, Sorry Business* and various community-specific cultural rituals, are important to Aboriginal and Torres Strait Islander health and wellbeing.

Social and Emotional Wellbeing (SEWB) care includes activities such as companion care, yarning circles and Elder camps.

NACCHO recommends services for Aboriginal and Torres Strait Islander people in the service type **Residential non-clinical care** should include:

- Cultural activities
- Social and Emotional Well Being (SEWB) care.

60 Residential clinical care

Services in the service type Residential clinical care should support Aboriginal and Torres Strait Islander people to deliver and receive trusted, culturally safe, aged care.

Some mainstream service providers facilitate this type of care currently, by enabling their residents to access nearby ACCO or ACCHO care services.

NACCHO recommends services in the service type **Residential clinical care** should include:

- Aboriginal Health Practitioner clinical assessments and care
- Aboriginal Health Worker care
- ACCHO multidisciplinary primary health care services.

Rules consultation process

NACCHO regularly reviews the Department of Health and Aged Care consultation sites for current consultation opportunities:

<https://consultations.health.gov.au/>

<https://www.agedcareengagement.health.gov.au/get-involved/>

Whilst we received notification of this Aged Care Rules consultation via email, we note that it was not published on either of the sites above. To encourage participation in the Aged Care Rules Consultation, we suggest that future stages are published at either or both of the abovementioned consultation sites.

On 24 October, NACCHO asked the consultation team for advice, via email on the remaining five stages of the Aged Care Rules consultation, and an indicative schedule to assist planning responses. Despite a response by email on 31 October that the information would be on the website shortly, we are still waiting. Understanding the timeframe will help us to plan and resource our responses.

Appendix A: NATSIFAC Program Manual - Delivering culturally safe aged care (for Aboriginal and Torres Strait Islander people)

Service providers are required to provide aged care services that meet the needs of the individual care recipient.

Aged care services must provide good quality, culturally safe care that is both acceptable to and accessible by the community. The service provider must have policies, procedures and practices in place to ensure the service delivers flexible, culturally safe care, which meets aged care standards. The service provider should also ensure that individual care recipient's interests, customs, beliefs and cultural backgrounds are valued and nurtured, and the service assists care recipients to stay connected with their family and community.

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 delivery of culturally safe aged care is dependent on a variety of elements such as:

- having appropriate buildings to allow for cultural activities, family visits, ceremonies and [considering] Aboriginal and Torres Strait Islander customs
- ensuring a comfortable environment and surroundings (e.g. access to the natural environment or outdoor access and bushland gardens, Aboriginal and Torres Strait Islander artefacts)
- employment or engagement of Aboriginal or Torres Strait Islander people
- participation by the local community in planning and providing aged care
- encouraging and assisting care recipients to remain engaged with their community (e.g. by participating in traditional events)
- respecting cultural traditions (e.g., men's and women's business), and
- providing the services in a culturally safe way.