



02 March 2016

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

To whom it may concern,

Re: Senate inquiry into the future of Australia's aged care workforce.

The Australian Indigenous Doctors Association (AIDA), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Indigenous Allied Health Australia (IAHA) and the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) are pleased to provide this joint submission to the Australian Senate Standing Committee on Community Affairs inquiry into the future of Australia's aged care sector workforce.

AIDA, CATSINaM, IAHA and NATSIHWA are not for profit member-based organisations representing Aboriginal and Torres Strait Islander health professionals across a range of sectors. Collectively, our members are Aboriginal and Torres Strait Islander doctors, nurses, midwives, allied health professionals and health workers/practitioners who play a critical role in the delivery of improved health and wellbeing outcomes for all Australians. Our members hold a unique combination of clinical and cultural knowledge and are committed to providing national leadership on Aboriginal and Torres Strait Islander health policy development and implementation.

We provide this submission to the inquiry with particular reference to point j. of the terms of reference:

'challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples...'

Aboriginal and Torres Strait Islander patterns of ageing

Aboriginal and Torres Strait Islander people have a unique pattern of need for aged care services. Aboriginal and Torres Strait Islander people have a higher fertility rate and shorter life expectancy, resulting in a proportionately smaller ageing population than non-Indigenous Australians¹. However, the number of older Indigenous people (55 years

¹Australian Institute of Health and Welfare (AIHW) 2011. Older Aboriginal and Torres Strait Islander people. Cat. No. IHW 44. Canberra: AIHW.



and over) is projected to more than double, from 40,000 in 2006 to between 82,000 and 86,600 in 2021². Poor health means that Aboriginal and Torres Strait Islander people are affected by conditions of ageing, and require services, much earlier³. Add to this a proportionately high regional and remote based population and high levels of poverty and large demographic differences in the needs for aged care emerges.

Cultural safety and responsiveness

Cultural safety and responsiveness, cost and location are factors that interweave to form complex issues for Aboriginal and Torres Strait Islander peoples access to aged care services. While it is well known that Aboriginal and Torres Strait Islander people are more likely to access, and experience better outcomes from, services that are culturally safe and responsive, approaches to education, training and quality assurance for health professional remains ad-hoc. For the committee's consideration we submit the information and recommendations on cultural safety and responsiveness contained in the attached papers:

- AIDA Position Paper Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients (ATTACHMENT A)
- CATSINaM Cultural Safety Position Statement (ATTACHMENT B)
- IAHA Position Statement: Culturally Responsive Health Care (ATTACHMENT C)
- NATSIHWA Cultural Safety Framework (ATTACHMENT D)

In summary, cultural safety is the final step on a continuum in which systemic change occurs within an organisation or service, and individual health professionals develop awareness of their own identity and how this impacts on care provision for Aboriginal and Torres Strait Islander peoples. Working in a culturally responsive way is about strengths-based, action-oriented approaches to achieving cultural safety that can facilitate increased access to affordable, available, appropriate and acceptable health care. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring.

Human rights based approach

Optimal health is a basic human right⁴ and also a right as the recognised First Peoples of Australia. The importance of cultural safety and cultural respect in the delivery of health services have a basis in international human rights, as described in Articles 21, 23, 24,

² Australian Bureau of Statistics (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021. Retrieved February 2016 from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/27B5997509AF75AECA25762A001D0337/\\$File/32380_1991%20to%202021.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/27B5997509AF75AECA25762A001D0337/$File/32380_1991%20to%202021.pdf)

³ Ibid.

⁴NHLF Position Paper – The right to health accessed January 2016 from http://www.iaha.com.au/IAHA%20Documents/000176_nationalhealthleadership.pdf



and 29 in the United Nations Declaration on the Rights of Indigenous Peoples.⁵ In order for Aboriginal and Torres Strait Islander people to enjoy the highest attainable standard of physical and mental health as set out in the declaration⁶, then they must have the right to equitably access aged care services. (Further information on a rights based approach to health is at ATTACHMENT E IAHA Position Statement: Right Approach to Allied Health).

NATSIHP Vision

Through the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (NATSIHP)*, the Commonwealth Government has committed to the vision of an *'Australian health system free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.'*

In line with this commitment government must ensure that the Australian aged care workforce, now and into the future, is positioned, capable and supported in meeting the unique health and wellbeing needs of older Aboriginal and Torres Strait Islander Australians. This includes:

- Recognising the critical role of the Aboriginal and Torres Strait Islander health workforce - including allied health professionals, nurses and midwives, doctors, and the assistant and support workforce, within the system – through initiatives aimed at attracting, supporting and retaining an increased number of Aboriginal and Torres Strait Islander people to the aged care workforce.
- Ensuring that all health professionals are both clinically competent and culturally safe and responsive, through ongoing training and education of aged care workers, along with implementation of quality assurance methods.

The central role of culture to health and wellbeing

We affirm that Aboriginal and Torres Strait Islander people have the right to live a healthy, safe and empowered life with strong connections to culture and country. We endorse the National Aboriginal Health Strategy definition of health as a holistic concept:

'Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. This is a whole-of-life view and it also includes the cyclical concept of

⁵ United Nations Declaration on the Rights of Indigenous Peoples (2008) accessed January 2016 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

⁶ Article 24, United Nations Declaration on the Rights of Indigenous Peoples (2008) accessed January 2016 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf



life- death-life.’⁷

We advocate for a patient-centred model that recognises the centrality of culture (including family and country) to health and wellbeing as working best for Aboriginal and Torres Strait Islander people.

Additional considerations

We also submit the following points for consideration of the Committee:

- It is the responsibility of governments to put in place systems to ensure aged care staff in all systems receive education and training needed to ensure access and equality of treatment for older Aboriginal and Torres Strait Islander people. Given the significance of migrant workers to our current and future aged care workforce⁸ this must include mechanisms to capture workers who hold qualifications gained overseas. Development of national training standards would help to develop a quality framework for health professionals, we point to NACCHO’s Cultural Safety Training Standards⁹ as an example of best practice standards.
- For many Aboriginal and Torres Strait Islander people, connectedness to country (country being lands that may hold significant historical, social, cultural, religious and/ or familial ties including, but not limited to, traditional lands) is a critical component of wellbeing and quality of life. There is a need for innovation in models and methods of aged care, including palliative care and caring for people with dementia, to ensure options for staying on country.
- A significant challenge for health care reform is to find cost-effective ways to ensure the efficient delivery of quality health care to significantly larger, culturally and geographically diverse patient populations. An interdisciplinary approach to caring for older people will be vital to address rising costs and improving Australian health outcomes (see ATTACHMENT F IAHA Policy Position Statement: Importance of Allied Health). This is particularly important when considering strategies to keep aged Australians at home longer to avoid the high cost of residential aged care facilities.

⁷National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, Australian Government Publishing Service, Canberra, 1989.

⁸ Aged & Community Services Australia, 2008, Overseas Workers for the Aged Care Sector, accessed February 2016 <http://www.agedcare.org.au/what-we-do/workforce/overseas-workers/Overseas-Workers-for-the-Aged-Care-Sector.pdf>



- The Program of Experience in the Palliative Approach (PEPA) is an example of a good practice model of workforce education that actively engaged Aboriginal and Torres Strait Islander health workforce in improving the quality of palliative care¹⁰.
- A range of health conditions and disabilities mean that Aboriginal and Torres Strait Islander people are more likely to require assistance with core activities. The consumer choice model of the NDIS may not always support access to culturally safe service providers, especially in regional and remote areas¹¹, and block funded services may be a better way of ensuring services appropriate for Aboriginal and Torres Strait Islander people.
- Many of the conditions requiring Aboriginal and Torres Strait Islander people to access aged care services are preventable. Focus needs to be placed on better resourcing to preventative treatments, Aboriginal Medical Services provide a culturally safe model of care that works for delivering better health outcomes for Aboriginal and Torres Strait Islander people¹².
- Home care can be a desirable and cost-effective option that supports Aboriginal and Torres Strait Islander people to be empowered to live at home/on country for as long as possible. Home care is often less expensive than comparable care delivered through institutions¹³, however this cost saving can largely be attributed to unpaid carers. It is essential that carers are offered adequate support services, resources and infrastructure to ensure they do not become vulnerable themselves, particularly Aboriginal and Torres Strait Islander people who are both care providers and in need of care. Given the younger demographic of the Aboriginal and Torres Strait Islander population, it is likely that carers will also be younger. Anecdotally we hear of the negative impact that this is having on young people unable to be recruited into the health workforce, or other employment, or retained in the education system due to caring responsibilities.
- Engaging and supporting families to play an active role in planning and coordination will be critical to providing cultural safe and responsive care for

¹⁰ Program of Experience in the Palliative Approach (PEPA) www.pepaeducation.com

¹¹ Productivity Commission (2011) *Disability within the Indigenous Community section 9 of Disability care and support: draft report* accessed at <http://www.healthinfonet.ecu.edu.au/related-issues/disability/reviews/disability-within-the-indigenous-community>

¹² Close the Gap Steering Committee 2016 'Close the Gap: Progress and priorities report 2016' accessed February 2016 at www.oxfam.org.au/closethegap

¹³ Aged and Community Services Australia (ACSA), 2013, *Visioning Modern Aged Care*, Retrieved February, 2016 from: <http://www.agedcare.org.au/publications/visioning-modern-home-care/view>



older Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander health workers and/or practitioners could be better utilised in mainstream organisations to support this connection with family and broader community.

- Holistic, patient-centred approaches to aged care go beyond a narrow clinical care model to focus on the strong principal of empowerment. Allied health and nursing services can be instrumental in facilitating rehabilitation, reablement, social participation and social inclusion¹⁴, which can positively impact upon quality of life for older Aboriginal and Torres Strait Islander people. Redirecting focus toward preventative health services aimed at maintaining healthy functioning for older people and managing chronic diseases, including, dental, physiotherapy, podiatry and nutrition advice can also contribute to improved health and wellbeing.
- Aboriginal and Torres Strait Islander nurses and allied health professionals have the skills and knowledge to play a greater role in coordinating aged care, formalising this role could improve resourcing especially to regional and remote areas where GP resources are limited.
- Implementing strategies to counter maldistribution of specialist, disability, nursing and allied health workforces in aged care, particularly in many rural and remote areas, can improve continuity and quality of care for older Aboriginal and Torres Strait Islander people. (See ATTACHMENT G IAHA Policy Position Statement: Access to Allied Health Services for Aboriginal and Torres Strait Islander People for further information).
- Research to date indicates that Aboriginal and Torres Strait Islander people experience dementia at a rate 3 to 5 times higher than the general Australian population¹⁵. This means an aged care workforce that is trained and able to appropriately care for Aboriginal and Torres Strait Islander people living with dementia is essential.
- The aged care assistant and support workforce, when working within sound models of practice and provided with appropriate training and support, can enhance service delivery and allow for a re-focus of service delivery to areas of

¹⁴ Productivity Commission, Productivity Commission Inquiry Report 'Caring For Older Australians' Volume 1, Productivity Commission, Canberra, 2011, p.XIX.

¹⁵ Flicker., & Holdsworth, K., (2014) Aboriginal and Torres Strait Islander People and Dementia: A Review of the Research. A Report for Alzheimer's Australia. Paper 41 October 2014



need, workforce flexibility and team efficiencies and client outcomes¹⁶. Strengthening the cultural capability of the aged care assistant and support workforce (including but not limited to allied health assistants (AHA), nursing support workers and assistants in nursing (AiN), personal care workers (PCW) and patient care attendants (PCA), medical practice assistants, peer workers) will improve their ability to effectively meet the needs of older Aboriginal and Torres Strait Islander people. Building Aboriginal and Torres Strait Islander participation in this large workforce may also provide a sustainable strategy to building pathways into nursing and/or allied health careers.

- With a growing Aboriginal and Torres Strait Islander population¹⁷, there is potential to position secondary, vocational and tertiary training interventions to position Aboriginal and Torres Strait Islander people to meet aged care workforce shortages and ensure quality care for all Australians. (ATTACHMENT H CATSINaM Position Statement: Recruitment and Retention, ATTACHMENT I Policy Position Statement: the Importance of Allied Health)
- Any changes to Australian Government health workforce policy must ensure against unintended detrimental consequences for the health of Aboriginal and Torres Strait Islander people and other vulnerable groups. A thorough social impact assessment should be undertaken as part of the development process for major policies and programmes.

We thank you for your consideration of this submission and the opportunity to contribute to the Committee's considerations on this matter.

Yours sincerely

Kate Thomann
CEO, AIDA

Janine Mohamed
CEO, CATSINaM

¹⁶ Health Workforce Australia 2014, Assistants and support workers: workforce flexibility to boost productivity

¹⁷ Maguire, G & Wenitong, M, 2012, "Indigenous ageing: walking backwards into the future." Baker Idi Perspectives, Vol. 2012 No. 006 – Ageing accessed February 2016

<https://www.bakeridi.edu.au/Assets/Files/No006%20Perspectives%20FORWEB.pdf>



Australian Indigenous Doctors' Association

CATSINaM



IAHA Indigenous Allied Health Australia



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

Donna Murray
CEO, IAHA

Craig Dukes
CEO, NATSIHWA

ATTACHED POSITION STATEMENTS

- ATTACHMENT A AIDA Position Paper Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients
- ATTACHMENT B CATSINaM Cultural Safety Position Statement
- ATTACHMENT C IAHA Position Statement: Culturally Responsive Health Care
- ATTACHMENT D NATSIHWA Cultural Safety Framework
- ATTACHMENT E IAHA Position Statement: Right Approach to Allied Health
- ATTACHMENT F IAHA Policy Position Statement: Importance of Allied Health
- ATTACHMENT G IAHA Policy Position Statement: Access to Allied Health Services for Aboriginal and Torres Strait Islander People
- ATTACHMENT H CATSINaM Position Statement: Recruitment and Retention
- ATTACHMENT I Policy Position Statement: the Importance of Allied Health