



AAG

Australian
Association of
Gerontology



ATSIAAG

Aboriginal and
Torres Strait Islander
Ageing Advisory Group



**APPROPRIATE AGED CARE NEEDS
ASSESSMENT FOR OLDER ABORIGINAL
AND TORRES STRAIT ISLANDER PEOPLES:**

WHAT NEEDS TO BE DONE

Report on the 6th National Workshop of the
Australian Association of Gerontology (AAG)
Aboriginal and Torres Strait Islander Ageing
Advisory Group (ATSIAAG) held in
Melbourne, Victoria on 20 November 2018

Report launched on 5 June 2019

ACKNOWLEDGEMENT OF COUNTRY

The 6th National Workshop of the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) was held on the land of the Kulin Nation.

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

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



WARNING TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

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

ACKNOWLEDGEMENT OF CONTRIBUTORS

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

Mr Graham Aitken, Co-Chair, ATSIAAG

Ms Roslyn Malay, Co-Chair, ATSIAAG

Mr Mark Elliott, Immediate Past ATSIAAG Chair

Ms Annie Farthing, AAG Board Director

Ms Sharon Wall, Neurosciences Research Australia

Ms Kathy Bell, Senior Policy and Research Officer, AAG

Mr James Beckford Saunders, CEO, AAG

We also thank the other workshop presenters:

Professor Sir Michael Marmot, 2018 AAG Gary Andrews International Fellow

Mr Matt Moore, Institute for Urban Indigenous Health

Dr Dina LoGiudice, Melbourne Health

Ms Rebecca McGrath, Top End Rural and Remote Aged Care Assessment Team

We also thank our scribes; and the representatives of the NHMRC National Institute of Dementia Research who facilitated a consultation session at the workshop.

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

This report has been prepared by Kathy Bell.

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Australian Government
Department of Health

EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of the 6th National Workshop of the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG), held in Melbourne on 20 November 2018 and attended by over 50 people.

The primary aim of the workshop was to explore appropriate aged care needs assessment for Aboriginal and Torres Strait Islander people. The workshop also provided a consultation forum for the draft Aboriginal and Torres Strait Islander Dementia Research Roadmap, developed by the National Health and Medical Research Council (NHMRC) National Institute of Dementia Research.

Improving aged care needs assessment for Aboriginal and Torres Strait Islander people is an important prerequisite to improving access to aged care services. While Aboriginal and Torres Strait Islander people make up 3% of Australia's population, they make up only 1% of Australians in residential care. They are better represented in the Home Care Package program, where they make up 4% of consumers; but they are less likely to have higher-level home care packages.

Aged care needs assessment, commencing with the My Aged Care gateway, is the pathway to accessing aged care services. However, older Aboriginal and Torres Strait Islander people receive assessment for aged care services at less than half the rate, per head of population, than do the broader population of older Australians.

It has been established that accessing aged care services through My Aged Care presents multiple challenges for some Aboriginal and Torres Strait Islander people, particularly those living in remote and very remote areas. While there are several good models and tools in place and/or under development for aged care assessment for older Aboriginal and Torres Strait Islander people, uptake is not consistent or mandated.

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

Strategies to work towards more trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia

It was agreed that it is important that the aged care assessment workforce should reflect the communities they serve. Suggested strategies for increasing the numbers of trained Aboriginal and Torres Strait Islander aged care assessors across Australia identified by workshop participants included:

- ▶ Training of Aboriginal Health Workers as aged care assessors, as an add on to existing Aboriginal Health Worker training, with appropriate curriculum and a relevant qualification.
- ▶ A requirement for aged care assessment services to employ or engage Aboriginal and Torres Strait Islander people as assessors for Aboriginal and Torres Strait Islander clients.
- ▶ Ongoing support systems to retain Aboriginal and Torres Strait Islander people as assessors, including co-location in, or brokering of staff by, an Aboriginal organisation; culturally appropriate supervision; professional development; appropriate career pathways; and other support and mentoring.

Strategies to work towards cultural competence in aged care assessment for non-Indigenous aged care assessors

Several key elements were identified in this area:

- ▶ Mandatory and meaningful competency based cultural safety training for aged care assessors, tailored to local protocols and areas, and including participation in culturally inclusive events and social interaction.
- ▶ Regular follow up and refreshment of cultural safety training.
- ▶ Funded mentoring programs, to enable Aboriginal and Torres Strait Islander people to mentor non-Indigenous aged care assessors.
- ▶ Community/care recipient surveys to identify whether the service is culturally safe. The community/care recipient viewpoint is the only definitive measure of whether a service is culturally safe.



- ▶ Inclusion of at least one Aboriginal and Torres Strait Islander person in every aged care assessment team, to allow for two-way learning and mentoring.
- ▶ A requirement that aged care assessment services have a Reconciliation Action Plan and appropriate policies in place, as a condition of funding.
- ▶ Partnerships with Aboriginal organisations.
- ▶ Mandatory use of interpreters (unless this service is clearly not required).

Strategies to develop and achieve uptake of culturally appropriate assessment tools

Participants agreed that more culturally appropriate assessment tools, as well as better uptake of existing tools, were both needed. Specific suggestions included:

- ▶ There should be a requirement that evidence-based, well validated culturally appropriate assessment tools (eg Kimberley Indigenous Cognitive Assessment suite) are used for all aged care assessments for Aboriginal and Torres Strait Islander people across Australia.
- ▶ Continued research and validation of existing tools is critical, as assessment tools may have varying levels of validity in different settings, and may benefit from further development and refinement.
- ▶ Quality of life should form part of the aged care assessment, based on an understanding of what wellbeing means to Aboriginal and Torres Strait Islander people, including connectedness to spirit and country.
- ▶ Identification of gaps in the “toolbox” of available assessment tools is important, so that such gaps can be addressed.
- ▶ Better and more consistent guidelines for assessment processes are needed.

AAG response

AAG acknowledges the importance of taking action to improve access to aged care services by Aboriginal and Torres Strait Islander people. AAG also acknowledges that aged care assessment is the gateway to accessing services, and that older Aboriginal and Torres Strait Islander people receive aged care assessments at a much lower rate than other Australians, a situation that needs to be addressed.

AAG notes that the 6th ATSIAG workshop has recommended a range of actions to improve access to appropriate aged care needs assessment by older Aboriginal and Torres Strait Islander people, including:

- ▶ Strategies to work towards more trained Aboriginal and Torres Strait Islander aged care assessors across Australia.
- ▶ Strategies to work towards cultural competence in aged care assessment for non-Indigenous aged care assessors.
- ▶ Strategies to develop and achieve uptake of culturally appropriate assessment tools.

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

BACKGROUND

This report provides a summary of the proceedings and outcomes of a workshop held on 20 November 2018, which focused on exploring appropriate aged care needs assessment for older Aboriginal and Torres Strait Islander people. The workshop also included a consultation session on the National Health and Medical Research Council National Institute of Dementia Research draft Roadmap for Aboriginal and Torres Strait Islander Dementia Research, summarised at Appendix 3.

The workshop was hosted by the Australian Association of Gerontology (AAG) Aboriginal and Torres Strait Islander Ageing Advisory Group. AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia’s peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

The Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAG) is made up of Aboriginal and Torres Strait Islander people who are members of AAG who nominate to join the group. The ATSIAG reports to the AAG Board and assists in building evidence regarding gaps, challenges and opportunities, as well as providing guidance and advice on all issues related to ageing of Aboriginal and Torres Strait Islander people. The ATSIAG achieves its objectives through consultation and the development of partnerships with Aboriginal and Torres Strait Islander individuals, researchers and organisations. This ensures that the AAG is able to work with Australia’s First Peoples in the ageing policy arena in an informed and collaborative way, supporting the achievement of a key goal from AAG’s 2017-20 Strategic Priorities, to “improve outcomes for First Nation Elders and communities, with direction by the Aboriginal and Torres Strait Islander Ageing Advisory Group”.

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

1. Sydney, 2008: Growing Old Well
2. Darwin, 2010: Growing Old in Aboriginal Communities – Research and Services
3. Brisbane, 2012: Dementia in Aboriginal and Torres Strait Islander Communities – Translating Research into Caring and Practice
4. Alice Springs, 2015: Remote Communities – Effects on Ageing in Place
5. Perth, 2017: Ensuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander Peoples – What Needs to be Done
6. Melbourne, 2018: Exploring Appropriate Aged Care Needs Assessment for Older Aboriginal and Torres Strait Islander Peoples.

The purpose of the 6th ATSIAG workshop held in Melbourne on 20 November 2018 was:

- ▶ To meet the AAG commitment of consultation through a national workshop to inform policy and advocacy for older Aboriginal and Torres Strait Islander people.
- ▶ To advocate for evidence informed responses to ageing, access and equity in Aboriginal and Torres Strait Islander people.
- ▶ To advocate for evidence informed responses to ageing and access and equity in Aboriginal and Torres Strait Islander ageing.
- ▶ To provide a model of partnership and connection between organisations and projects committed to issues of access and equity for older Aboriginal and Torres Strait Islander people.

- ▶ To provide a forum for consultation and discussion between a wide variety of participants.
- ▶ To promote issues raised in the workshop widely for further consultation through a compilation report of proceedings.
- ▶ To enhance care and support for older Aboriginal and Torres Strait Islander people.
- ▶ To inform the AAG strategic planning processes for older Aboriginal and Torres Strait Islander people.

The policy context for the 6th ATSIAG workshop was the need to ensure that the aged care reform process meets the needs of older Aboriginal and Torres Strait Islander people, and specifically to ensure that aged care needs assessment facilitates, rather than impedes access to appropriate aged care services.

Due to poorer health and premature ageing, Aboriginal and Torres Strait Islander people need access to aged care services at a younger age. Yet despite this higher need, Aboriginal and Torres Strait Islander people are under-represented in aged care programs. They often face barriers to access including lack of culturally appropriate care and lack of service availability and choice. Aboriginal and Torres Strait Islander people can and do access mainstream services, and targeted services are also provided through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Yet access to appropriate and culturally safe services across Australia continues to be problematic. Aboriginal and Torres Strait Islander people are more likely to access care, and to have better outcomes, where services are respectful and culturally safe. Cultural safety is the recipient's own experience and cannot be defined by the caregiver.¹

¹ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) (2014). Cultural Safety Position Statement. <https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf>

These issues were discussed at ATSIAG's 2017 workshop, Assuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander Peoples: What Needs to be Done. The workshop identified a range of recommendations for improvement, including in the area of appropriate aged care needs assessment for Aboriginal and Torres Strait Islander people as a key issue. Key issues identified at the workshop in relation to aged care needs assessment were:

- ▶ **The need for Aboriginal and Torres Strait Islander assessors:** While some jurisdictions have good models in place, there is a lack of Aboriginal and Torres Strait Islander aged care assessors in many jurisdictions. There is a need to ensure more Aboriginal and Torres Strait Islander people are trained and employed as aged care assessors.
- ▶ **Appropriate training for non-Indigenous assessors:** Cultural safety training tailored to local needs should be mandatory, to help ensure sufficient knowledge and understanding to communicate effectively with older Aboriginal and Torres Strait Islander people and carers. Effective communication is fundamental to making an accurate assessment.
- ▶ **Culturally appropriate assessment tools:** Older Aboriginal and Torres Strait Islander people have specific needs which may not be accurately identified by mainstream aged care assessment tools. Culturally appropriate aged care assessment tools are needed. The Kimberley Indigenous Cognitive Assessment (KICA) tool is an example of a culturally appropriate assessment tool, originally developed and validated in the Kimberley region, which has been more widely validated and endorsed by the National Health and Medical Research Council (NHMRC) for the assessment of dementia in Aboriginal and Torres Strait Islander people across Australia.

- ▶ **The importance of linking health and aged care assessments:** Older Aboriginal and Torres Strait Islander people should be offered a comprehensive cultural health assessment, linking health and aged care assessments, so that their needs are assessed and addressed in a holistic way.
- ▶ **The importance of integrating assessment with service provision:** The aged care assessment system focusses solely on assessment. To better meet the specific needs of older Aboriginal and Torres Strait Islander people, assessment should be integrated with case management and service provision.

The 6th ATSIAG workshop held in November 2018 provided a forum to further explore these issues, drawing on the expertise of Aboriginal and Torres Strait Islander people themselves, as well as other service providers, researchers, and policy makers. The aim was to develop strategies to improve aged care assessment for Aboriginal and Torres Strait Islander people. These strategies have the potential to be integrated into the implementation of a new national Action Plan for aged care for Aboriginal and Torres Strait Islander people.

The workshop focused on three key questions:

1. How could we work towards more trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia?
2. How could we work towards cultural competence in aged care assessment for non-Indigenous aged care assessors?
3. Do we need more culturally appropriate assessment tools, or better uptake of the tools we already have – or both?

This workshop aimed to explore issues relating to aged care needs assessment for older Aboriginal and Torres Strait Islander people, and suggest directions for the future.

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



Snapshot: Aboriginal and Torres Strait Islander people's use of aged care services²

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

On a typical day in 2017, nearly 4,000 older Aboriginal and Torres Strait Islander people accessed government subsidised aged care services (residential or home care) which has been increasing in recent years. While Aboriginal and Torres Strait Islander people make up 3% of Australia's population, people who identified as Aboriginal and/or Torres Strait Islander made up only 1% of Australians in residential care, but were better represented in the Home Care Package program, where they made up 4% of consumers. However, Aboriginal and Torres Strait Islander people were less likely to have higher-level home care packages (Level 3 or 4 packages), probably due to the barriers to delivery of high care packages in remote locations.

The average age of Aboriginal and Torres Strait Islander people in residential care in 2017 was 73 years, compared with 85 years for non-Indigenous Australians. Aboriginal and Torres Strait Islander people were more likely to use aged care services in rural and remote areas of Australia; and women in aged care were older than and outnumbered men, reflecting their longer life expectancy.

The government funds 32 aged care services to deliver a flexible model of care under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, offering 820 places at 30 June 2017. In addition, at that date 24 residential facilities (1% of all facilities) and 124 home care services (5% of all services) had 50% or more of their clients identifying as Aboriginal and/or Torres Strait Islander people.

Pathways to accessing aged care services

The Australian government's My Aged Care contact centre and website is the initial point of entry to the aged care system, providing information about aged care services and how they can be accessed, and referring clients for assessment. Contact centre staff use the My Aged Care system to complete registration and create a client record; conduct screening using the National Screening and Assessment Form; create an action plan; refer clients for an assessment; refer clients to the Commonwealth Home Support Program manage inbound referrals; and provide information about non-government-funded services.³

Aged care assessments are designed to assess the care needs of older people and assist them to gain access to the most appropriate type of care.⁴ The Aged Care Assessment Program is administered by the Australian government, Department of Health and is an arrangement between the Australian government and state and territory governments to operate Aged Care Assessment Teams (ACATs) across Australia. ACATs conduct face-to-face comprehensive assessments to determine a client's eligibility for care types. The Regional Assessment Service (RAS) commenced on 1 July 2015 as a national assessment workforce operating at a regional level in all states and territories except Victoria and Western Australia.⁵

An assessment of need by an ACAT (Aged Care Assessment Team in Victoria), is mandatory for admission to residential care, to receive a Home Care Package, or enter short term restorative care or Transition Care. ACATs also make recommendations regarding the most appropriate long term care arrangements for clients. Since 2014, approvals for care from most assessments do not lapse. Assessments for other aged care programs are conducted by other assessment services (for example, RAS for the Commonwealth Home Support Program). Not everyone assessed by an ACAT is approved for care, and some people are approved for more than one type of care. ACAT approval rates for Home Care Packages and residential aged care significantly increase with client age.⁶

Aboriginal and Torres Strait Islander people receive assessment for aged care services at lower rates than other Australians. There were 52.3 assessments per 1000 older Australians in 2012-13 (that is, Aboriginal and Torres Strait Islander people aged 50 or over, and other Australians aged 65 or over). However, the rate for Aboriginal and Torres Strait Islander Australians was only 23.1 per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over,⁷ less than half the rate for the wider population. Data from 2015-16 confirms this picture, with 1.5% of all aged care assessments that year being for Aboriginal and Torres Strait Islander people,⁸ whereas Aboriginal and Torres Strait Islander people make up 3% of the Australian population.

² Australian Government Department of Health. Fact sheet: Aboriginal and Torres Strait Islander peoples' use of aged care services. https://www.gen-agedcaredata.gov.au/www_aihwwgen/media/2017-Factsheets/Aboriginal-and-Torres-Strait-Islander-peoples-use-of-aged-care-services-2017_3.pdf?ext=.pdf

³ Commonwealth of Australia, Australian National Audit Office (2017). Indigenous Aged Care. Australian National Audit Office Report No. 53 2016-17, p 27. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>

⁴ <https://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments>

⁵ Commonwealth of Australia, Australian National Audit Office (2017). Indigenous Aged Care. Australian National Audit Office Report No. 53 2016-17, p 29. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>

⁶ Australian Government, Productivity Commission (2018). Report on Government Services 2018. 14.7. <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/community-services/aged-care-services>

⁷ Australian Government, Productivity Commission (2015). Report on Government Services 2015: Indigenous Compendium 2015. 13.4. <https://www.pc.gov.au/research/ongoing/report-on-government-services/indigenous-compendium-2015/indigenous-compendium-2015-volume-f-chapter13.pdf>

⁸ Australian Government Department of Health. Fact sheet: Aboriginal and Torres Strait Islander peoples' use of aged care services. https://www.gen-agedcaredata.gov.au/www_aihwwgen/media/2017-Factsheets/Aboriginal-and-Torres-Strait-Islander-peoples-use-of-aged-care-services-2017_3.pdf?ext=.pdf

Is the current aged care assessment system working for older Aboriginal and Torres Strait Islander peoples?

There are questions as to whether the aged care assessment system is working well for older Australians in general. In 2014 the National Aged Care Alliance (NACA) argued that "Australia's current assessment system is fragmented, based on funding programs rather than on the individual, differs between organisations and creates variable outcomes for individuals." NACA called for reforms (including the development of the RAS approach) to develop an assessment system that:

- ▶ Supports older people's independence and access to the right type and level of service they need at any given point in time;
- ▶ Ensures that older people with similar needs, regardless of where they live, their cultural or ethnic background or the services they access, have a similar outcome in terms of the level of resources made available to support them; and
- ▶ Effectively manages access to, and controls public expenditure on, Government funded aged care services.

NACA argued that comprehensive assessment should occur face-to-face, be designed around the needs of the individual older person (rather than based on current Commonwealth government funding programs) and support wellness and reablement service provision.⁹

The Australian National Audit Office (ANAO) undertook a performance audit of Indigenous Aged Care in 2016-17. The ANAO concluded that Australian government aged care services were largely delivered effectively to Aboriginal and Torres Strait Islander people. In relation to pathways into care, the ANAO found that:¹⁰

- ▶ Accessing aged care services through My Aged Care presents multiple challenges for some Aboriginal and Torres Strait Islander people, particularly those living in remote and very remote areas. The Department of Health had developed strategies to address this, including provision for people to connect with My Aged Care through a trusted service or person; and was working to amend policies, processes and systems to improve the client pathway and engagement with assessors and providers.
- ▶ ACAT's had been assessing the need for comprehensive aged care services for many years and had well established relationships with local communities and providers, especially those that service remote communities.
- ▶ By contrast, the RAS was a new service and was still in the early stages of establishing strong relationships with communities. Many referrals to and from RAS providers were rejected following implementation of the program, necessitating revised procedures and additional training. RAS providers advised they had received very low referrals to conduct assessments in remote communities, making face-to-face assessments financially unviable.
- ▶ My Aged Care Contact Centre staff receive training to support appropriate communication and service delivery to Aboriginal and Torres Strait Islander clients; and an elective on cultural and other special needs was available to RAS Assessors.

⁹ National Aged Care Alliance (January 2014). Assessment and the aged care service system. <http://www.naca.asn.au/Publications/Assessment%20%26%20The%20Aged%20Care%20Service%20System%20Paper.pdf>

¹⁰ Commonwealth of Australia, Australian National Audit Office (2017). Indigenous Aged Care. Australian National Audit Office Report No. 53 2016-17, pp 28-31. <https://www.anao.gov.au/work/performance-audit/indigenous-aged-care>

National Screening and Assessment tool¹¹

The My Aged Care National Screening and Assessment Form (NSAF) is the key tool used to support: screening conducted over the phone by the My Aged Care contact centre; Home Support Assessments conducted face-to-face by Regional Assessment Services; and Comprehensive Assessments conducted face-to-face by Aged Care Assessment Teams.

In 2017-18, the Department of Health undertook a project to review the NSAF. This was in response to the feedback received through several consultation processes including the My Aged Care co-design workshops in 2016 and the Legislated Review of Aged Care 2017. The new form, in use from June 2018, aims to better support:

- ▶ A conversational approach to assessment with the client
- ▶ An assessor's ability to record the client's story within their assessment
- ▶ The planning process between clients and assessors
- ▶ The display of assessment and support plan information, including to providers.

The NSAF guide is extensive and includes reference to a wide range of assessment tools for particular areas of assessment, including the Kimberley Indigenous Cognitive Assessment Activities of Daily Living (KICA-ADL) assessment, recommending its use for Aboriginal and Torres Strait Islander clients living in rural and remote areas; the Kimberley Indigenous Cognitive Assessment (KICA-COG) for use in dementia assessment with this group; and the KICA-Carer Cognitive Informant Report. In other respects the NSAF and guide are quite generic with a few exceptions:

- ▶ Older Aboriginal and Torres Strait Islander people are identified as one of several cohorts at "risk of vulnerability", and the guide notes that "Vulnerable older people often need additional support and short-term management to access services. The assessment process is designed to identify vulnerable people and refer them to the appropriate pathway for support".
- ▶ The form asks whether the client has "any cultural and/or religious values or beliefs that are important to know or would affect services being provided."
- ▶ The form asks whether the client has "a history of childhood experiences (eg spending time in institutions, foster care, or out-of-home care) that are important to know or would affect services being provided." This section does not refer explicitly to the experiences of the Stolen Generations.



¹¹ Australian Government, My Aged Care (May 2018). NSAF User Guide. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2018/national_screening_and_assessment_form_user_guide_-_may_2018.pdf

Models of good practice in offering culturally safe aged care assessment

A few potential examples of good practice and useful resources are summarised below. This is not intended to be an exhaustive list – it is acknowledged that other useful models and resources are in place.



Kimberley Indigenous Cognitive Assessment (KICA)¹²

The Kimberley Indigenous Cognitive Assessment (KICA) is the only validated dementia assessment tool for older Aboriginal and Torres Strait Islander people. The KICA-Cog section has been validated with Aboriginal and Torres Strait Islander people aged 45 years and above from the Kimberley and Northern Territory. A short version (KICA-Screen) has been validated in Far North Queensland. The questions in the KICA survey provide the first specific instrument for assessing cognitive decline in older Aboriginal and Torres Strait Islander people.

The KICA was developed in response to the need for a validated cognitive screening tool for older Aboriginal and Torres Strait Islander people living in rural and remote areas. The KICA was adapted from cognitive assessment tools in current use and refined after extensive consultation with community members of the Kimberley. The KICA was translated and back translated into Walmajarri, a commonly used language originating from a desert area of the Kimberley; and validated with older Aboriginal and Torres Strait Islander people of the Kimberley to assess cognitive status.

The Clinical Practice Guidelines for Dementia in Australia, released by the NHMRC in 2016, recommend the use of the KICA-Cog or KICA-Screen tool with remote living Aboriginal and Torres Strait Islander people for whom the use of alternative cognitive assessment tools is not considered appropriate. The modified KICA (mKICA) is recommended as an alternative to the Mini Mental State Exam (MMSE) in urban and rural Aboriginal and Torres Strait Islander people populations when literacy, language or cultural considerations deem it appropriate.¹³

¹² <http://www.sewbmh.org.au/page/3663/adapted-mainstream-screening-and-assessment-tools>; https://www.dementia.org.au/files/Validation_of_the_Kimberley_Indigenous_Cognitive_Assessment_tool_%28KICA%29.pdf

¹³ [http://sydney.edu.au/medicine/cdpc/documents/resources/LAVER_Dementia_Guidelines_recommendations_PRVW%20\(4\).pdf](http://sydney.edu.au/medicine/cdpc/documents/resources/LAVER_Dementia_Guidelines_recommendations_PRVW%20(4).pdf)

Victorian ACAS guide

The Victorian Department of Health has published a guide for Aged Care Assessment Services (ACAS) in Victoria, to improve aged care assessments for Aboriginal people.¹⁴ The starting point for the guide is that:

“A primary goal of ACAS is to provide culturally appropriate services for all consumers by having in place:

- ▶ Clinical staff and administrators with appropriate skills, knowledge, and attitudes
- ▶ Practices that are proven to be effective with people from culturally diverse backgrounds
- ▶ Organisation policies, administrative procedures and management practices designed to ensure access to culturally appropriate services and competent personnel.¹⁵

The guide outlines several principles of best practice, and proposes a number of actions which assessment services can take to improve aged care assessments for Aboriginal people, including:

- ▶ Developing effective working partnerships with Aboriginal services
- ▶ Working with Aboriginal services to create awareness about the aged care assessment process and aged care packages, and to develop strategies to target Aboriginal residents in the catchment area

- ▶ Having a policy in place which clearly articulates how the service will engage with Aboriginal clients and services
- ▶ Asking all clients the Indigenous status question
- ▶ Implementing an Aboriginal cultural competency and/or responsiveness framework
- ▶ Actively recruiting Aboriginal people to work in the service
- ▶ Ensuring all staff participate in appropriate induction and training.

The document also provides detailed guidance for integrating best practice principles through each stage of the assessment process.

¹⁴ State of Victoria, Department of Health (2011/January 2014). Strengthening aged care assessments for Aboriginal consumers: A guide for Aged Care Assessment Services in Victoria. <https://www2.health.vic.gov.au/ageing-and-aged-care/aged-care-assessment-services/assessing-special-needs>

¹⁵ Ibid, p.1.

Dementia Training Australia guide¹⁶

The Cultural assessment for Aboriginal and Torres Strait Islander people with dementia – Guide for health professionals was published in 2017 as an outcome of a partnership between the WA Dementia Training Study Centre, Hall & Prior Health and Aged Care Group, and Curtin University Centre for Aboriginal Studies. The guide covers a range of areas including culture; dementia in the Australian Aboriginal context; Aboriginal history, politics, and social impactors; assessment of Aboriginal people with dementia; how to undertake an assessment; and illustrative case studies.

Good Spirit, Good Life¹⁷

The Good Spirit, Good Life project involves the development and validation of a quality of life tool for older Aboriginal Australians, with accompanying Aboriginal informed strategies in the Good Spirit, Good Life package. Centre for Aboriginal Medical and Dental Health, University of WA researchers have worked with Elders to develop the tool in Perth through identifying ten factors that are important to living a good life. This tool has undergone face validity¹⁸ and adaptation with Elders in Melbourne. Validity of the tool is currently being determined, with the aim for the package to be available by mid to end 2019 for health and aged care providers to identify the wellbeing needs of older Aboriginal Australians living in urban and regional areas (including those with cognitive impairment), and to implement and evaluate wellbeing strategies over time. The project has been funded by a NHMRC-ARC Dementia Development Fellowship, and by a Poche Network grant.

¹⁶ https://www.dta.com.au/wp-content/uploads/2017/03/2370_DTA_WA_DT_manual_5web.pdf

¹⁷ Personal communication, Kate Smith, University of Western Australia, 11 December 2018.

¹⁸ Lorenda, B (2016). Community-Based Participatory Research Conceptual Model, *Qualitative Health Research*, vol. 26, no. 1, pp. 117 – 135.



Summary

This overview has presented evidence that:

- ▶ While Aboriginal and Torres Strait Islander people make up 3% of Australia's population, they make up only 1% of Australians in residential care, but are more represented in the Home Care Package program, where they make up 4% of consumers. However, Aboriginal and Torres Strait Islander people are less likely to have higher-level home care packages.
- ▶ Aged care assessment, commencing with the My Aged Care gateway, is the pathway to accessing aged care services. An assessment of need by an ACAT is mandatory for admission to residential care, to receive a Home Care Package, or enter short term restorative care or Transition Care. Assessments for other aged care programs are conducted by other assessment services (for example, RAS for the Commonwealth Home Support Program).
- ▶ Older Aboriginal and Torres Strait Islander people receive assessment for aged care services at less than half the rate, per head of population, than do the broader population of older Australians.
- ▶ It has been established that accessing aged care services through My Aged Care presents multiple challenges for some Aboriginal and Torres Strait Islander people, particularly those living in remote and very remote areas.
- ▶ There are several good models and tools in place and/or under development for aged care assessment for older Aboriginal and Torres Strait Islander people, but uptake is not consistent or mandated.



WORKSHOP PROCEEDINGS



The 6th ATSIAG National Workshop was held in Melbourne on 20 November 2018 as one of the pre-conference workshops for AAG's 2018 National Conference. The workshop convenors were Mr Graham Aitken and Ms Roslyn Malay, ATSIAG Co-Chairs. The four-hour workshop was attended by at least 53 participants (see recorded participant list at Appendix 1). The Workshop Program is at Appendix 2.

The program opened with a Welcome to Country from Aunty Jacqui Wandin from the Wurundjeri Tribe Council.

The Welcome to Country was followed by a short speech by invited guest Professor Sir Michael Marmot, AAG's 2018 Gary Andrews International Fellow. Professor Marmot referred to Aboriginal and Torres Strait Islander peoples' relationship with the land, and the impact of colonisation on health and wellbeing. Professor Marmot noted that the persisting effects of colonialism and racism, including institutional racism, the removal of people from their land, and the removal of children from their families and communities, all need to be considered when looking at health, wellbeing and ageing for Aboriginal and Torres Strait Islander people. Professor Marmot commented that general models of inequity can overlook these issues; and stated that closing the gap needs to be an active process which includes respecting traditional values and relationships with Country.

An introductory presentation providing background to the main workshop topic of aged care needs assessment was then provided by the ATSIAG Co-Chairs, covering several of the contextual issues outlined earlier in this report. This was followed by four presentations.

SUMMARY OF PRESENTATIONS

Presentation 1: ▶

Mr Matt Moore, Institute for Urban Indigenous Health: Update on Action Plan for Aged Care for Aboriginal and Torres Strait Islander People, and the importance of appropriate aged care needs assessment

Mr Moore updated the workshop on the development of an Action Plan for Aged Care for Aboriginal and Torres Strait Islander people. The starting point for the action plan was that the Australian government's aged care reforms were not always delivering well for the most vulnerable older people, including Aboriginal and Torres Strait Islander people. The government had launched a Diversity Framework to address the aged care needs of specific groups, and three working groups had been established to develop action plans for three priority populations, including older Aboriginal and Torres Strait Islander people. The Institute for Urban Indigenous Health (IUIH) in conjunction with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) had put forward a successful proposal in 2017 to lead the development of the national action plan for aged care for Aboriginal and Torres Strait Islander people. The process for the development of the action plan was very positive and highly consultative, with over 1,000 people and organisations responding to an online survey, and 65 consultations held across Australia. The resulting recommendations were still under consideration by the Australian government and had not yet been released.

Mr Moore also discussed issues in relation to aged care needs assessment for Aboriginal and Torres Strait Islander people. Key concerns included:

- ▶ My Aged Care has not been well designed for vulnerable people: those who can navigate My Aged Care are not the people who most need the support it can provide. Improvements are needed, particularly in relation to access and accountability.
- ▶ The Regional Assessment Services (RAS) tender process had been held, but there was no obligation under this process for services to report on how they meet the needs of older Aboriginal and Torres Strait Islander people. There are also no criteria to define appropriate service delivery for older Aboriginal and Torres Strait Islander people.
- ▶ There is also no mechanism to ensure that Aged Care Assessment Teams (ACAT's) provide appropriate assessment for older Aboriginal and Torres Strait Islander people, and the approach of the ACAT's in this area is highly variable.
- ▶ There are no Closing the Gap targets built into either the aged care or National Disability Insurance Scheme (NDIS) systems.

Mr Moore noted that as the largest provider of non-residential Indigenous aged care services in Australia, IUIH manages the relationships of its clients with the My Aged Care call centre, and assists its clients to access aged care services. He suggested that Aboriginal and Torres Strait Islander organisations should be recognised and funded for such advocacy and navigation work. Mr Moore also suggested that as the RAS and ACAT systems will come together in July 2019, it will be important to advocate for a parallel assessment system appropriate for older Aboriginal and Torres Strait Islander people, working alongside the mainstream assessment system.

Presentation 2: ▶
Ms Roslyn Malay, University of Western Australia, and Dr Dina LoGiudice, Melbourne Health: Culturally appropriate tools for aged care needs assessment

This presentation covered three main areas:

- ▶ **Why culturally appropriate assessment is needed and principles of approach in older people:** Comprehensive geriatric assessment, defined as a multidimensional, interdisciplinary diagnostic process, assessing an older person's medical, psychosocial and functional capacity and problems to develop an overall plan, is needed. It is important for aged care assessors to build trust and rapport with older Aboriginal and Torres Strait Islander people, as this is the only way to get useful and accurate information to inform care. Culturally valid understandings must shape the provision of services and guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health and wellbeing; and good information is necessary to inform service development and improvement.

- ▶ **Examples of development and use of culturally appropriate assessment tools for use in older Aboriginal and Torres Strait Islander people:** The importance of understanding the person in the context of their community, family and living arrangements was discussed, noting that physical health is only one part of the picture. The development, validation, implementation and ongoing adaptation of the Kimberly Indigenous Cognitive Assessment (KICA) tool was outlined. It was noted that the KICA-Dep has also been developed to assess depression in older people and in carers, which enables people with depression and at risk of self-harm to be identified, so that these issues can be addressed.
- ▶ **Work in progress and future needs:** Reference was made to the NHMRC-funded Let's CHAT (Community Health Approaches To) Dementia in Indigenous Communities program, a culturally responsive model of care designed to optimise the detection and management of dementia and its precursor, cognitive impairment not dementia, in Aboriginal and Torres Strait Islander older people attending Aboriginal Primary Care services. This will result in better health outcomes for older people with dementia, their carers and their communities. Reference was also made to the Yarning Circle, a publisher of education and communication programs, aiming to provide a place where stories and knowledge can be shared in a caring, relaxed and comfortable environment.



Presentation 3: ▶
Mr Graham Aitken, CEO, Aboriginal Community Services South Australia: Aged care needs assessment in the APY Lands

Mr Aitken's presentation outlined aged care needs assessment in the APY Lands, including the role of Aboriginal Community Services South Australia (ACS), which has operated since 1995 and is the largest provider of aged care services to older Aboriginal people in South Australia.

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

The RAS service for the Commonwealth Home Support Program (CHSP) is provided by NPY Women's Council, under a sub-contractor arrangement with a larger mainstream RAS. Mr Aitken noted that the RAS is important in ensuring Elders have access to aged care services, and the assessments are usually completed at the ACS community centres on APY Lands.

As Elders are transitioned from CHSP to higher level Home Care Packages, a comprehensive assessment is required. This is conducted by the Aged Care Assessment Team from Port Augusta, which is part of SA Health. The ACAT is unlikely to come to the APY Lands. Three successful comprehensive assessments have been completed. ACS staff are authorised by the Elders to act as their "representative", and the assessment over the phone can take up to two hours to complete.

Key issues include the differences between RAS (entry level) and ACAT (comprehensive) assessments; and how the RAS and ACAT assessments are conducted. ACS staff need to be involved in both the RAS and ACAT assessments to ensure they are culturally safe. The work of ACS in this regard is unfunded, but ACS continues to be involved in assessments to ensure Elders can access the aged care system.



Presentation 4: ▶

Ms Rebecca McGrath, Top End Rural and Remote Aged Care Assessment Team: Case study – Aged care needs assessment in the Northern Territory

Ms McGrath stated that she was a physiotherapist and ACAT assessor for the Katherine Office of Disability and Top End Rural and Remote ACAT. It was noted that in the Katherine region, and in the NT generally, ACAT assessors are generally physiotherapists or occupational therapists, whereas nationally assessors are more likely to have nursing backgrounds.

Key success factors for aged care needs assessment in remote NT were outlined, including strong community relationships with key stakeholders; strong local community and service provider knowledge; effective communication skills; local cultural training; and awareness of social determinants of health and how they influence the care needs of a client.

A case study of an aged care assessment was provided, relating to a 67-year-old Aboriginal man living in a remote community more than 100 km from Katherine, due to concern regarding declining mobility and increasing dependence on his wife.

Ms McGrath then outlined factors affecting aged care service delivery in the remote NT context. These included:

- ▶ Limited access to quality aged care services. Some remote communities do not have any aged care services, while others may have only one provider, therefore there is limited choice of a service provider.

- ▶ Recruitment and retention of aged care staff, especially qualified staff. Most staff in very remote communities are Aboriginal. Day to day staffing can be inconsistent. In small communities, kinship rules for avoidance relationships impact on which staff can support which clients.
- ▶ The transient nature of clients, some of whom may have no fixed address or phone number, can present challenges to service delivery.
- ▶ The cost of remote service delivery is very expensive.
- ▶ There is limited access to transport out of community and services other than the basics (meals, domestic cleaning, and laundry).

Table discussions

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

- ▶ How could we work towards more trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia?
- ▶ How could we work towards cultural competence in aged care assessment for non-Indigenous aged care assessors?
- ▶ Do we need more culturally appropriate assessment tools, or better uptake of the tools we already have – or both?

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

OUTCOMES OF WORKSHOP DISCUSSIONS

How could we work towards more trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia?

It was agreed that it is important the aged care assessment workforce reflects the communities they serve, so that where assessment services have Aboriginal and Torres Strait Islander clients, their staffing should reflect this. Suggested strategies for increasing the numbers of trained Aboriginal and Torres Strait Islander aged care assessors across Australia identified by workshop participants included:

- ▶ **Training of Aboriginal Health Workers as aged care assessors.** It was suggested that the training organisations that currently deliver Aboriginal Health Worker training and/or Aboriginal community-controlled health organisations could deliver aged care assessment training as an “add on”. It was noted that this may require specific curriculum development and the development of a specific qualification; and that funding would be required both to develop the curriculum and qualification, and to deliver the training. Upskilling and cross-skilling people across pathways was seen as a better option than building a new workforce.
- ▶ **A requirement for RAS’s and ACAT’s to employ or engage Aboriginal and Torres Strait Islander people as assessors for Indigenous clients.** This could be achieved through specific Key Performance Indicators relating to Aboriginal and Torres Strait Islander employment staff targets, and mandating that RAS’s and ACAT’s report against these; and or by mandating that aged care assessments for Aboriginal and Torres Strait Islander clients must be provided by Aboriginal/Torres Strait Islander assessors. It was noted that there is potentially a need to address a perception by some mainstream services that Aboriginal and Torres Strait Islander people may not possess the required skills.

- ▶ **Ongoing support systems to retain Aboriginal and Torres Strait Islander people as assessors.** It was identified that there is a risk that Indigenous assessors working for mainstream organisations could become culturally isolated, and strategies would be needed to retain these staff and support their wellbeing. For example, Aboriginal assessors could be employed by a mainstream provider but be located in an Aboriginal organisation; or they could be employed by the Aboriginal organisation and be “brokered” to work for the mainstream provider. Culturally appropriate supervision, professional development, appropriate career pathways, and other support and mentoring for Aboriginal and Torres Strait Islander assessors were also identified as important.

It was noted that different regions may have different solutions, and there is a need for flexibility.



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

Workshop participants noted that in some jurisdictions and/or services, there is mandatory cultural orientation and training for aged care assessors. However, it was questioned whether this is adequate to achieving cultural safety, particularly in situations where there is a lack of ongoing training. Participants identified several key elements in working towards cultural competence in aged care assessment for non-Indigenous assessors:

- ▶ **Mandatory competency based cultural safety training for aged care assessors, tailored to local protocols and areas.** Meaningful cultural safety training should achieve attitudinal and behavioural change. Mandatory training on cultural safety theory, awareness of one's own culture, whiteness, critical race, and the history of colonisation was recommended as part of this approach. It was suggested that face-to-face group training is the most effective way of delivering cultural safety training; online courses are not seen as appropriate or effective.
- ▶ **Regular follow up and refreshment of cultural safety training.** Mandatory training on a regular basis, possibly every six months, was suggested. Culturally inclusive events and social interaction were also identified as an important part of the ongoing effort.
- ▶ **Funded mentoring programs, to enable Aboriginal and Torres Strait Islander people to mentor non-Indigenous aged care assessors.** It was suggested that this should be accompanied by a career path for mentors as they further develop their skills.
- ▶ **Community/care recipient surveys to identify whether the service is culturally safe.** It was agreed that the community/care recipient viewpoint provides the only definitive measure of whether a service is culturally safe. Approaching and asking Aboriginal and Torres Strait Islander people what they want from a service was also identified as important to drive service planning and improvement.

- ▶ **Inclusion of at least one Aboriginal and Torres Strait Islander person in every aged care assessment team.** This was stated to be the best way to ensure ongoing cultural competency. Inclusion of Aboriginal and Torres Strait Islander staff would allow for two-way learning and mentoring. It was noted that while it is important that Aboriginal and Torres Strait Islander people should be attached to teams, they should not be isolated, nor should this be the only action taken by a service provider to ensure cultural safety.
- ▶ **A requirement that aged care assessment services have a Reconciliation Action Plan and appropriate policies in place, as a condition of funding.** It was noted that this would be a prerequisite but does not guarantee cultural safety, as some service providers may produce attractive documents, pamphlets, and resources, but may not "walk the talk".
- ▶ **Partnerships with Aboriginal organisations.** Partnerships with organisations such as Aboriginal flexible aged care services and Aboriginal community controlled health organisations were identified as an important channel for improving the cultural knowledge and responsiveness of non-Indigenous organisations and their employees.
- ▶ **Mandatory use of interpreters (unless this service is clearly not required).** It was noted that for many Aboriginal and Torres Strait Islander people, particularly in more remote areas, English may be their second, third or fourth language. Accurate aged care assessment in English is not feasible if the individual and their family members are not fully fluent in English, and in such cases use of interpreters should be mandatory.

It was suggested that even with measures such as these in place, influencing mainstream service providers to change for a small proportion of the population can be difficult to achieve. It was argued that mainstream teams may not put in the time and effort to actually deliver cultural safety, in the absence of a financial or other benefit or incentive, particularly where there are long waiting lists for assessment. It was suggested that it may be preferable to have a parallel assessment process which is required to be followed for Aboriginal and Torres Strait Islander people.

Do we need more culturally appropriate assessment tools, or better uptake of the tools we already have – or both?

All participants agreed that more culturally appropriate assessment tools, as well as better uptake of existing tools, were both needed. Specific suggestions included:

- ▶ **There should be a requirement that evidence-based, well validated culturally appropriate assessment tools are used for all aged care assessments for Aboriginal and Torres Strait Islander people across Australia.** This may involve tailoring of the ACAT tool (National Screening and Assessment Form) and/or adoption of different tools as appropriate.
- ▶ **Continued research and validation of existing tools is critical.** It is particularly important to test the validity of the tools with different population groups in different settings.
- ▶ **Quality of life should form part of the aged care assessment.** This would include connectedness to spirit and country, and be based on an understanding of what wellbeing means to Aboriginal and Torres Strait Islander people.
- ▶ **Identification of gaps in the "toolbox" is important.** For example, there may be a need for tools with more sensitivity to pick up on early cognitive changes; and psychological assessment doesn't perhaps feature as much as it could, including effects of trauma from childhood that may occur in later life. It was suggested that trauma awareness, healing informed tools that capture trauma experienced by older people as a result of the Stolen Generations experience are needed.
- ▶ **Better and more consistent guidelines for assessment processes are needed.** These could cover areas such as having a yarn, cultural competence, or how to talk appropriately about issues such as continence. It was identified as important to understand how people's spirits are affected by assessments.



AAG RESPONSE TO WORKSHOP OUTCOMES



In response to the outcomes of the 6th National ATSIAG Workshop held in November 2018, the Australian Association of Gerontology makes a commitment to:

AAG acknowledges the importance of taking action to improve access to aged care services by Aboriginal and Torres Strait Islander people. AAG also acknowledges that aged care assessment is the gateway to accessing services, and that older Aboriginal and Torres Strait Islander people receive aged care assessments at a much lower rate than other Australians, a situation that needs to be addressed.

AAG notes that the 6th ATSIAG workshop has recommended a range of actions to improve access to appropriate aged care needs assessment by older Aboriginal and Torres Strait Islander people, including:

- ▶ Strategies to work towards more trained Aboriginal and Torres Strait Islander aged care assessors across Australia.
- ▶ Strategies to work towards cultural competence in aged care assessment for non-Indigenous aged care assessors.
- ▶ Strategies to develop and achieve uptake of culturally appropriate assessment tools.

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

CONCLUSION

Improving aged care needs assessment for Aboriginal and Torres Strait Islander people is important, as problems with assessment can form a barrier to access to aged care services. We know that older Aboriginal and Torres Strait Islander people are significantly under-represented in residential aged care, and that although they are better represented in the Home Care Package program, they are less likely to have higher-level home care packages. Improving the assessment process is one means to address this situation.

Aged care needs assessment, commencing with the My Aged Care gateway, is the pathway to accessing aged care services. However, older Aboriginal and Torres Strait Islander people receive assessment for aged care services at less than half the rate than do the broader population of older Australians; and the quality of these assessments is also open to question. It has been established that accessing aged care services through My Aged Care presents multiple challenges for some Aboriginal and Torres Strait Islander people, particularly those living in remote and very remote areas. While there are several good models and tools in place and/or under development for aged care assessment for older Aboriginal and Torres Strait Islander people, uptake is not consistent or mandated.

The 6th ATSIAG workshop explored the issue of appropriate aged care needs assessment for older Aboriginal and Torres Strait Islander people. The workshop identified a number of strategies to work towards more trained Aboriginal and Torres Strait Islander aged care assessors across all parts of Australia, so that the assessment workforce better reflects the communities it serves. The workshop identified strategies to work towards cultural competence in aged care assessment for non-Indigenous aged care assessors; and strategies to develop and achieve uptake of culturally appropriate assessment tools.

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



APPENDIX 1: ATSIAG WORKSHOP PARTICIPANTS

Attendance was recorded for the following participants:

Mr Richard Adams, Victorian Department of Health and Human Services
Mr Graham Aitken, Aboriginal Community Care South Australia, ATSIAG Co-Chair, Co-Convenor
Ms Lyn Allen, The Healing Foundation
Mr Ian Appleby, Australian Institute of Health and Welfare
Ms Dianne Baldock, Circular Head Aboriginal Corporation Tasmania
Mr James Beckford Saunders, Australian Association of Gerontology
Ms Kathy Bell, Australian Association of Gerontology
Ms Janice Besch, Director, NHMRC National Institute for Dementia Research
Ms Rosie Bonnin, Caresearch Palliated, Flinders University
Ms Kate Bradley, Department of Medicine, Dentistry and Health Sciences, Melbourne University
Professor Tony Broe, Neuroscience Research Australia
Mr Rob Bryant, Gnibi Wandarahn Elders Council/Southern Cross University
Ms Joanna Carson, Circular Head Aboriginal Corporation Tasmania
Ms Jessica Cecil, National Ageing Research Institute
Ms Julieanne Crow, Gunditjmarra Health Service
Ms Gail Daylight, Neuroscience Research Australia
Mr Terry Donovan, Neuroscience Research Australia
Mr Mark Elliott, Linking Futures (Immediate Past Chair, ATSIAG)
Ms Annie Farthing, Centre for Remote Health (AAG Board Director)
Ms Ellen Finlay, Neuroscience Research Australia
Professor Leon Flicker AO, University of Western Australia
Dr Scott Fraser, National Ageing Research Institute
Ms Lianne Gilchrist, CAMDH, University of Western Australia
Mr John Green
Ms Margaret Hayes, Australian Government Department of Health
Mr Michael Hodson, Northern Territory Department of Health
Ms Chene Howe, Victorian Department of Health and Human Services
Dr Jo-anne Hughson, University of Melbourne
Ms Judith Jackson, Port Melbourne Neighbourhood Centre

Ms Louise Lavrencic, Neuroscience Research Australia
Dr Dina LoGiudice, Melbourne Health
Ms Paulene Mackell, National Ageing Research Institute
Ms Roslyn Malay, University of Western Australia, ATSIAG Co-Chair, Co-Convenor
Ms Rebecca Mann, Neuroscience Research Australia
Professor Sir Michael Marmot, University College London
Ms Rebecca McGrath, Top End Rural and Remote ACAT
Mr Matt Moore, Institute for Urban Indigenous Health
Ms Madeleine Nichols, Neuroscience Research Australia
Ms Lauren Poulos, Neuroscience Research Australia
Dr Kylie Radford, Neuroscience Research Australia
Ms Trischia Ritchie, Aged Rights Advocacy Service Inc
Professor Rob Sanson-Fisher, The University of Newcastle
Ms Kate Smith, University of Western Australia
Ms Kathryn Squires, National Ageing Research Institute
Prof Christine Stirling, University of Tasmania (AAG Board President)
Ms Glenda Thompson, Gunditjmarra Aboriginal Cooperative
Mr Robert Tickner AO, EveryAGE Counts
Miss Alison Timbery, Neuroscience Research Australia
Ms Noeleen Tunny, Victorian Aboriginal Community Controlled Health Organisation
Ms Sharon Wall, Neuroscience Research Australia
Ms Christianne White, University of Western Australia
Mrs Deidre Widdall, Top End Health Service
Ms Joanne Willmott, Relationships Australia SA

APPENDIX 2: WORKSHOP PROGRAM

AAG Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG) 6th National Workshop

Exploring appropriate aged care needs assessment for Aboriginal and Torres Strait Islander people

AND

NHMRC National Institute for Dementia Research

PROGRAM

TIME	CONTENT
Part 1:	Appropriate aged care needs assessment for Aboriginal and Torres Strait Islander people
Facilitators:	Mr Graham Aitken, Co-Chair, ATSIAAG; CEO, Aboriginal Community Services SA Ms Ros Malay, Co-Chair, ATSIAAG, University of Western Australia
1.15 – 1.30 pm:	Welcome to Country
1.30 – 1.40 pm:	Workshop opening and introductions (Facilitators)
1.40 – 1.50 pm:	Comments from Professor Sir Michael Marmot
1.50 – 2.05 pm:	Overview of key issues (Facilitators)
2.05 – 2.20 pm:	Presentation 1: Action Plan for Aboriginal and Torres Strait Islander Aged Care, and the importance of appropriate needs assessment (Mr Matt Moore, Institute for Urban Indigenous Health)
2.20 – 2.35	Presentation 2: Culturally appropriate tools for aged care needs assessment (Dr Dina LoGiudice, Melbourne Health and Ms Ros Malay, University of Western Australia)
2.50 – 3.05 pm:	Presentation 3: Case study - aged care needs assessment in the APY lands (Mr Graham Aitken, Aboriginal Community Council South Australia)
3.05 – 3.30 pm:	Afternoon tea
3.30 – 4.00 pm:	Small group discussion
4.00 – 4.15 pm:	Feedback and plenary discussion
4.15 – 4.30 pm:	Summary and next steps
Part 2:	Aboriginal and Torres Strait Islander Dementia Research Roadmap
4.30 – 4.50 pm:	Presentation of Dementia Research Roadmap
4.50 – 5.10 pm:	Small group discussion: translating the Roadmap to policy and practice
5.10 – 5.25 pm:	Feedback, summary and next steps
5.25 – 5.30 pm	Workshop close

APPENDIX 3: DEMENTIA RESEARCH ROADMAP

The final hour of the 6th ATSIAAG Workshop on 20 November 2018 was reserved as a consultation session in relation to the development of an Aboriginal and Torres Strait Islander Dementia Research Roadmap.

Discussion ¹⁹

In the 2014-15 Budget, the Federal Government allocated \$200 million over five years for the National Health and Medical Research Council (NHMRC) to boost dementia research in Australia through the Boosting Dementia Research Initiative. In July 2016 the NHMRC National Institute for Dementia Research (NNIDR) was established to take this initiative forward.

Dementia is experienced by Aboriginal and Torres Strait Islander Australians at a much higher rate and with an earlier onset than in the non-Indigenous population. Research indicates that this difference may be accounted for by the higher rates of cardiovascular disease, stroke, adverse early life events, frailty, falls and brain injury present within these communities. However, there is a relative lack of research targeting dementia in Aboriginal and Torres Strait Islander people directly and poor recognition of the disease within communities and among health care workers and service providers. These factors have had major implications for the provision of timely and culturally appropriate health services for Aboriginal and Torres Strait Islander Australians.

With this in mind, NNIDR in collaboration with NHMRC's Principal Committee Aboriginal and Torres Strait Islander Caucus established a Working Group to consider ways forward that will address identified community needs. The Working Group recommended a consultation process to lead into the development of an Aboriginal and Torres Strait Islander Dementia Research Roadmap.

The intention of the Aboriginal and Torres Strait Islander Dementia Research Roadmap is to outline research priorities and gaps, to facilitate collaboration across Aboriginal and Torres Strait Islander dementia research, to outline translation initiatives across Australia, to create strategies for building Aboriginal and Torres Strait Islander dementia researcher workforce and to improve engagement with Aboriginal and Torres Strait Islander communities.

The Roadmap will provide a five year framework for policy, strategy and funding to address the significant challenge dementia represents to Aboriginal and Torres Strait Islander people and communities.



¹⁹ This section is condensed from the Australian Government NHMRC National Institute for Dementia Research (2018) Towards an Aboriginal and Torres Strait Islander Dementia Research Roadmap: Call for consultation input.

WORKSHOP DISCUSSION

Representatives of NNIDR advised that there was strong commitment to the consultation process and the development of the Roadmap. Development of the Roadmap commenced in June 2018 with establishment of the working group. An initial roundtable of researchers, practitioners, and consumers had identified key issues to explore in community consultations. An online survey on research gaps and issues had received 89 responses; and 253 community members in all states and territories had given input into the draft Roadmap. Five priority areas had been identified, and NNIDR was keen to develop an action plan against these priorities.

Discussions followed on each of the five key priorities:

1. Health literacy and awareness for dementia, and respect for elders with dementia in communities, and health and aged care services.
2. Prevention, risk reduction and earlier diagnosis, including traditional knowledge and practices.
3. To improve access to evidence based health and aged care services and supports for Aboriginal and Torres Strait Islander peoples with dementia, their families and carers.
4. Culturally informed service provision and workforce that promotes healing, wellbeing and quality of life for Aboriginal and Torres Strait Islander peoples with dementia, their families and carers.
5. End of life care for people with dementia, their families and carers.

The NNIDR representatives undertook to utilise the input received from the workshop in the finalisation of the draft Roadmap.

NOTES





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Australian Association of Gerontology

Suite 8, 322 St Kilda Road
St Kilda VIC 3182
Australia

Telephone: **+61 3 8506 0525**

Email: **enquiries@aag.asn.au**

Web: **www.aag.asn.au**



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