CATSINaM
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Unity and Strength through Caring

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Submission to the review of the administration of My Aged Care

1. Acknowledgement of Traditional Custodians

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) acknowledges the sovereign First Nations peoples of the lands and waterways of the Australian continent and surrounding islands, the many Aboriginal and Torres Strait Islander languages and tribal groups.

CATSINaM pays its deepest respect to our Elders, past and present, and acknowledges their legacies, which we all have the responsibility to honour and advance.

The legacy that CATSINaM honours and advances is to transform the nursing and midwifery professions and, subsequently, make the health system less harmful and more culturally safe for our mob.

We can achieve this through **Unity and Strength Through Caring.**

2. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

CATSINaM is the peak advocacy body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. We are a membership-based organisation and are governed by a member elected Aboriginal and Torres Strait Islander Board. Our purpose is to lead the nursing and midwifery workforce to improve health outcomes for Aboriginal and Torres Strait Islander peoples. Our commitments are:

- To honour Aboriginal and Torres Strait Islander ways of knowing, being and doing
- To work to eliminate systemic organisational and individual racism
- To commit to collective leadership and reciprocal relationships.

Our Strategic Pillars are:

1. Leadership and Advocacy
2. Workforce Engagement and Growth
3. Partnerships.

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3. CATSINaM's input to the review of the administration of My Aged Care

CATSINaM provides the following feedback to the Australian Government Office of the Inspector General of Aged Care regarding the review of the administration of My Aged Care. CATSINaM members (Aboriginal and Torres Strait Islander registered nurses) with involvement in the aged care system have provided input on the efficiency, accessibility and appropriateness of the administration My Aged Care system, which CATSINaM has reviewed and collated.

Usability

Feedback provided by CATSINaM members suggested that many Aboriginal and Torres Strait Islander (Indigenous) peoples eligible for aged care services are unfamiliar with My Aged Care and how to access the supports they need. Contributing members did not consider My Aged Care to be user-friendly for users overall, but particularly inaccessible for older Indigenous persons. Issues of usability are compounded where Indigenous peoples have low, or no, levels of digital literacy and/or English language proficiency. While the website includes a webpage discussing support for Aboriginal and Torres Strait Islander people, members provided feedback that this support should be highlighted on the home page. Further, the website would benefit from artwork, and other appropriate promotion, to support a sense of cultural safety and inclusion.

It was reported that, Indigenous peoples living in rural and remote locations can experience issues with accessing a computer and reliable internet connection. Members suggested embedding supported hubs/spaces with access to computers within Aboriginal Community Controlled Health Organisations (ACCHOs) and other primary health care settings. Furthermore, usability issues can also be exacerbated where Indigenous people experience insecure housing or need to move between transient addresses. This requires regularly updating personal details in the system, which is often not done.

Wait times

Members reported negative experiences with wait times, where Indigenous users may not understand how their application is progressing. This can be experienced negatively by Indigenous users who may in turn simply 'give up', and no longer follow up on their application. A CATSINaM member reported observing this among users in the Northern Territory.

One member reported that in-patient assessment wait times within hospitals can be up to 13 days causing admission bed block. In the community, wait times can be between 6-8 weeks. While KPIs are established to monitor wait times, due to impacting social, economic and cultural circumstance of many older Indigenous peoples, CATSINaM members suggested that unique KPIs, including shorter assessment wait times, be considered for Indigenous peoples to maximise opportunity to establish their service options. Finally, regarding usability, CATSINaM members advised that with changes to shift Aged Care Assessment Services (ACAS) and Regional Assessment Services (RAS) into a Single Assessment System, some local/council RASs have been withdrawn. Members noted concerns that this will result in longer assessment wait times.

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Service integration

There was a perceived lack of integration between My Aged Care and primary care services and ACCHOs. CATSINaM members suggested that this may be addressed through appropriate service promotion dedicated to Indigenous people accessing aged care, such as brochures/posters, and online resources in varying languages. It was also suggested that the Australian Government extend support to ACCHOs to have dedicated non-clinical teams available to support older Indigenous people to navigate the My Aged Care processes, to reduce the reliance on community nurses (except where clinically needed for things like wound care, etc.).

Assessment

The below individual issues were raised around the assessment process:

- Members reported that hospitals/community referrers are often unaware that Indigenous people can be referred at the age of 50. This can potentially lead to missed opportunities to engage and discuss assessments and available support.
- There is no clear priority system for Indigenous people, priority is based on clinical need/individual judgement in most cases.
- Community assessments generally take place in the person's home, or via telehealth or phone. For Indigenous service users, it is important that there is the establishment of trust to share personal information and let someone into your home. Users may receive three or more calls to facilitate the assessment process (including My Aged Care, the local ACAS service, and the assessor) and this can lead to confusion and withdrawal from the My Aged Care processes.
- Assessments in hospital can be challenging due to factors including a person's comfort to disclose information, particularly with a lack of privacy (e.g. shared rooms).
- Members raised concerns around the cultural safety capability of assessors and suggested the development of a dedicated Indigenous workforce to deliver culturally safe services. While contributing members considered the assessment process reasonably holistic, they questioned the cultural appropriateness/understanding of cultural matters including women's/men's business, and how this may cause a reluctance to share personal information if the assessor is not a woman/man. Members supported the suggestion that assessments for Indigenous people should be allocated additional time and funding to ensure culturally safe assessments.
- Where people are eligible for support through both My Aged Care and the NDIS, assessors need to be skilled at providing all relevant information to support Indigenous service users determine the most suitable pathway to optimise their support.
- Feedback is requested following each assessment and provided through a third party, however, no specific questions are asked with respect to culture and identity to distinguish if the needs of Indigenous peoples and their families and communities are being met.