

Review: Administration of My Aged Care – Office of the Inspector - General of Aged Care Consultation

National Aboriginal and Torres Strait Islander
Ageing and Aged Care Council
Submission

August 2024



NATSIAACC



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National Aboriginal & Torres Strait Islander Ageing
and Aged Care Council



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Acknowledgement of Country

NATSIAACC acknowledges the Traditional Owners of the lands and waters on which we live, work, play and grow old. We acknowledge that these lands and waters were never ceded, and we acknowledge the sovereignty and self-determination of the Traditional Owners.

We pay our respects to Elders past and present, and thank them for their wisdom and courage, and for sharing their traditions and learnings of knowing, being and doing to create a world in which we cherish our old people and protect the most vulnerable.

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

About

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) is the national peak body for Aboriginal and Torres Strait Islander ageing and aged care.

NATSIAACC works to ensure that Aboriginal and Torres Strait Islander older people can access support and care that is culturally safe, trauma aware and healing-informed, and recognises the importance of their personal connections to community, Country and Island Home.

NATSIAACC is building a membership base of:

- Aboriginal and/or Torres Strait Islander community-controlled providers of ageing and aged care, and
- entities with an interest in culturally appropriate ageing and aged care services.

NATSIAACC's Board members are all leaders in the provision of Aboriginal and Torres Strait Islander ageing and aged care.

Our Vision

All Aboriginal and Torres Strait Islander people are thriving, healthy, strong, with ongoing cultural connections in their older years.

Our Purpose

NATSIAACC supports Aboriginal and Torres Strait Islander older peoples, their families, and communities to identify, engage in, advocate for, and lead systemic reform to embed culturally safe practices across the aged care and ageing sector.

With thanks

NATSIAACC thanks its members, stakeholders and other peak bodies for their valuable contributions to this submission and for generously giving their time to support older Aboriginal and Torres Strait Islander people.



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Funding

NATSIAACC is grateful to be funded by the Commonwealth Department of Health and Aged Care (the Department) and has been in operation for less than two years. In the context of the current aged care reforms and the need for extensive advocacy, input, and leadership in the sector, NATSIAACC is seeking increased and longer-term funding to provide the input and engagement required to ensure that the reforms deliver much needed support to Aboriginal and/or Torres Strait Islander older people and Elders.

Introduction

NATSIAACC welcomes the opportunity to make a submission to the Office of the Inspector-General of Aged Care on the *Review: Administration of My Aged Care*.

In formulating this submission, NATSIAACC has consulted with its members, which are largely aged care providers to Aboriginal and/or Torres Strait Islander people as well as other health and aged care peak organisations and stakeholders.

Context

To fully understand the issues associated with delivering culturally safe and appropriate aged care to older Aboriginal and/or Torres Strait Islander it is important to consider the broader context.

The [Royal Commission into Aged Care Quality and Safety](#) (the Royal Commission) made the following observation:

We are also concerned that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with their level of need. A combination of factors creates barriers to Aboriginal and Torres Strait Islander people's access to the aged care system. These arise from social and economic disadvantage, a lack of culturally safe care, and the ongoing impacts of colonisation and prolonged discrimination. Access issues are further compounded by Aboriginal and Torres Strait Islander people's additional vulnerability arising from higher rates of disability, comorbidities, homelessness and dementia. To feel secure and obtain culturally safe services, many Aboriginal and Torres Strait Islander people prefer to receive services from Aboriginal and Torres Strait Islander people and from Aboriginal and Torres Strait Islander organisations. However, there are currently not enough Aboriginal and Torres Strait Islander people, and other people with high levels of cultural competency, employed across the aged care system.¹

¹ Royal Commission into Aged Care Quality and Safety, Volume 1, page 67.



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We know that survivors of the Stolen Generations² are now largely over 50 years of age³, and are now eligible for aged care services. While Aboriginal and/or Torres Strait Islander people do not have the same level of health and life expectancy as other Australians,⁴ people affected by the Stolen Generations are likely to have even poorer health and socioeconomic outcomes.⁵ These issues must be addressed urgently. We must ensure Aboriginal and/or Torres Strait Islander people, including those impacted by the Stolen Generations, have access to the aged care services they need. Further, we must create an environment of trust and understanding to ensure Aboriginal and/or Torres Strait Islander people are supported to safely access these services.

The [National Agreement on Closing the Gap](#) (the National Agreement) is a crucial agreement aimed at addressing the inequality experienced by Aboriginal and/or Torres Strait Islander people that was developed in genuine partnership between Australian governments and the Coalition of Peaks. The National Agreement centres around four Priority Reforms that aim to transform the way governments collaborate with Aboriginal and/or Torres Strait Islander people and communities:

1. Formal Partnerships and Shared Decision Making
2. Building the Aboriginal and Torres Strait Islander Community-Controlled Sector
3. Transforming Government Organisations
4. Shared Access to Data and Information at a Regional Level.

These reforms are directly informed by the voices of Aboriginal and/or Torres Strait Islander communities and are pivotal to achieving progress in closing the gap and reflect a commitment to genuine collaboration, empowerment, and positive change for Aboriginal and/or Torres Strait Islander peoples. As these Priority Reforms are implemented, we anticipate that there will be a commensurate improvement for older Aboriginal and/or Torres Strait Islander people in aged care. However, as we know from the Productivity Commission [Review of the National Agreement on Closing the Gap, Study Report](#), there is a very long way to go, and there is now an opportunity to:

recognise that Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) have knowledges, expertise and connection to community that governments do not have. This means that ACCOs are often better placed than governments to design and deliver high-quality, holistic and culturally safe services.⁶

The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) (the Health Plan) is the national policy aimed at improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next decade and emphasises cultural safety in health care,

² Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

³ Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

⁴ Australian Institute of Health and Welfare, [Deaths in Australia, Life expectancy, aihw.gov.au](#).

⁵ Australian Institute of Health & Welfare, [Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19, Summary, aihw.gov.au](#).

⁶ Productivity Commission, 2024, *Review of the National Agreement on Closing the Gap*, p 12.



prioritises Aboriginal and/or Torres Strait Islander community-controlled services and adopts a holistic and strengths-based approach, recognising the cultural and social factors that impact a person's health and wellbeing throughout their life. A significant part of this is ensuring that the aged care system is appropriately funded to provide culturally safe and quality aged care services and support to Aboriginal and/or Torres Strait Islander older people, irrespective of their geographical location or financial circumstances.

The Health Plan is also consistent with the [United Nations Declaration on the Rights of Indigenous Peoples](#) 2007 (UNDRIP), a global milestone in recognising and safeguarding the rights of indigenous peoples worldwide. Having endorsed the UNDRIP, Australia recognises that:

...indigenous peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests...

Recognizing the urgent need to respect and promote the inherent rights of indigenous peoples which derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies,⁷

To address these gaps and resulting disadvantage, we must increase the numbers of Aboriginal and/or Torres Strait Islander people receiving culturally safe support and care as they age. The aged care system must support this goal and align with the broader context of the UNDRIP, National Agreement, the Health Plan, and be consistent with the recommendations of the Royal Commission.

Commentary

Resources and support systems

NATSIAACC members have advised that many of Aboriginal and Torres Strait Islander Elders and older people and their families are not aware of My Aged Care or the broader aged care system.

Our members have noted that having one pathway to access aged care for everyone is challenging as every person is different and bespoke, culturally safe approaches are required, not a one size fits all approach. The system must be flexible to support the most vulnerable to access the supports and services they require. This means that the system must be developed with the most vulnerable in mind, and support culturally safe and appropriate, trauma aware and healing informed approaches to engaging with older people. This approach will make the aged care system more accessible for *all* older people.

⁷ UNDRIP, 2007, p3.



There are currently limited appropriate and current resources specifically for Aboriginal and Torres Strait Islander people about My Aged Care and how to access aged care services. As each community is different and requires a place-based approach, a diverse range of resources should be produced and distributed broadly. Some resources that may be useful are visual aids and resources, such as videos and brochures and audio files in a wide range of languages. These resources should support older people, their families and communities to understand:

- What My Aged Care is
- What services are available to older people
- Who to contact
- How to navigate the system to access aged care services.

NATSIAACC **recommends** the engagement of an Aboriginal and Torres Strait Islander organisation to co-design a suite of communication products for Aboriginal and Torres Strait Islander Elders, older people, their families and communities on navigating the aged care system, identifying aged care supports and services and who to contact to seek assistance.

Our members have also advised the My Aged Care correspondence can be confusing and complicated for older people. For example, the correspondence advising older people that they have been granted a package can often lead to misunderstandings about how aged care packages work, including how the package funds can be used and allocated.

NATSIAACC **recommends** the correspondence provided to older people advising of entitlement to an aged care package is reviewed and co-designed with communities to provide clear guidance on how the funds can be used and allocated to receive services and who can assist older people if they require additional support.

Online systems not suitable for all

Accessing the aged care system via the My Aged Care online portal poses several barriers for older people to connect with the aged care system. The older cohort generally score significantly lower than the national average on the Australian Digital Inclusion Index (ADII). This gap is increased for Aboriginal and Torres Strait Islander people, regardless of remoteness.⁸ NATSIAACC members have advised that many Aboriginal and Torres Strait Islander Elders and older people have limited or no digital literacy, hardware, access to computers and/or the Internet. Our members have advised that the majority of Aboriginal and Torres Strait Islander Elders and older people are not accessing/contacting My Aged Care directly, rather, older people are often referred from hospitals or service providers.

Our members have also commented that the My Aged Care website layout is not user friendly. The current platform requires users to click through numerous drop-down menus. At times some of these filter options have no services associated with them, so there is no option to select (that is, it is essentially a 'dead-end'). We have also received input that it is difficult for users to compare the different services easily, as this requires navigating between multiple tabs or open windows. We **recommend** review of the selection options in My Aged Care to ensure

⁸ Australian Digital Inclusion Index, 2023, [Key Findings and Next Steps](#)



that there are appropriate options for older people to choose as they progress through the My Aged Care site. Considerations could include the addition of help buttons, automated callback (if appropriate), or a phone number for the older person to call to seek assistance (to speak to a person).

NATSIAACC members have advised that the provider platform to add staff to the provider's My Aged Care account can pose additional administrative burdens. For instance, if the staff member's forms of documentation do not match, or they do not have access to multiple forms of identification, it creates a barrier to adding the staff member onto the system quickly. Often this leads to only one staff member being registered to use My Aged Care, and the administrative burden is solely on that person. Members have also advised that even when they have had the correct documentation, it has taken up to four months and numerous phone calls to gain access to the system. This is not user-friendly, and consideration must be given to incorporate flexibility within the system to ensure the administrative burden can be shared across team members.

Service Providers – going above and beyond

Aboriginal and Torres Strait Islander aged care service providers are often embedded in the community and have spent time building rapport and strong connections. Service providers are often the first point of contact for Elders and older people, their families and communities, when they are seeking assistance. For those locations that do not currently have access the Elder Care Support⁹, or other navigator services, the obligation is on service providers to assist with completing the My Aged Care application. In some instances, this is due to older people, their families and communities not having any awareness of the aged care system, and in other instances, this can be due to the complexity of the questions and application process. The time the staff spend with the older person on the application is not funded under the aged care system. We also note that there is significant value in the Elder Care Support program in supporting access to the aged care system for Aboriginal and Torres Strait Islander older people.

Some service providers have taken the initiative to meet regularly with the local Aboriginal Medical Services so they can manage referrals to My Aged Care with the aim of ensuring no one falls through the cracks. In order to meet the needs of older people, the current system has required service providers innovate, collaborate and rely on their good relationships and staff to go above and beyond, instead of having a system that is fit for purpose and built to support older Aboriginal and Torres Strait Islander people, families and communities. This is inconsistent with the recommendations of the Royal Commission to appropriately fund and strengthen the community-controlled sector. Clearly, having service providers deliver unfunded services can have an impact on the sustainability of the sector and requires further consideration and mitigation.

⁹ NACCHO, 2023, [Elder Care Support Program](#)



More training for My Aged Care staff and assessors

Many service providers spend a considerable amount of time on the phone with My Aged Care staff assisting their clients. Unfortunately, members have advised there is a significant lack of understanding of the diversity of Australian communities. The lack of flexibility in the My Aged Care system points to a broader issue. For example, we have received input that if an older person is homeless or does not have a permanent address or phone number, My Aged Care staff have not accepted that the older person cannot provide the requested information. This requires a significant shift in thinking to inform the development of a system that recognises the diversity of our older people and offers a culturally safe and responsive service. We **recommend** My Aged Care to be adapted to ensure flexibility to recognise the diversity of older people, provide a culturally safe and responsive service, and support beneficial decision-making to enable access to aged care services. My Aged Care staff and assessors must undertake the necessary training to deliver this approach.

Our members have also advised that some My Aged Care staff will not allow the older person to have a support person assist with answering questions over the phone. We have been advised that there have been many instances in which the support person (either service provider staff member, family member or carer) has been told they are not allowed to be part of the discussion or cannot assist with the discussion, even when there is a language barrier, or limited capacity to answer the questions. We have also received input that in situations where an older person has requested My Aged Care to contact the service provider or carer directly, these requests may be disregarded, and the older person is contacted directly. We have also been advised that such a situation has occurred even when legal documentation for legal, financial, and medical decision-making have been in place for a dying parent. While we do note that such experiences have been varied, we are mindful of the complex emotional and administrative challenges these situations raise for older people, their families, carers and communities, as well as the burden on service providers to assist.

NATSIAACC **recommends** review of the policies and procedures in place for engaging with legal representatives and support persons, along with comprehensive training for My Aged Care staff, and clear guidance for older people, carers, providers, hospitals and other referring organisations.

Three Call Problem

We have been advised that that, as part of the aged care assessment process, the assessor will contact the older person by phone. We understand that the assessor will attempt to make contact three times, after which, the process reverts back to the start, requiring further support and administration from the service provider or the older person themselves. Our members have advised that this has been an ongoing issue, and that there can be some barriers to telephone communication that should be further considered in the context of future engagement with older people, these include:

- My Aged Care calls from a private number. As a result, the older person does not know who is calling and may not answer. Anecdotally, many people prefer not to answer



unknown phone numbers, so consideration should be given to alternative arrangements.

- The older person may be concerned about sharing their personal information with a stranger over the phone, due to reasons such as a lack of trust and the risk of being targeted by scammers.
- The older person may not have a regular phone number or access to a reliable phone service.
- The older person could be homeless.
- The older person may not have capacity to manage their own care.
- English may not be the older person's preferred language, so there is a communication barrier, with interpreters or a support person required.

We are concerned that the 'three call rule' could be a contributing factor to older people falling through the cracks in the system and not receiving the care they require for optimal health and wellbeing. Understandably, My Aged Care staff cannot be expected to continuously attempt to contact people. However, there should be other avenues in place, designed with these above considerations in mind to support successful contact with older people. In the context of the Royal Commission recommendations aimed at increasing Aboriginal and Torres Strait Islander older people's access to aged care services, a more flexible and appropriate approach is required.

NATSIAACC **recommends** that the processes for My Aged Care and communication with older people be reviewed and co-designed to ensure they are fit for purpose to support older Aboriginal and Torres Strait Islander people's engagement with, and access to, the aged care system.

Methods for contacting older people

Postal Mail

We understand that some communication about aged care services is delivered by postal mail. NATSIAACC members have advised that access to reliable mail and mailboxes to receive mail can vary. For instance, in some communities there are either no mailboxes or mailboxes may be shared between multiple families/homes. There can also be instances in which the same name is shared across generations. This can result in correspondence from My Aged Care not reaching the older person.

Telephone calls

In addition to the issues outlined with respect to the 'three call rule', we also understand that the use of telephone communication is not always appropriate, as there are older people who do not have a regular phone number, or any access to a phone at all. Further, some older people may not have their phone on all the time or have very limited reception. As a society we have urged people, and particularly older people, to be wary of scammers and the ways they access sensitive information. Many older people are extremely cautious of sharing information with people they do not know, particularly calls from a private number.



Face-to-face engagement

Our members have also noted the value of face-to-face engagement with older Aboriginal and Torres Strait Islander people to support their access to the aged care system. We are of the view that consideration should be given to establishing opportunities for face-to-face engagement. Options to be considered could including My Aged Care staff located in local communities, visiting trips and roadshows, and engagement of local staff. A blended approach, including expansion of the Elder Care Support program should also be considered.

NATSIAACC **recommends** the consideration and development of a co-designed diverse and multi-channel (face to face, mail, phone calls, email, etc) approach to communication and engagement with older Aboriginal and Torres Strait Islander people.

Wait Times

NATSIAACC members have advised that for many older Aboriginal and Torres Strait Islander people, by the time aged care services are sought, they require urgent support. Often the older person needs assistance because there is a crisis, such as a fall, illness or their regular carers are unable to care for them any longer.

NATSIAACC members have also advised that the length of wait times for assessments can also be influenced by the service provider's strong relationship with the assessment teams. By having a good relationship, they are generally able arrange an assessment in a reasonable period of time, but it is up to the service provider to cultivate this relationship. One of the risks associated with wait times for assessments being interconnected with strong relationships is that it creates a single-point of system failure. That is, when staff move roles or are on leave, the process no longer works effectively. In our view, this is a risk for the aged care system, which should run smoothly and in a timely manner, irrespective of professional relationships.

Many NATSIAACC members are concerned about the wait times once the older person has been approved for a package, in particular for higher levels of care. This is broadly consistent with public reports about unmet need and wait times.^{10 11} Devastatingly, we have been advised that Aboriginal and Torres Strait Islander older people have passed away while waiting for aged care packages. Such experiences impact families and communities and risk impacting future engagement with the aged care sector.

Lack of Flexibility of the System

NATSIAACC members have advised that the system is rigid in its approach to providing aged care services. For example, sometimes urgent access is required by an older person, such as transport for a medical appointment the following day. However, this could not be provided due to administrative requirements and required codes. Fortunately, some providers receive other subsidies to be able to provide support quickly, but many do not. There are also instances when

¹⁰ Australian Institute of Health and Welfare, 2023, [Unmet needs in aged care: How long did Australians wait for aged care services?](#)

¹¹ Department of Health and Aged Care, 2024, [Home Care Packages Program: Data Report 3rd Quarter 2023-24, 1 January – 31 March 2024.](#)



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My Aged Care regards some services as less of a priority because they are not classified as 'personal care'. For example, an older person may need home/garden maintenance urgently because they are about to be evicted, or may require group support services because they are socially isolated and need to connect with people. However, we understand social connection and maintenance services may have wait times between six weeks to six months, which can be detrimental to a person's social-emotional wellbeing, or cause homelessness. In this context, our members have also discussed the significant benefits of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC Program) providing the flexibility to provide much-needed urgent support and services to older people.

In our view, a more flexible approach to urgent requests for aged care services and supports, including in the context of the social-emotional and holistic wellbeing needs is required to ensure My Aged Care meets the needs of older Aboriginal and Torres Strait Islander people.



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