



NACCHO

National Aboriginal Community Controlled Health Organisation

Final Report:

**Aboriginal and Torres Strait Islander Communities' Aged Care
Communications Strategy Project**

Funded by COTA Australia

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Attachments:

1. COTA-NACCHO Aged Care Project Plan
2. Report of Strategy Round Table
3. Checklist of Issues and Concerns to Health Department
4. Report of First Queensland Consultation Workshop
5. List of Invitees and Attendees- First Queensland Consultation Workshop
6. Program for Second Queensland Consultation Workshop
7. List of Invitees and Attendees- Second Queensland Consultation Workshop
8. Program for Victorian Consultation Workshop
9. Attendees at Victorian Consultation Workshop (Excel-separate document)



Key Findings and Recommendations

1. This Project has been most valuable for NACCHO – the Secretariat as well as the Board of Directors – because it provided opportunities for focused effort and attention on “Aged Care” as a priority policy area.
 - During the discussions that took place between the Secretariats of COTA and NACCHO leading in to the actual Project Contract, the NACCHO Secretariat took the opportunity to prepare a comprehensive and highly detailed policy analysis of the Commonwealth Government’s Aged Care Reforms which was presented as a Board Paper to the NACCHO Board of Directors at their meeting held in Canberra on 16 September 2015. The Board of Directors considered the Board Paper and endorsed a suite of policy decisions that provided for the first time a robust platform for NACCHO’s engagement with Aged Care policy.
 - The NACCHO Secretariat was able to provide a follow-up Brief to a national meeting of the chief executive officers of jurisdictional peak bodies with NACCHO Board Directors held in Canberra on 29 February 2016. This Brief provided updated information on the roll-out of the Aged Care reforms that was informed by the activities undertaken through the COTA-NACCHO Aged Care Project.
2. This Project has led to the establishment of a core NACCHO Strategic Leadership Group on Aged Care, to which other individuals may be added, that will provide continuity after the completion of this Project for advocating practical initiatives to strengthen the ‘Aboriginal voice’ in national aged care policy.
 - To start with, the Project provided the impetus for the formal designation by the NACCHO Board of Directors for two subject matter experts as NACCHO representatives to the National Aged Care Alliance (NACA). This was finally confirmed by the Board of Directors at their meeting held in Canberra on 1 March 2016. The two representatives are Noeleen Tunny, Senior Policy Officer at VACCHO, and Matthew Moore, In-Home Care Manager at IUIH. Both representatives have attended their first NACA meeting as a team and have provided their report to the NACCHO Secretariat.
 - The NACCHO Chairperson, Matthew Cooke, chairs and convenes the NACCHO Strategic Leadership Group on Aged Care. Its initial core membership is comprised of: the two NACCHO representatives on NACA; the CEO of VACCHO, Jill Gallagher; and the NACCHO Business Advisor (Policy), Chris O’Connell, formerly the NACCHO Chief Operations Officer.



3. This Project has provided NACCHO with the impetus to engage directly with policy personnel responsible for the Aged Care Reforms.
 - NACCHO Strategic Leadership Group on Aged Care met with Pat Sparrow, Ministerial Advisor (Aged Care) to the Minister for Health, Hon Sussan Ley, MP, at the Melbourne Parliamentary Offices on 27 January 2016. This meeting not only provided an opportunity to explain the policy and operational concerns that NACCHO had with the Aged Care Reforms – whilst reinforcing NACCHO’s endorsement of consumer directed care – but it was also an opportunity to solicit the Ministerial Advisor’s support to broker meetings with high level bureaucrats in the Aged Care Division of the Commonwealth Department of Health. The meeting also clarified the relative powerlessness of the Minister responsible for Aged Care, Hon Ken Wyatt, MP.
 - Two follow-up meetings were held as a result of this meeting with the Ministerial Advisor. The Deputy Secretary in the Department of Health who is responsible for the Aged Care Division, Margot McCarthy, met with Matthew Moore from the NACCHO Strategic Leadership Group on Aged Care, as well as the IUIH CEO and IUIH Medical Director, in Brisbane on 19 February 2016. This was an opportunity for IUIH to raise directly the concerns with operational problems and issues of concern associated with the roll-out of the MyAgedCare Portal. The second meeting occurred in Canberra on 26 February 2016 between Chris O’Connell from the NACCHO Strategic Leadership Group on Aged Care with the First Assistant Secretary of the Aged Care Division, Fiona Buffinton, and the Assistant Secretary responsible for implantation of the Aged Care Reforms, Rachel Goddard.
 - This second meeting was an opportunity to present to the senior bureaucrats the ‘present position’ findings from the COTA-NACCHO Aged Care Project and create the agenda for a formal meeting with the full NACCHO Strategic Leadership Group on Aged Care. Subsequent follow-through has secured confirmation that this meeting will take place in April 2016. This means that the COTA-NACCHO Aged Care Project has achieved an ongoing structured dialogue on Aboriginal aged care policy with senior departmental managers.
4. This Project has generated a comprehensive, evidence-based analysis of the positives and the negatives of the implementation roll-out of the Aged Care Reforms, which, while derived from provider consultations in two States, can reasonably be considered to represent a consistent nation-wide accurate representation.



- The picture is somewhat depressing in that Aboriginal aged care providers – not just Aboriginal Community Controlled Health Organisations (ACCHOs) – are in many cases still coming to grips with the nature of the Aged Care Reforms and their inexorable deadlines. This lack of responsiveness can extend to one or all three of: Board awareness; management decision making; change management in service provision.
 - As a result of the way that Consultation Workshops were designed for Queensland and for Victoria, there now exists a body of documentation in PowerPoint form that has been developed for and used during the COTA-NACCHO Project which (a) explains the Aged Care Reforms; (b) describes change management service delivery adaptations in two ‘brownfields’ providers (Nhulundu Health Service, Gladstone Region, and Rumbalara Aboriginal Cooperative, both sides of the Murray River from Shepparton to Mildura); and (c) describes a model of care that integrates aged care service delivery with primary health care service delivery.
 - Additionally, as documented later in this Final Report, there now exists a ‘present position analysis’ of what is not working well for Aboriginal elderly consumers as well as (a) ‘work around’ practical solutions that can redress these deficiencies – if there is cooperation from policy bureaucrats, Regional Assessment Services (RAS), and Aged Care Assessment Teams (ACAT); and (b) policy, systems and procedures changes required at national level.
 - This Project has positioned NACCHO to approach jurisdictional peak bodies in other States from April 2016 with proposals to conduct state-wide or regional consultation and/or programming workshops to assist Aboriginal aged care providers to install their customized responses to the Aged Care reforms.
5. This Project was designed to include “the development of strategies including a fully costed funding submission to provide resources to implement the strategies that have been identified.” Funding for the continuation, and careful expansion, of the NACCHO Strategic Leadership Group on Aged Care is recommended as the most cost effective way forward, complementing the continuation of two NACCHO representatives on NACA.
- The NACCHO Strategic Leadership Group on Aged Care has the capability to engage with COTA; the NACCHO Board of Directors; Commonwealth Ministers and their Advisors; and very senior bureaucrats in the Department of Health.



Origins of the Project

On 7 October 2015, COTA (Council on the Ageing) and NACCHO (National Aboriginal Community Controlled Health Organisation) agreed that the Aboriginal and Torres Strait Islander Communities' Aged Care Communications Strategy Project would commence on 12 October 2015 and conclude on 31 March 2016.

The Project was described as:

“the first stage of a process which will lead to the objectives of:

- Producing relevant information for Aboriginal and Torres Strait Islander communities on Aged Care Reform
- Developing and resourcing a consultative structure to advise NACA and the Minister on the needs of older Aboriginal people and appropriate responses to those needs
- Developing a cultural safety strategy for all Aboriginal Elders accessing aged care services.”

The COTA-NACCHO Service Agreement Schedule A referred to this Project as an “initial scoping project”.

Schedule A states that the Project:

“will involve consultations with Aboriginal and Torres Strait Islander communities and service providers to:

- co-produce the most effective information to communicate aged care reforms to service providers and community members;
- identify ongoing consultation mechanisms to be developed for the future.”

Schedule A states that the Project:

“will also include negotiation with funding bodies (Government and philanthropic) and the development of strategies including a fully costed funding submission to provide resources to implement the strategies that have been identified.”

The fundamental rationale for the Project was that:

“Community engagement with Aboriginal and Torres Strait Islander individuals and communities, as stakeholders within aged care reform, has been identified as a gap in the current reform strategies and processes”.

COTA allocated \$50,000 towards the costs of the Project. There is a discrepancy between the “Fee Schedule” in the main body of the Services Agreement and the “Payment Schedule” in Schedule A, as to the date of payment of the second of three instalments.



Project Plan

Given the constraints of time, resources, and the intervention of the Christmas/New Year period in the middle of the Project timeframe, NACCHO decided to focus the Project's funding on the two major jurisdictions where its Member Organisations were most active in the provision of aged care services – namely Queensland and Victoria – and to collaborate with the two jurisdictional peak bodies – namely the Queensland Aboriginal and Islander Health Council (QAIHC) and the Victorian Association of Aboriginal Community Controlled Health Organisations (VACCHO).

Because of NACCHO's location in Canberra, it was decided to also try to include the ACT peak body, Winnunga Nimmityjah Aboriginal Health Service, which is also a direct provider of services in the ACT jurisdiction. However, approaches to Winnunga Nimmityjah Aboriginal Health Service did not elicit a positive response.

NACCHO included the Institute for Urban Indigenous Health (IUIH) in south-east Queensland, a Member of both NACCHO and QAIHC, as a Project collaborator because it is not only the largest single provider of home-based aged care services of all 150 NACCHO Member Organisations but is also recognized as a leading innovator in the way it manages to combine CDC aged care with clinical primary health care.

NACCHO was required to complete and lodge a Project Plan with COTA Australia by 30 October 2015. The Project Plan envisaged that the Victorian and Queensland jurisdictional consultations could be held before Christmas 2015, to address the issue of “the most effective information to communicate aged care reforms to service providers and community members”. The Project Plan envisaged a strategy round table in early 2016 addressing the issue of “ongoing consultation mechanisms to be developed for the future.”

Based on advice from VACCHO, it was decided to swap the timing of the Victorian consultation with the timing for the strategy round table (January 2016 originally). The advice was that (a) it would be too difficult to convene a meeting of those ACCHOs active in delivering aged care services before Christmas 2015; and (b) the design of the consultation workshop would need to incorporate a significant amount of basic information dissemination about the impacts of the Aged Care reforms in order to generate inputs on culturally appropriate messaging. The Victorian Workshop was deferred to February 2016.

The Project Plan envisaged a NACCHO Board meeting in early February 2016, which would have been an opportunity to hold a preceding day-long ‘strategy workshop’ with chief executive officers of state/territory peak bodies to consider the costed consultation mechanisms proposal. However, as these two kinds of meetings were held on 26 November 2015 immediately following the NACCHO Members’ Conference in Terrigal and the 2015 Annual General Meeting, the next quarterly meetings were held on 29 February/1 March 2016 respectively. The updated Project Plan is Attachment 1 to this Final Report.



Strategy Development

A Round Table to consider strategies for future consultation mechanisms that would strengthen aged care policy contributions for Aboriginal and Torres Strait Islander elderly people was held in Melbourne at VACCHO's premises on Monday, 7 December 2015.

The Report of this Strategy Round Table is at Attachment 2, which includes the list of participants. The Strategy Round Table was co-badged by NACCHO, VACCHO, QAIHC and IUIH.

Significantly, the discussion highlighted the inadequacy of cultural safety competence in the roll out of the Aged Care Reforms and the need for adequate cultural safety training. This relates to the third of the ultimate objectives to which this initial scoping Project is contributing, namely, "Developing a cultural safety strategy for all Aboriginal Elders accessing aged care services".

As a result of this Strategy Round Table, the NACCHO Chairperson wrote to Ms Pat Sparrow, Aged Care Advisor in the office of Minister Sussan Ley, seeking an initial meeting with nominated personnel who constituted the core of the NACCHO Strategic Leadership Group on Aged Care. The personnel were: the NACCHO Chairperson, Matthew Cooke; the two NACCHO representatives to the National Aged Care Alliance (NACA), Noeleen Tunny and Matthew Moore; the NACCHO Interim Chief Operations Officer – who subsequently changed roles to become the NACCHO Business Advisor (Policy – Chris O'Connell; and the CEO of VACCHO and NACCHO Board Director, Jill Gallagher.

This meeting was held on 27 January 2016 in the Parliamentary Offices, Spring Street, Melbourne. Several significant matters emerged from the discussion:

- The Government has adopted the firm view that every aged care provider has been given ample time and ample opportunities to make change management adjustments to implement the Aged Care Reforms and no further delays in the staged roll-out deadlines will be contemplated, let alone approved. Aboriginal aged care providers are included in this position.
- The second phase of legislation to embed the Aged Care Reforms will not include acknowledgement of "special needs" groups, either in the body of the Act or in any Schedule. The special needs of elderly Aboriginal people in terms of their equitable access to aged care services are "a detail" that will be addressed administratively, if at all.
- Minister Ken Wyatt is only responsible for operational aspects of the Aged Care reforms, whereas Minister Sussan Ley retains total control over policy. Matthew



Moore and Adrian Carson, CEO of IUIH, met with Minister Wyatt in Brisbane in March 2016 and were able to present to him a range of issues that required practical solutions to deal with access by Aboriginal people into the aged care system, and culturally competent service delivery.

- The Ministerial Advisor was willing to broker direct access for the NACCHO Strategic Leadership Group on Aged Care to senior bureaucrats in the Commonwealth Department of Health at Deputy Secretary level and in the Division of Aged Care.

Immediately following this meeting, Matthew Moore and Chris O'Connell provided feedback to COTA in a meeting with Judy Gregurke, who is the National Manager Aged Care Reform. Director Aged Care Reform Secretariat, NACA, in COTA Australia. Several other policy and project staff attended this meeting.

Deputy-Secretary Margot McCarthy, when visiting Brisbane to meet with the Brisbane North Primary Health Network, arranged to meet on 19 February 2016 with Matthew Moore, one of NACCHO's two NACA representatives and a member of the NACCHO Strategic Leadership Group on Aged Care; as well as the CEO of the IUIH, Adrian Carson, and the IUIH Medical Director, Dr. Carmel Nelson. This meeting enabled the IUIH representatives to present directly the actual implementation realities affecting elderly Aboriginal people arising from the MyAgedCare Portal, Call Centre, RAS and ACAT structures and processes. The meeting was also an opportunity to explain to the Deputy Secretary how the integrated model worked between aged care service delivery and primary health care service delivery. This was the first time that the NACCHO Sector had the opportunity to convey policy and program policy concerns at such a senior level on Aboriginal aged care.

On 6 February 2016, Chris O'Connell from the NACCHO Strategic Leadership Group on Aged Care, met with the First Assistant Secretary of the Aged Care Division, Fiona Buffinton, and the Assistant Secretary responsible for implantation of the Aged Care Reforms, Rachel Goddard, at the Department of Health offices in Canberra. At this meeting, Chris O'Connell tabled and left behind a checklist of issues and concerns that had emerged from the COTA-NACCHO Aged Care project consultation workshops. This document was a de-identified hard copy extract from the Board Brief that he was preparing for the meeting of the NACCHO Board of Directors scheduled for 1 March 2016 and a preceding meeting of Directors with CEOs of jurisdictional peak bodies scheduled for 29 February 2016. This document is at Attachment 3.

What emerged from this meeting was a request for a structured dialogue between Fiona Buffinton/Rachel Goddard with the NACCHO Strategic Leadership Group on Aged Care. As a result of consistent follow-through, confirmation has been given by email from Rachel Goddard that a range of optional dates will be offered for the dialogue to be held in April 2016. NACCHO is confident that it has managed to go beyond the Project's requirement for "negotiation with funding bodies" with the Government; no progress has been made with philanthropic bodies.



First Queensland Consultation Workshop

The first Consultation Workshop to discuss “the most effective information to communicate aged care reforms to service providers and community members” was held in Brisbane at QAIHC on Wednesday, 9 December 2015. The Consultation Workshop was co-badged by NACCHO, QAIHC and IUIH. QAIHC kindly made available office space and administrative support to the Project Coordinator in the preparatory phase of the Consultation Workshop.

Intentionally, this First Consultation Workshop focused on south-east Queensland where there is a concentration of Aboriginal aged care providers, who, in 2011-2012, had briefly agreed to work collaboratively with IUIH in what was called the “Urban Indigenous Community Control Aged Care Network” (UICCACN). Invitations were issued to two substantial and long-standing Aboriginal aged care providers – in Toowoomba and in Gladstone – which were predominantly ACCHOs. Unfortunately, several of the former members of the UICCACN took the advice of a private sector consultant they were using and did not attend the Consultation Workshop.

The Report of this Consultation Workshop is at Attachment 3 and the List of Invitees and the List of those who attended is at Attachment 4. The Program for the Workshop was structured around three stages:

- (i) Presentation of the Aged Care Reforms and the ‘known knowns’ of their implementation.
- (ii) Two reality presentations about adaptation to the Aged Care Reforms – one from a ‘brownfields’ provider and one from a ‘greenfields’ provider.
- (iii) Facilitated plenary discussion

The discussions reaffirmed, in greater depth, the concerns identified at the Strategy Round Table about the inadequacy of cultural safety competence in the roll out of the Aged Care Reforms and the need for adequate cultural safety training.

It was evident that the impact of the Government’s Aged Care Reforms was not being grasped by Aboriginal aged care providers in Queensland, although the leadership provided by the IUIH has meant that the level of awareness may have been higher than in Victoria as at December 2015. The Consultation Workshop identified a range of deficiencies relating to messaging and communications to elderly Aboriginal people.

The Consultation Workshop discussion highlighted a concern that Aboriginal providers, including ACCHOs, probably did not comprehend the risks to the sustainability of their business models arising from the implementation processes of the Aged Care Reforms. There was some urgency in redressing this situation, so it was decided to convene a follow-up Consultation Workshop early in 2016.



Second Queensland Consultation Workshop

The Second Queensland Consultation Workshop was held at the Brisbane Convention Centre on Thursday, 18 February 2016. This Consultation Workshop differed from the First Consultation Workshop in that invitations were issued to every Member Organisation of QAIHC, irrespective of whether they were currently providing aged care services or not. At the same time, the aged care providers of the defunct UIACCACN were re-invited. A total of 14 organisations sent representatives from across Queensland.

The Program design for this Second Queensland Consultation Workshop differed from that used in the First Consultation Workshop:

- (i) The CEO of COTA Queensland, Mark Tucker-Evans, and his colleague, Bronwyn Bidstrup, kindly consented to provide the overview of the Aged Care Reforms and their present implementation status.
- (ii) The focus of the Consultation Workshop was on the risks and threats to Aboriginal aged care providers, and the adaptive responses required for sustainability.

Plenary discussion was once again facilitated and the principal points to emerge were:

- The level of understanding of the Aged Care Reforms and of the various deadlines for their implementation was not well understood at Board level or at senior management level.
 - This included the expansion over the past three months of “MyAgedCare” as the central point for referrals into aged care services
 - In February 2017, the individual elderly person controls his/her CDC/Home Care Package and is free to change providers – but how frequently was unclear
 - In 2018, “Care At Home” combines what is presently called the “Community Home Support Program – CHSP” with CDC/Home Care Packages – but how this will operate is not clear
- QAIHC had a role to play in supporting change management transitions by existing aged care providers, and to assist ACCHOs wanting to enter into aged care service delivery using the integrated model.
 - There was a widespread worry about the complexity of the Aged Care Reforms and the amount of change management effort required to engage
- Aboriginal people need support to navigate the system and the outlines of what was called a ‘safety net’ were discussed, based on the experiences of IUIH.



Victorian Consultation Workshop

The Victorian Consultation Workshop was held on Tuesday, 8 March 2016 at the Ibis Melbourne Hotels and Apartments, Therry Street in Melbourne. Once again and for the third time, the administrative and logistical preliminary work, and on-site secretariat support, was provided by Trisha Williams, who worked as the Project Coordinator from the NACCHO Secretariat for the COTA-NACCHO Aged Care Project. Her outstanding contribution was integral to the successful conduct of all three Consultation Workshops.

The Victorian Consultation Workshop was co-badged by NACCHO and VACCHO. VACCHO kindly made available office space and administrative support to Trisha Williams in the preparatory phase of the Consultation Workshop. Invitations were issued to all known ACCHOs providing aged care services in Victoria as well as to non-ACCHO aged care providers. A total of 27 representatives attended from 15 organisations from the Melbourne metropolitan area, regional centres such as Geelong, and rural areas distributed across the State. Noeleen Tunny had invested heavily in a personal campaign of follow-ups to the invitations.

The Program is at Attachment 8. The design of this Consultation Workshop was broadly similar to that used for the Second Queensland Consultation Workshop, but there were differences:

- (i) The explanation of the Aged Care Reforms and their implementation status was provided by Ms Anna Millicer, Project Coordinator, National Consumer Education Strategy, Council on the Ageing (COTA).
 - Ms Millicer's presentation was different from previous presentations on this topic, in that she highlighted a number of contentious and uncertain implementation issues that foreshadowed neatly topics that subsequent presenters dealt with in later sessions.
- (ii) The 'brownfields' provider presentation explaining the processes of its change management adaptations was delivered by Mr Dean Walton, Executive Manager Aged Care Services, Rumbalara Aboriginal Cooperative, a Victorian organization.
 - This provider eventually opted to extend its service model up both sides of the Murray River from Shepparton to Echuca, so it is a case study of cross-border delivery
 - This provider operates a brokerage system, whereby the focus of its service model is on contracting-in other suppliers to provide specific needs of consumers, rather than engaging its own ongoing casual staff team
 - This provider charges a 50% fee for all CDC/Home Care Packages



- This provider operates a paper-based scheduling and reporting system built around Excel.
- (i) The presentation from UIIH updated its analysis of the problems with the Aged Care Reforms and presented its alternative, fee-free integrated model.

The facilitated plenary discussion was perhaps the most animated and forensic of all three Consultation Workshops. Most of the Victorian aged care providers were very interested in discussing the UIIH model and there were several side discussions during the breaks.

The main policy issues to arise from the questions and plenary discussions were:

1. Legislation: retention of “special needs” recognition for Aboriginal and Torres Strait Islander people-forthcoming Discussion Paper.
2. Identification of Aboriginality all the way through the Aged Care Reform processes and a specific monitoring mechanism to track participation of Aboriginal people in the aged care system: MyAgedCare-assessment-claiming on service delivery-performance reports/publications.
3. Cultural safety: cultural safety strategies for MyAgedCare engagement-cultural safety capability for RAS assessments and for ACAT assessments.
4. Primary Health Networks: what exactly are they intended to use their ‘aged care’ funding for-what is their ‘commissioning’ role in regard to ‘aged care’.

The principal operational issues discussed were:

- Strategies for financial sustainability for existing aged care service providers in a complex, uncertain and competitive ‘market’ environment, especially with only a small number of CDC/Home Care Packages or CHSP (HACC) consumers.
- Difficulties in engaging the strategic attention of Cooperative CEOs and/or Board to address adaptive responses required for the Aged Care Reforms.
- What support VACCHO could provide.
 - Noeleen Tunny offered to convene a workshop to assist with completion of ‘flexible provider’ approval status forms if enough Members were interested. The response indicated there was sufficient interest.
 - VACCHO’s email updates were also welcomed.
 - VACCHOP could also assist providers fill in application forms
- What software packages were available and recommended?

Participants requested they receive e-copies of all the presentations delivered.



COTA Northern Territory Report

The following information has been extracted from a July 2015 close-to-final draft Report on Northern Territory consultations with remote Home Care services, furnished by COTA to NACCHO.

In June 2015, to further investigate the needs of remote Aboriginal communities in relation to aged care reform, COTA and NACA representatives travelled to the Top End of the Northern Territory, visiting aged care providers and communities. A 10 day journey covered West and East Arnhem Regional Councils; Victoria Daly and Western Daly Regional Councils; Roper Gulf Regional Councils; and private and community providers.

COTA delivered CDC consultations and workshops in Jabiru, Nhulunbuy, Ngukurr, Katherine and Darwin with a range of providers including service managers, community coordinators and aged care staff. Opportunities to yarn with community women about their culture and community in the remote settlements of Ngukurr and Numbulwar on the Gulf of Carpentaria have strengthened the insight into specific CDC transition issues.

The Report on these extensive consultations and workshops distilled a checklist of eight challenges for aged care providers:

1. Change management and ongoing support to implement Aged Care Reform initiatives
2. Providing appropriate information (content and delivery) in remote communities
3. Timely access to assessment services due to availability of the ACAS Officers compounded by remoteness for some communities
4. Access to high level of care packages
5. The cultural practice of “humbug” and its impact on the needs of older people being met
6. Workforce recruitment, retention, innovation and capacity building
7. The urgent need for funding model flexibility including within aged care and integrated with health, mental health and disability
8. The need to create an NT Aged Care Provider Network to:
 - develop consistent CDC communication strategies
 - develop streamlined and integrated response to Aged Care Reforms
 - develop systems that enable providers and the community members to move between communities
 - create a collective for IT systems purchasing



- create economies of scale to build workforce training that is accessible and culturally appropriate for remote aged care workers
- strengthen the voice of remote area aged care providers to work more effectively within their councils and government.

Items (1), (2), (3) and (4) are consistent with the feedback that arose from the Queensland and Victorian Consultations.

Item (5) in the context of Queensland and Victoria related more to the cultural inappropriateness of using direct assessment phone calls to elderly Aboriginal people in their homes unsupported by community organisations as ‘brokers’, including ACCHOs.

Workforce shortage and competency deficit issues had been identified very early on by IUIH. Its adaptive response to secure Education and Training funding from the relevant State Department redressed both problems. It is interesting that IUIH had to turn to a State Government in order to install the capacity for a Commonwealth Government policy – the Aged Care Reforms.

This ad hoc yet innovative adaptive response highlights what seems to be a structural inadequacy in the implementation of the Aged Care Reforms insofar as they impact on Aboriginal and Torres Strait Islander elderly consumers. This has to be on the agenda for negotiations with the Commonwealth Department of Health, driven by the NACCHO Strategic Leadership Group on Aged Care.

NACCHO has already identified the inadequacy of cultural competence amongst the RAS and ACAT infrastructure and has brought this to the attention of the Ministerial Advisor and senior managers in the Aged Care Division of the Department. This is a related training and competency development deficit.

Item (7) correlates with concerns and uncertainties expressed at the Queensland and Victorian Consultations about the cut-over and the (lack of) integration between the National Disability Insurance Scheme (NDIS) and the Aged Care Reforms. Separate Commonwealth Departments are managing these two policies and their implementation strategies and programmes. Trying to fix up the problems that arise between the two policies also has to be on the agenda for negotiations with the Commonwealth Department of Health, driven by the NACCHO Strategic Leadership Group on Aged Care.

Item (8) is not considered appropriate for other jurisdictions as a stand-alone entity. There are peak bodies of ACCHOs in every jurisdiction, and these corporate entities have an established infrastructure and support capability that they could deploy to their ACCHOs already providing aged care services as well as ACCHOs that will be starting-up aged care services. The challenge, and the opportunity, for jurisdictional peak bodies is to provide that support to ACCHOs. NACCHO can offer to assist jurisdictional peak bodies, including



through organizing state-wide or regional Consultations and Change Management Workshops.

Other Aboriginal aged care providers do not necessarily recognize NACCHO or jurisdictional peak bodies having an appropriate level of legitimacy to provide an umbrella coordinating and support role for all Aboriginal aged care providers in their jurisdiction. Evidence of this is the boycott of the Project's Consultations in Queensland by some former UIACCACN members, who preferred to follow their own private consultant. By contrast, in Victoria, a private consultant working for a regional group of ACCHO aged care providers, actively participated in the Victorian Consultation.

Consequently, without further resourcing becoming available to NACCHO to explore this issue further, it is not feasible to pursue a pan-provider network structure for each jurisdiction or nationally.