Office of the Interim First Nations Aged Care Commissioner

Submission to the Office of the Inspector-General of Aged Care

Review of the Administration of My Aged Care

28 June 2024

# Introduction

The Office of the Interim First Nations Aged Care Commissioner (Interim Commissioner) welcomes the opportunity to provide a submission to support the Office of the Inspector General of Aged Care in its review of the administration of My Aged Care. The Office of the Interim Commissioner is available to provide follow-up advice or expand upon our feedback if required and is also appreciative of the time extension granted to input into this important process.

The Interim Commissioner has heard consistent testimony across all jurisdictions, which has included a mix of urban, rural and remote areas, that there are significant barriers associated with accessing My Aged Care. The office is concerned that older Aboriginal and Torres Strait Islander people are not getting through the front door of the aged care system to access services, for which they are eligible for, where and when they need them. Addressing My Aged Care as the entry-point to the aged care system is critical for all Australians, but particularly important given older Aboriginal and Torres Strait Islander people are not accessing the aged system at a rate commensurate with their need, or on par with the non-Indigenous population[[1]](#footnote-1).

In formulating this submission, the Interim Commissioner has drawn on the qualitative feedback arising through extensive consultations with older Aboriginal and Torres Strait Islander people. With their informed consent, we have included two case studies from consultations to illustrate the reality of trying to access and navigate My Aged Care.

It is the Interim Commissioner’s view, based on consultations, that My Aged Care as it currently operates, is not fit for purpose for Aboriginal and Torres Strait Islander users, and does not facilitate their entry into the aged care system.

Whilst we have only included two case studies, it is necessary to convey that My Aged Care was raised as a consistent barrier through consultations. The office welcomes the opportunity to work closely with you on this review as it relates to the experiences of older Aboriginal and Torres Strait Islander people.

# Background

Since commencing as Interim First Nations Aged Care Commissioner on 8 January, Ms Andrea Kelly has met with older Aboriginal and Torres Strait Islander people, their families and communities, Aboriginal and Torres Strait Islander peak bodies, providers and other key Indigenous and mainstream providers. The office has held more than 130 engagements and consultations with a strong focus on visiting regions and communities that are often overlooked.

Further information on the locations the Interim Commissioner has travelled to is available online at <https://www.health.gov.au/our-work/interim-first-nations-aged-care-commissioner#consultations>

The office wishes to acknowledge the generous contributions of older Aboriginal and Torres Strait Islander people in providing their lived experience of the aged and health system and acknowledges their consent for their evidence to be represented in this submission.

# Case Study: Challenges identified by an Aboriginal and Torres Strait Islander outreach officer in northeast New South Wales

While in northeast New South Wales in May, the Interim Commissioner had the opportunity to listen to the experience of an Aboriginal Outreach Worker, Ms Julie[[2]](#footnote-2) who has extensive experience working across the health, disability and the aged care sector across the NSW region. Ms Julie granted permission for her story to be shared in this submission.

In her role, Ms Julie engages regularly with older Aboriginal and Torres Strait Islander people who would be eligible for aged care services. Ms Julie advised that older Aboriginal and Torres Strait Islander people in the region simply do not know about or how to access My Aged Care for aged care assessments until they reach crisis point when they are admitted to hospital. Then, due to the complexity of navigating the My Aged Care system, often, older people will “opt out” of the process before they have been able to access aged care services, despite needing and being eligible for services. Once the older person has disconnected from the process, they are often only reconnected if they are readmitted to hospital.

This inability to engage with the aged care system is due to the complexity and inaccessibility of the My Aged Care system, as described in the ‘Key Issues’ section below.

# Case Study: Challenges identified by an Elder Care Support Coordinator

During consultations, the Interim Commissioner heard from Ms Sarah\* who managers a team of Elder Care Support workers, funded under the Elder Care Support program. She granted permission for her story to be shared in this submission.

Ms Sarah told the Interim Commissioner about the difficulties her staff experience as Elder Care Support navigators in understanding and navigating the My Aged Care digital portal. As part of their daily role, navigators should be able to check on the progress of an older person’s aged care assessment through the My Aged Care digital portal. However, Ms Sarah reported some of her staff were waiting months to even be granted access to the digital portal and were relying on calling the My Aged Care contact centre to get information on their clients. Ms Sarah also advised that some Elder Care Support navigators have been incorrectly advised that their Aboriginal and Torres Strait Islander clients are not eligible for services, incorrectly citing they need to be 65 and over, which is the age eligibility requirement for non-Indigenous populations.

In the communities she served, Ms Sarah also reported a stark lack of awareness of My Aged Care and how to access the aged care system. Older people, and their communities, are not aware of how the system works until they have an acute need for aged care services. Many older people supported by her staff are unaware of what they are entitled to. Further, due to the ongoing impacts of colonisation, Aboriginal and Torres Strait Islander people are mistrustful of government and will often not express the truth when asked about their needs, for fear they will be put in a residential aged care home, away from family, community, and Country. Ms Sarah expressed a wish for better educational resources that explained, in language or plain English, what My Aged Care can offer older Aboriginal and Torres Strait Islander people.

# Key Issues

## My Aged Care does not facilitate entry to the aged care system for older Aboriginal and Torres Strait Islander people

* Consultations overwhelmingly identified a critical gap in awareness of My Aged Care and the services available to eligible older Aboriginal and Torres Strait Islander people. There is widespread confusion about what older people are expected to do to access aged care and the role played by different navigation supports.
* To access an assessment and then aged care services, the process is complex and lengthy. The Interim Commissioner heard older Aboriginal and Torres Strait Islander people are often unaware of their responsibilities to navigate through the process, which is further exacerbated by long wait times where the older person can lose track of what they need to do. The Interim Commissioner heard particularly in rural and remote areas, wait times for assessments can exceed 6 months. Even in metro areas, older people can be waiting a few months for an assessment or to be connected with aged care services.
* The Interim Commissioner heard older Aboriginal and Torres Strait Islander people appreciate and prefer being supported through the aged care system with face-to-face supports, like Aged Care Specialist Officers and Elder Care Support navigators.
	+ People in several consultations expressed positive feedback about the introduction of an Aged Care Specialist Officer (ACSO) in their region. ACSOs have been particularly useful in helping older people navigate the entire My Aged Care process, as well as connect them with other Services Australia supports. Older people appreciate being able to talk to someone face-to-face and were concerned about the current over reliance on the digital portal and online guidance materials.
	+ The Elder Care Support Program (ECSP), run by the National Aboriginal Community Controlled Health Organisation (NACCHO), also received positive feedback.
* However, ECSP is not currently advertised on the My Aged Care website. In comparison, older people can find considerable information about the mainstream care finders service on the My Aged Care website. The website lists all the organisations that offer the care finder service with all their contact information. Whereas the information about ECSP available on the NACCHO website [[3]](#footnote-3) only provides the names of organisations offering ECSP in a hard to read PDF, with no contact information or links to the organisations’ websites.
* The Elder Care Support Program only operates in a small number of communities, an expansion of this program would be recommended.
* While we acknowledge the complexity of the My Aged Care system reflects that of the current aged care system, steps should be taken to reduce the complexity of the application process. In support of working towards a person-centred aged care system, current support services should be expanded so older Aboriginal and Torres Strait Islander people are not at risk of falling through the gaps of My Aged Care.

## My Aged Care is not accessible for people who do not have access to reliable, consistent telecommunications.

* A key barrier faced by Aboriginal and Torres Strait Islander people accessing My Aged Care to register for aged care services is the overreliance on the digital platform and contact centre.
* The “Mapping the Digital Gap” 2023 Outcome Report found that, nationally, the difference in digital access between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is 7.5 points out of 100, and the gap widens significantly to 24.5 points for remote Aboriginal and Torres Strait Islander people[[4]](#footnote-4).
* The biggest contributor to this gap was lack of communication services. Of approximately 1545 remote Aboriginal and Torres Strait Islander communities, 670 had no mobile coverage and many others had unreliable or prohibitively expensive connections3.
* This divide makes it significantly more difficult for older Aboriginal and Torres Strait Islander people to access the main points of entry to the aged care system, the My Aged Care digital platform and the Contact Centre.
* The Interim Commissioner has heard about older Aboriginal and Torres Strait Islander people who have missed out on aged care services because contact was only attempted by phone or letter.

## My Aged Care uses complex and inaccessible language.

* Aged care entry points, particularly My Aged Care, assume English as a first language and use complex and inaccessible language.
	+ Historically, it has been reported that Aboriginal and Torres Strait Islander people in Australia have lower English literacy rates than non-Indigenous people[[5]](#footnote-5). While there have not been any recent detailed surveys to quantify this gap[[6]](#footnote-6), a study from 2021 did report that 68% of the study respondents (Aboriginal people living in remote communities) self-identified as have English language literacy difficulties4.
	+ The Interim Commissioner has heard that older Aboriginal and Torres Strait Islander people and their families find the language on the My Aged Care website too complex to be useful in helping them navigate the system.
* We acknowledge that some resources available on the My Aged Care website have been translated to Arrernte, Pitjantjatjara, Torres Strait Creole (Yumplatok) and Warlpiri, but these resources cover only a minority of the information available in English.
	+ There are only four resources translated into each of these Aboriginal and Torres Strait Islander languages. However, there are 23 resources translated into 18 other languages available on the My Aged Care website.
* Aboriginal and Torres Strait Islander people who speak one of sixteen available languages can also access an interpreting service when they call My Aged Care. However, the awareness of this translating service is minimal, and the Interim Commissioner has heard it is very rarely accessed.

## My Aged Care has identity requirements that many older Aboriginal and Torres Strait Islander cannot meet.

* The Interim Commissioner heard a significant barrier to older Aboriginal and Torres Strait Islander people accessing aged care services is that they do not have the necessary identification documents to register with My Aged Care.
* This is particularly fraught issue for survivors of the Stolen Generations, some of whom the office has heard have only received their birth certificate at the age of 70.
* To illustrate, there is more recent data on the rates of birth registration for Aboriginal and Torres Strait Islander children.
	+ Between 1996 and 2012, around 1 in 6 of Aboriginal births in Western Australia were not registered[[7]](#footnote-7). A 2014 report from Queensland Health reported that 15 – 18% of Aboriginal children aged two to four years did not have their birth registered[[8]](#footnote-8).
	+ Without being registered at birth, Aboriginal and Torres Strait Islander people do not have the standard identification documentation required to access schooling, healthcare, government benefits, vote, or obtain a driver’s licence.

From these numbers it can be inferred that a significantly higher proportion of older Aboriginal and Torres Strait Islander people would not have the required identification documents to apply for aged care, compared to non-Indigenous Australians.

# Recommendations

The Interim Commissioner notes that the criteria for the review into My Aged Care published online seeks to understand if there are challenges distinct to various locations or other contexts, and how My Aged Care might overcome these. As such, we have sought to include for your consideration, practical solutions, and strategies to address these barriers.

* Expand the ACSO program to include more face-to-face officers in more regions, including officers with proficiency in engaging with Aboriginal and Torres Strait Islander services and care. Implement an in-person community awareness campaign targeted to older Aboriginal and Torres Strait Islander people, their families, and communities to increase awareness of My Aged Care, eligibility, and the types of supports available.
* Review the current My Aged Care website and associated resources to make them appropriate for First Nations audiences, including where English is not the first language. Increase the number of resources translated into Aboriginal and Torres Strait Islander languages.
* Develop community facing materials, in a range of First Nations languages, or plain English, to help older Aboriginal and Torres Strait Islander people understand the aged care pathway and the support available from various generalist and aged care specific organisations operating in aged care.
* Review My Aged Care, and other aged care access channels, to make them accessible to people who have limited, unreliable or intermittent access to the internet, communication technology (including landlines), and computer hardware.
* Review aged care entry point requirements to ensure that people are not excluded from receiving support they are otherwise eligible for because they cannot meet the proof of identify requirements.
1. Productivity Commission, Report of Government Services, (2024) Table 14A.24. [↑](#footnote-ref-1)
2. Not her real name [↑](#footnote-ref-2)
3. NACCHO. Elder Care Support Program. [https://www.naccho.org.au/elder-care-support-program/.](https://www.naccho.org.au/elder-care-support-program/) [↑](#footnote-ref-3)
4. Featherstone, D., Ormond-Parker, L., Ganley, L., et al. (2023). Mapping the Digital gap: 2023 Outcomes Report. <https://apo.org.au/node/324397> [↑](#footnote-ref-4)
5. Lin, S., Williamson, F., Beetson, J., et al. (2020). Quantifying low English literacy in Australian Aboriginal communities: a correlational study. *The Australian Educational Researcher*, *48*[. https://doi.org/10.1007/s13384-020-00388-7](https://doi.org/10.1007/s13384-020-00388-7)  [↑](#footnote-ref-5)
6. National Aboriginal Community Controlled Health Organisation (NACCHO) (31 March 2023). Submission No 100 to House of Representatives Standing Committee on Employment, Education and Training, Parliament of Australia, *Don’t take it as read – Inquiry into adult literacy*. [↑](#footnote-ref-6)
7. Gibberd, A. J., Simpson, J. M., & Eades, S. J. (2016). No official identity: a data linkage study of birth registration of Aboriginal children in Western Australia. *Australian and New Zealand Journal of Public Health*, *40*(4), 388–394.

<https://doi.org/10.1111/1753-6405.12548> [↑](#footnote-ref-7)
8. Queensland Health, An estimate of the extent of under-registration of birth in Queensland, (2014) Table 2. <https://www.health.qld.gov.au/__data/assets/pdf_file/0009/140040/underreg.pdf> [↑](#footnote-ref-8)