



Royal Commission into Aged Care Quality and Safety

Submission



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Commissioner for Senior Victorians

Gerard Mansour was appointed Victoria's first ever Commissioner for Senior Victorians in August 2013. The Victorian Government created this role as part of its response to the Victorian Parliamentary *Inquiry into Opportunities for Participation for Victorian Seniors*.

In May 2019 the Victorian Government announced the reappointment of Mr. Mansour as the Commissioner for Senior Victorians for another four years.

Purpose and role of the Commissioner

The Commissioner for Senior Victorians provides advice to the Victorian Government on issues relevant to senior Victorians and positive ageing and participation, as well as being an independent public voice to educate the community on seniors' issues, actively promote the positive contribution of seniors and encourage seniors to fully participate in our community.

A key component of the role is to actively advocate for a "seniors' perspective" in government deliberations on issues relevant to senior Victorians including positive ageing, participation, and the needs of vulnerable, at risk and disadvantaged seniors. The Terms of Reference for the Commissioner for Senior Victorians is contained at Attachment 1. A summary of the recent impact of work of the Commissioner is contained at **Attachment 2**.

The Commissioner meets regularly with seniors and seniors' organisations from across Victoria to discuss a wide range of matters relevant to people as they age, provides an independent public voice to educate the community on seniors' issues including prevention of elder abuse, actively promoting the positive contribution of seniors, encouraging seniors to fully participate in our community and seeking to building greater respect for the rights of older people.

The Commissioner also promotes community awareness and understanding of other matters such as advance care planning, powers of attorney and loneliness and isolation.

In 2016, the Commissioner published the report *Ageing is Everyone's Business – a report on isolation and loneliness among senior Victorians* which has informed the government's response to the issue of isolation and loneliness. The Victorian Government response to the Commissioner's report is contained at **Attachment 3**, as well as an Evaluation Report regarding key projects funded by the Victorian Government (**Attachment 4**) and the recently announced further funded projects (**Attachment 5**.)

As the Ambassador for Elder Abuse Prevention, he has provided significant policy advice on the prevention of elder abuse, and the importance of supporting multicultural and emerging communities. **Refer Attachments 1 and 2.**

Introduction

As the Commissioner for Senior Victorians, I hear first-hand from older people about their experiences in regard to the 'journey of ageing'. That is, the experience from turning 60 years of age as people aim to continue to live their life to the full.

My policy role commences from the time that adults become entitled to the seniors' card, which is at the age of 60 in Victoria.

Ever since my appointment in August 2013, I have ensured that a significant part of my time is spent out in the community listening and talking with older people.

At the end of 2016, as part of the Victorian Government response to the Family Violence Royal Commission, I was asked to play an additional role as Ambassador for Elder Abuse Prevention.

As part of my work, I spend significant time directly with older people, in small groups, larger groups of 80 to 100 and also one on one. I travel extensively across Victoria in metropolitan areas, regional centres and in rural communities. One of the most common and regular themes raised with me by older people in these discussions, including prior to the calling of the Aged Care Royal Commission, relates to the challenges of accessing aged care services when the time for such support was needed. Sometimes it was from older people themselves, sometimes it was from family members or carers and at other times it was from 'younger' senior Victorians who were concerned about the capacity of their mother or father to remain safely at home.

The clear and expressed priority of so many of those who communicated with me over these years was linked to the desire to remain safely in their own homes, and if possible, to avoid the need to enter into residential aged care.

Consequently, I decided to devote my contribution to the Aged Care Royal Commission to that specific issue – access to home care and support services by older people and those who are caring for them in the community context.

Due to my role, I have the privilege of hearing from so many older people first hand as well as many of those who were providing support or care. But I decided to supplement this knowledge by bringing together a specific group of people to provide input into my thinking. I convened a Carers and Consumers Workshop for the purpose of guiding my contribution to the Aged Care Royal Commission.

This workshop was held in May 2019 and was managed by a professional facilitator in order to maximise the contribution of participants. With the active support of various organisations, I brought together a diverse group of older people and carers who comprised the majority of participants. In addition, several key professionals with extensive knowledge of the aged care system were in attendance

My contribution in this paper builds on the knowledge I have obtained in my role since 2013, is consolidated by the priorities identified at the workshop, and is supplemented by some of quotes of those in attendance.

1. Navigation assistance should be core business

“There are a lot of problems with the system literacy, the jargon, the lack of context that makes it very difficult for older people to understand. There is a real problem of not knowing what you don’t know”

“Who can speak out for those that don’t have family members to help them?”

“Technology for communication is not a panacea. It’s not the answer for many older people who need to communicate in person to be able to understand”

“Many people with different needs want help to access aged care – multicultural, aboriginal, low literacy etc all must have help to access”

[Above quotes from participants at the Consumer and Carer Workshop].

The introduction of a consolidated entry point into the aged care system through My Aged Care in 2013 has the potential to streamline access to the aged care system. The call centre, website and IT system provide a baseline of infrastructure for referrals, information and resources. But for many frail and ageing people, and particularly those with diverse needs, this isn’t enough to navigate the hoops that must be jumped through to connect with an appropriate provider.

There is a critical gap in the availability of targeted, personal support and guidance to navigate through the My Aged Care system, particularly for those more vulnerable older people who lack access to adequate family supports. Without access to this ‘navigation support’, many older people are at risk of being locked out of key information and services.¹ As the Commission itself has heard, the importance of navigation support was recognised within the original design of My Aged Care, but the system was implemented without it.²

The Commonwealth Government has at last recognised this is an issue to some extent with the introduction of the Aged Care Navigators trial at the start of 2019. However, I am concerned that this trial is too limited, and that the concept of navigation is still not being truly integrated as “core business” within My Aged Care and the broader aged care system.

Firstly, by nature of being a trial, the navigation support will only be available in certain regions around Australia for two years. This means the aged care system will continue to fail to deliver the necessary navigation support to older people during this time. How does an older person, for example one who is already vulnerable or isolated, manage to find out that navigation support exists in their region? In my view the Commission is ideally placed to recommend that the Commonwealth Government commit to the creation of a fit for purpose and robust navigation support system as a priority, and release a forward plan, including funding, detailing how it will be rolled out across all regions as soon as practical.

Secondly, a holistic and far reaching approach must be taken to promoting the vital role of navigators as core business for My Aged Care. Feedback at my Consumer and Carer Workshop showed awareness of the trial was extremely low but participants viewed access to navigation

¹ *Ageing is everyone’s business*, Commissioner for Senior Victorians, 2016 p. 66

² *Royal Commission into Aged Care Quality and Safety*, Hearing transcript, 11 February 2019

support as essential. While it is early days, as at the time of writing this submission, I could not find reference to the navigators on the My Aged Care website, or any easily accessible information more broadly. Service promotion must cover all bases, from My Aged Care, to community hubs, to primary health and tertiary health services.

Thirdly, the navigator role be embedded and integrated into the My Aged Care system infrastructure (while being careful not to limit people's ability to access the navigators through any door). At a minimum, callers to My Aged Care should be asked whether they require navigator assistance on their aged care journey and given information about how to access this support. In a more comprehensive approach, navigators could receive and manage electronic referrals from the call centre, health professionals and the community through My Aged Care IT infrastructure. This would allow better evaluation of navigation services, and track outcomes.

It would also embed navigators as a key pillar of the aged care system along with providers and assessors.

PROPOSED RECOMMENDATION 1:

The Commonwealth Government commit to the creation of a fit for purpose and robust navigation support system as a priority. This includes extending and enhancing the Aged Care Navigators trial to better support older people to access care. The extended and enhanced trial should:

- Include all regions across Australia
- Integrate system navigators into My Aged Care
- Formalise the role of navigators

2. Support planning processes should be overhauled to enhance consumer directed care

“Consumer directed care is not a reality for many older people. Greater assistance is needed for older people to be able to make decisions about their care”

“There is confusing and misleading marketing spin from some aged care providers”

“In 2014 it looked like CDC would be a good proposal. But this has slowly eroded away over the years as reality of the limitations about what is truly actually possible became evident. CDC needs to be fully resourced and supported at all levels”

[Above quotes from participants at the Consumer and Carer Workshop].

The Commonwealth Government emphasises that consumer directed home care promotes choice, flexibility and informed decision making. Older people are advised they can proactively choose a home care provider and change this decision at any time if they wish. However, the current system operates on an assumption that older people are ‘competent consumers’ who are innately well placed to direct their care. In reality, my conversations with many older people and carers paint a different picture.

While many older people may have a sense of what they want, it is often expressed in terms of some overarching thoughts about their lifestyle and values. Many older people do not have a comprehensive understanding about specific services are available, or how to prioritise their multitude of needs within a capped budget. In addition, many would not understand the differences between the offerings of service providers, and if a service provider is not meeting their needs, they may not know what steps to take.

There are clear opportunities to leverage the current support planning and review function performed by the aged care assessment workforce to assist older people to better negotiate a consumer directed care system. This was a priority area for reform identified at the Consumer and Carer Workshop.

2.1 Support planning should be reframed

There is very limited capacity to understand the degree to which existing home support and care meet the identified needs of older people. The reality for many older people, when they do eventually receive a home care package, is that their needs most likely exceed the supports available in their package. If this is not the case at the beginning of their aged care journey, it will most likely occur once their needs increase over time.

However, a fundamental consequence of the design our four-level home care package system, is that there will be a gap between needs of an older person and the services provided.

We do not currently have a system where available funding and services are matched to meet identified individual needs. On what basis is it assumed that the ‘average’ older person, let alone those who are more vulnerable, can identify which of their needs is best met through the available home care resources and which needs are best left unmet or attempted to be addressed in some other way? This gap also clearly places substantial additional pressure on informal carers.

The Commission is asked to approach this issue through the eyes of the older person as they progress on their aged care journey.

As part of the current process of being approved for home care, aged care assessors provide older people with a ‘support plan’. From feedback that has been provided, I have been unable to confirm if a copy of this support plan is always provided to older people themselves, or if it is only provided to aged care providers. There is an opportunity to enhance and expand the design of the current ‘support plan’ so that it plays a more significant role in helping older people work with providers to design care packages that better meet their needs.

Feedback indicates there is limited independent professional guidance for an older person regarding how they would best structure services to best meet their identified needs. Consequently, the

system does not properly support older people to select an appropriate provider, let alone negotiate with providers about which specific services will keep them at home, independent, and with the best quality of life outcomes for as long as possible.

In the light of feedback, the support planning process could be overhauled and reframed as something more akin to 'wellness and reablement planning'. The focus of the aged care assessment team should be on working with the older person to clearly identify specific services that will help them meet their goals. At the end of this process, the older person should have a documented list and hierarchy of services, that will guide them to once they know their approved level of care.

The process should also help older people feel empowered and informed as they seek care with a provider.

The consolidation of the aged care assessment and regional assessment services from 2020 is an opportune time to reframe the support planning process. I note that the Commonwealth Government is proposing to introduce standardised support plans as part of this reconfiguration.³ I would add that any template must be developed in close consultation with older people and tested to ensure that it is of practical value.

It is important to note the increased complexity of seeking to obtain the best consumer directed care outcomes for those with diverse needs including gender and identity, differing cultural backgrounds, those of Aboriginal and Torres Strait Islander descent, those from rural or remote communities and those from special needs groups including homeless and emerging communities.

PROPOSED RECOMMENDATION 2A

Provide independent professional support so that each older person can structure their home care and support services to best meet their identified needs. This includes giving consideration to an expansion of the role of assessment services to better support the initial design and review of home care and support. It also includes provision of additional resources for those from special needs and diverse backgrounds.

2.2 Support plan reviews

Currently in My Aged Care, consumers, carers and providers can request a 'support plan review' by an aged care assessor at any time after an assessment if their needs, goals or circumstances have changed. This is distinct from a reassessment as the purpose is not to reapprove the older person, though it could lead to this in some circumstances.

In theory, a support plan review offers a good level of support for older people in home or community care who may not feel their needs are being met, but who do not have the resources to take next steps. However, feedback suggests many older people are unlikely to know they can request a review, particularly those who do not have carers or who have diverse or special needs. The support plan review policy therefore relies too heavily on service providers always acting in the best interests of their clients.

To counteract this, the Commonwealth Government should implement a policy where pre-scheduled support plan reviews are standard practice if older people meet certain criteria at

³ Discussion Paper – Streamlined Consumer Assessment, Department of Health, 2018, p. 8

assessment, and where they consent to a review. For example, criteria could include the absence of a carer, or having special or diverse needs.

Current My Aged Care IT functionality already supports this by allowing assessors to schedule in a support plan review date at the time of assessment. There would be many benefits to such a policy, including that it would support older people in more vulnerable or disadvantaged circumstances to exercise consumer directed care. But more than this, I believe it would drive improved safety and quality outcomes in home care, and an added level of accountability for providers.

It is important to ensure staff are trained to provide culturally competent support across the various special needs groups.

PROPOSED RECOMMENDATION 2B:

assessment program to ensure older people can better exercise consumer directed care within the home care system:

- Provide more comprehensive initial support planning to better match needs with services (including refocusing on wellness and reablement)
- Implement pre-scheduled support plan reviews for all older people who meet certain special needs or vulnerability criteria
- Ensure staff are trained to provide culturally competent support across the various special needs groups

3. Home care arrangements should be adjusted to maximise care delivery to older people

“One of the great strengths of the current system is the recognition that older people want to stay at home”

“There is a view among those who receive in home care that it is often of a pretty good quality. In addition, there are positive views about the progress towards more of a reablement model of in-home care”

[Above quotes from participants at the Consumer and Carer Workshop].

There is a strong sense in the Victorian community that the Commonwealth Government is moving in the right direction by recognising that the majority of older people want to remain living independently in the community for as long as possible. The rebalancing towards home care has been welcomed by many. While older people value the opportunity to stay at home, they continue to raise a number of issues with the way funding is currently allocated and used.

3.1 Put in place a maximum waiting time for home care

“Not being able to get a home care package means access is often then from a crisis after a hospital admission”

[Above quote from participant at the Consumer and Carer Workshop].

As the Commission has heard, expected waiting times for home care are too long to be practical for older people who have been assessed as needing a coordinated package of support to stay at home. As a result, older people are ending up in hospital or heading prematurely for residential aged care facilities.

While the Commonwealth Government has committed to adding additional packages to the program by 2021-22, this will not meet demand for home care services based on evidence already provided to the Commission. Further, the Commonwealth Government has advised that older people approved as a medium priority for a level 2-4 package entering the queue early in 2019 are expected to wait 12 plus months to receive their approved package level.

This is not good enough. It is proposed the Commission recommend to the Commonwealth Government that it commit to a maximum waiting time for home care. I support COTA Australia in their calls for a maximum waiting period, for example three months, for individuals to receive their approved level of care, but that such a period is the maximum and not the average. This would give older people clear timeframes on which to forward plan, and provide carers with a level of certainty that could help them manage their own physical and emotional needs.

PROPOSED RECOMMENDATION 3A:

It is proposed the Commission recommend to the Commonwealth Government that it commit to a maximum waiting time for home care.

3.2 Level 1 home care packages

“People don’t want level 1 packages”

[Above quote from participant at the Consumer and Carer Workshop].

A level 1 home care package offers approximately \$8,200 a year in funding for care. The feedback I hear from senior Victorians is that the level of support available through a level 1 package is not sufficiently enticing after administration fees are taken out by providers, and daily fees paid (notwithstanding the \$400 per annum reduction in daily fees that the Commonwealth Government has recently instigated for level 1 packages).

This anecdotal evidence supports the Tune Report’s 2017 findings, which included that demand for level 1 packages was decreasing.⁴ Based on this, I believe that funding allocated to level 1 home care

Keep fixing Australia’s aged care system...taking the next steps in tandem with the Royal Commission – Position Paper, COTA Australia, 2018, p. 13

packages would be better utilised within the block funded Commonwealth Home Support Programme (CHSP).

In addition, to meet the aspirations of older people to remain appropriately cared for and supported in their own home, additional home care package levels need to be added beyond the existing Level 4. This will allow opportunities for older people to avoid premature admission into residential aged care by better matching support to their increasing care needs.

However, noting a lack of publicly available up to date data on demand for level 1 packages, the Commission may be interested in seeking up to date data about the popularity of level 1 packages. I note that in the October-December 2018 quarter, 17,642 home care package offers were not accepted.⁵ I suggest the Commission seeks further information from the Commonwealth Government as to how many of these were level 1 packages, as well as information as to whether the level 1 funding appropriation was fully expended over 2017-18.

It may also be useful to see a sample comparison of the level of service older people with a level 1 package are receiving relative to peers who have been assessed as having the same level of need, but who are receiving CHSP services. The Commission may wish to investigate the number of care hours and services clients receive on average under CHSP relative to a level 1 package.

3.3 Monitor administration fees

“Why is so much of my package being used for overheads and administration fees?”

[Above quote from participant at the Consumer and Carer Workshop].

The Tune Report noted that home care administration fees are unclear for older people. At this point, it appears little has changed in terms of how consumers feel about administration fees in home care packages since 2017.

The Commonwealth Government has also acknowledged that this is an issue and has introduced new legislation requiring providers to provide notice of their common care and services and prices and fees.

Information tracking whether the publication of fees results in fees decreasing should also be provided by the Commonwealth Government, so an assessment can be as to whether this is an adequate approach to ensuring older people get the best value for money.

3.4 Minimise unspent funds

The StewartBrown report for March 2019 stated there are approximately \$600 million dollars currently sitting in unspent home care funds, and that this is the biggest single-issue facing home care.⁶ These funds may still be used before a consumer leaves the provider’s care, with the true quantum of unspent funds not known until a consumer exits care and leftover funds are returned to the Commonwealth Government.

⁵ Home Care Packages Data Report October – December 2018, Department of Health, 2018

⁶ Aged Care Financial Performance Survey – Sector Report, StewartBrown, 2019

In a consumer directed care system, it is important that we recognise older people may wish to keep some level of home care aside to step up nursing supports following a hospital stay, or to assist while a carer may be away for a period of time. However, it is also important to ensure that resources are being maximised where there is limited supply.

The Commonwealth Government needs to commit to an approach to ensuring that that unspent funds are used in the best interests of older people. This could mean committing to channelling all funds back into the home care system when they are returned. However, the Commission could consider if methods to track unspent funds and build this into quality assurance processes for home care providers would be useful to ensure that unspent funds accumulation is appropriate.

On a practical level, the better use of unspent funds at the individual level would be best managed by the expanded role of aged care assessors as noted earlier in my submission. Many older people have the view that they need to set aside funds for a rainy day. These funds should not be prematurely clawed back by the Commonwealth, rather put to proper use in supporting each person's needs.

3.5 Diversity and Inclusion

One of the consistent priorities identified during the Consumer and Carer Workshop relates to the need for those from diverse backgrounds and the priority for additional supports to be provided at multiple levels within the aged care system. There is an increased complexity for those older people seeking to obtain access to home support or care regarding diverse needs including gender and identity, differing cultural backgrounds, Aboriginal and Torres Strait Islander descent, rural or remote communities and special needs groups including homeless and emerging communities.

PROPOSED RECOMMENDATION 3B:

Enhance the existing home support and care arrangements to ensure older people can access care to live independently at home by:

- Guaranteeing a maximum 3 month waiting period for home care packages
- Monitoring whether new legislation results in lower administration fees
- Address the issue of rolling level 1 packages into CHSP
- Ensure effective use of unspent funds at the individual level, including through an enhanced role of aged care assessors
- Strengthen the supports available to meet the identified needs of those from diverse backgrounds, including policy commitments, funding, resource development and staff training.

4. Access to social support must be increased for older people in home care

“Loneliness and isolation are not considered a need for care.”

“Home care packages are used up on things such as transport to medical appointments, care in the home and there are no funds left for activities and social connections.”

“Social support groups are very important.”

[Above quotes from participants at the Consumer and Carer Workshop].

Isolation and loneliness are major public health issues facing older people. The potential impacts on older people are significant, with just some of the associated risks including increased rates of cognitive decline, mental health and wellbeing issues and increased risk of heart disease and stroke.⁷ While isolation and loneliness are serious issues for older people in residential aged care, they have the potential to be an even more serious issue for people living in the community who may not have any daily interactions at all, depending on their mobility, health and living situation.

As detailed in my 2016 report *Ageing is everyone’s business – a report on isolation and loneliness of older people*, the causes of isolation and loneliness are complex. Tackling isolation and loneliness amongst older people requires a coordinated response across local, state and commonwealth government, communities and service sectors. As a key nexus point in care coordination and service access for many older people, the aged care system in particular has an important role to play.

The current home and community care programs do recognise this to some extent, with access to social supports available through both the Commonwealth Home Support Program (CHSP) and the home care packages program. Many older people express to me that they highly value access to social supports afforded through the CHSP. However, there is room to promote and prioritise access to social supports for people in the home care packages program.

When older people are approved for a home care package, this often indicates a higher level of clinical or therapeutic need beyond what CHSP offers. At the time an older people eventually get a package and it comes time to expend the limited funds (noting older people will likely initially receive a lower level package than they were originally approved as an interim measure) there is a natural bias towards ensuring that clinical needs such as wound dressing are met first. There is no guarantee that any funds will be left over to enable people to continue accessing social supports they had received at much lower cost through CHSP. And when they do access them, they may find the substantial increase in cost (given CHSP has no consumer contributions applied) may be prohibitive. These increased costs may also include high transport costs where low or no costs may have applied for community transport to access social support when on CHSP.

I believe all older people in home care, regardless of whether their home care budget has been fully expended, should have access to CHSP funded social support groups if they need it. A fully expended home care package budget should not be a limitation on ensuring that older people have access to

⁷ Ageing is everyone’s business, Commissioner for Senior Victorians, 2016 p. 20

social support groups if they want it. This will likely require an increase in investment in CHSP social support programs, however, it is anticipated that this would be offset by the preventative effects in regard to the health risks I referred to earlier.

PROPOSED RECOMMENDATION 4:

The Commonwealth increase investment in community based social support programs to minimise poor outcomes associated with isolation and loneliness. This includes identifying how to ensure the social support services under the CHSP program continue to be available under home care packages at no additional costs to the older person.

5. Adequacy of support for carers must be properly evaluated

“There are often long delays in being able to access support and the impact on carers is enormous”

“There is just not enough of a focus on the needs of the carers themselves when the home care packages are designed. Carers get worn out”

“The system is so heavily dependent on carers and the family is often at the cost of their own health and wellbeing. As well as caring for the person, the system demands are stressful, time consuming and shift a massive load back to the carer”

“Carers are too often considered an informant and not a client of the service”

“Gaining access to residential respite care is difficult”

[Above quotes from participants at the Consumer and Carer Workshop].

It is well known that carers are the bedrock of care for older Australians. The value of carers to the Australian economy is tens of billions of dollars.⁸ The invaluable contribution of carers across is increasingly acknowledged at multiple levels of governments, with the introduction of new policies and programs such as the new Carer Gateway at the federal level, and the *Carer Recognition Act 2010*.

However, the reality I hear on the ground is that carers continue to be exhausted, depleted and in many cases distressed by the demands of their role. As evidenced by Joe Ibrahim to the Commission, over 50 per cent of carers have physical or mental health issues related to the burden of caring.⁹ I continually hear carers express that they don't have easy access to supports and sufficient funding to enable them to continue their role, including respite care. This leads me to believe that the adequacy of current carer supports needs to properly evaluated.

Firstly, there needs to be an evaluation of carer assessment. There are questions as to whether carers are assessed often enough as part of the RAS and ACAT process. Every carer should be assessed unless they specifically do not wish to be. There also needs to quality assurance of

⁸ The Economic Value of Informal Care in Australia in 2015, Deloitte Access Economics, 2015

⁹ Royal Commission into Aged Care Quality and Safety, Hearing transcript, 16 May 2019

assessment when it does happen. I support calls to expand the assessment quality audit function to include a focus on the quality of information included in the carer fields in the NSAF. Further, NSAF guidance should stress that carers must be assessed individually, away from the care recipient, noting Carers Victoria have highlighted that carers may have very different responses if assessed in the presence of their care recipient.

Secondly, there needs to be an evaluation as to the adequacy of available support and particularly Commonwealth funded respite care, both residential respite and CHSP respite. Carers Victoria (refer **Attachment 7**) have noted that carers who are providing support for those on a Commonwealth home care package are finding it harder to access respite care, while providers are finding referrals for respite are drying up.

There also needs to be data released about the proportion of older people with carers who are referred to and access the National Respite for Carers Program. There also needs to be an assessment of how different demographic groups access respite, and whether there is a need for culturally specific messaging around respite.

PROPOSED RECOMMENDATION 5:

Evaluate the appropriateness of current Commonwealth supports for carers:

- Commonwealth funded residential and CHSP respite take up
- Utilisation of carer assessment fields in the National Screening and Assessment Framework
- Differences in carer support access across diverse groups
- Identify strategies to enhance support for carers, including broadening access to services and supports in their own right

6. Strategies to combat elder abuse must be expanded as people stay home for longer

“Increase knowledge of elder abuse and prevention strategies as well. We need an expansion of programs that support isolated older people such as the community visitors’ scheme to minimise the risks of elder abuse.”

[Above quote from participants at the Consumer and Carer Workshop].

In my additional responsibility as an Ambassador for Elder Abuse Prevention, I am acutely aware that a focus on keeping older people at home for longer comes with an increased risk of elder abuse. Isolated older people are likely to be more vulnerable to perpetrators of elder abuse than those in residential aged care facilities. A stronger focus on delivering care in the home must come hand in hand with improved processes in regard to elder abuse.

One important priority in combatting elder abuse is to ensure that older people are connected into their communities and are supported to be aware of their rights and services. Community connections provide support to the older person by identifying if elder abuse may be occurring and

supporting the older person to access services and referrals. This is an added reason to strengthen access to social activity programs for all older people receiving home support and care.

The Commonwealth Government can improve the capacity of the community to combat elder abuse by upskilling aged care workers, volunteers in the community visitors' program and assessors to identify and report possible elder abuse.

Elder abuse prevention training should be mandatory for all aged care workers and for all volunteers with the community visitors' program. Training needs to be tailored to each state and territory, as the referral points for follow up and legal frameworks around elder abuse may differ in each territory. I am pleased to say that in Victoria we have introduced a range of initiatives to combat elder abuse, including a training model for aged care workers. (Refer **Attachment 8**). However, it is unclear the extent to which this is consistent across jurisdictions.

Further to this, there are opportunities to identify elder abuse risk factors through the screening and assessment process. Risk factors for elder abuse could be included on the National Screening and Assessment Form (NSAF), and assessors trained in what to do if they encounter a potential elder abuse scenario. The current screening tool does not identify elder abuse as one of the key risk issues.

PROPOSED RECOMMENDATION 6:

Strengthen Commonwealth responses to help protect older people from elder abuse including:

- Enhance elder abuse training within the Commonwealth community visitors' program
- Mandate requirements for all approved providers
- Include elder abuse risk in the National Screening and Assessment Form
- Increase availability of advocacy services including more funding for access and advertising

7. Aged care needs to be reframed

“Many older people have lived through very challenging times. Many are reluctant to ask for help and it is not until they get to a crisis point that they will think about asking for support. Even by using a phrase like ‘access to care’ they will often be reluctant to ask because of the fear they will lose control of decision making or undermine their sense of pride.”

“There is a lot of grief when people start to think about a move into residential aged care. Loss of home, loss of belongings, loss of roles, loss of connections.”

[Above quotes from participants at the Consumer and Carer Workshop].

A significant issue related to aged care is the fact that many older people are fearful of entering the aged care system. When I speak to older people about aged care, the fear of losing their decision-making abilities and agency is palpable. As we have heard throughout the Royal Commission hearings, there are genuine reasons for this. Unfortunately, the counterproductive result of this fear is that that people often wait until they are at a crisis point before they access care. At this point,

they may head straight into residential care, rather than accessing preventative and reablement services through home and community care.

It is proposed the Commission recommend that the Commonwealth Government reframe aged care so it is less paternal, and more empowering. Reframing needs to focus on wellness, reablement and choice. It should be less about older people be “cared for” and more about maximising quality of life. This needs to be complimented by advertising campaigns that get older people thinking about accessing aged care services as a positive choice they can make to ensure their independence for longer.

PROPOSED RECOMMENDATION 7:

Rebuild the image of the Commonwealth aged care system so older people are willing to reach out for support when the time arises:

- Reframe aged care to focus on choice and empowerment of the agency of older people
- Undertake community campaigns to encourage people to access home and community care earlier

8. Change the home and community care funding paradigm

“There is a disconnect between the assessment of needs and the support available through the care package when one finally becomes available”

“The funding model needs a lot of work and funding doesn’t match need”

“We need a system based on values, that gives dignity to older people where they can keep their identity”

[Above quote from participant at the Consumer and Carer Workshop].

Throughout my submission a constant theme has been how to ensure the best outcomes for older people in an environment of limited supply. There are strategies and levers the Commonwealth Government can pull to improve outcomes for older people, but the fact remains that the current home and community care funding paradigm is conceptually based on a principle of a rationing of supply, rather than meeting needs. This means there will always be a gap between the needs of older people collectively and the services available.

This is particularly stark in the home care package program. Aged care assessors have a legal delegation to approve an older person as being eligible for funding based on assessed need. However, this process is not met at the other end with a guarantee of reasonable access to services. Instead, home care package funding is appropriated based on the aged care provision ratio. Based on wait times for home care, this “ratio” seemingly has no basis in any real analysis of the needs or demand for services amongst older people and is only changed in response to specific government requests to do so.

Further, the four levels of funding available within the home care system have no connection to the lived experience of an older person with diverse, complex and changing needs. The package levels offer an arbitrary system of categorisation, with older people forced to prioritise funding to competing and multiple needs. As explained in my chapter on isolation and loneliness, it is often needs that are less obviously urgent that are deprioritised, with a significant cost to quality of life.

In this system, it is inevitable that a significant number of older people will always have less services than they require, and lower quality of life and health and wellbeing. The irony is that government funded health service systems are likely to end up paying in the long run anyway as older people deteriorate and experience increasing health needs. However, the later the intervention, surely the worse the payoff for investment.

This current system of rationing the supply of home support and care needs to be replaced with a new model that makes a commitment to older people that their assessed care needs to be met via an allocation of support and care. I ask the Commission to consider alternative models that front load investment in older people into home and community care programs, rather than crisis-led health systems. This could be done in many different ways – for instance, by introducing an ACFI type funding model or a more flexible model akin to the way NDIS is approached.

The objective from such a change would be for the assessed care and support needs are properly and fully funded, and that additional support is made available as care needs change. This would impose significant additional costs for the Commonwealth Government and it may require consideration of additional forms of funding such as a Medicare type levy or alternate forms of funding, for example via insurance or other products within the superannuation environment.

PROPOSED RECOMMENDATION 8:

Investigate the viability of a new approach to Commonwealth home care where assessed needs are fully funded, for example, via a model akin to the National Disability Insurance Scheme. Such an approach would be far more likely to meet the care needs of people as they age and provide them with sufficient support to maintain quality of life.