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# Submission Template

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## Increasing Choice in Home Care – Stage 1 Discussion Paper

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Please upload completed submissions by **5pm, Tuesday 27 October 2015** to  
[engage.dss.gov.au](http://engage.dss.gov.au)

### Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.

**Name of organisation:** Aged Care Crisis Inc.

**Stakeholder Category:** Consumer representative body



## General questions (see section 4 of the Discussion Paper)

**Question a)** Overall, what do you believe will be the impact of the proposed changes in Stage 1 on consumers and providers?

**Response:** The complexity and centralisation through the MyAgedCare portal will result in increasing confusion and disenchantment. To prevent this, local community run organisations should be placed at the heart of the process and CDC introduced under their supervision and control. There are numerous reports and reviews highlighting the importance of social interactions and connections made by vulnerable and older people using care services under various programs.

A good example of this can be found in the *Community Connections - Vulnerability and Resilience in the Blue Mountains Project Report (March 2015)*, which was written to inform strategies for the region, including planning for the needs of vulnerable within the community. The report acknowledged the importance of community, and recognised the role of community based organisations:

**(Page 7):** By virtue of their knowledge and contact with vulnerable people, we found that local community organisations are well placed to provide assistance and support to vulnerable households and individuals. The contingency is that the engagement of local community organisations depends heavily on the availability of resources and funding. Outlined in the next section are a number of key findings, followed by another section detailing our recommendations

### **(Page 10) Recommendation 3: Recognise the role of community organisations**

The Community Connections research demonstrates that vulnerable people typically relate to various community services and Non Government Organisations (NGOs) in the first instance, rather than friends, neighbours or family. It is therefore imperative that existing community services and NGOs are maintained and resourced appropriately within the Local Government Area.

### **(Page 12) Recommendation 6: Enhance community connections and resilience of vulnerable people**

- local Neighbourhood Centres and similar NGOs are best placed to advocate on behalf of vulnerable community members and groups. They must be sufficiently resourced otherwise the voice of the marginalised and vulnerable will fade rather than strengthen.

**Source:** *Community Connections - Vulnerability and Resilience in the Blue Mountains - Project Report (March 2015)*<sup>1</sup>

<sup>1</sup> Community Connections - Vulnerability and Resilience in the Blue Mountains - Project Report (March 2015): [https://www.csu.edu.au/\\_data/assets/pdf\\_file/0008/1367576/Community-Connections-Report-March-2015.pdf](https://www.csu.edu.au/_data/assets/pdf_file/0008/1367576/Community-Connections-Report-March-2015.pdf)



The report was also critical of the negative impact of the Aged Care and Disability Reforms, and also on the centralisation of services through the MyAgedCare website:

**(Page 10): Recommendation 4: Ageing in community**

The new Aged Care Reforms and Disability Reforms developed by both the State and Federal Government focus on enablement and reablement of the person. Whilst these reforms emphasise the importance of older people and people with a disability to make their own informed decisions, it also depends on the belief system that aged residents (some of whom are most vulnerable) will be able to access the services available to them independently and effectively negotiate new systems such as the My Aged Care Website.

This approach, whilst plausible in theory, will create a number of issues for our most vulnerable- namely the potential loss of local community connection and engagement with local service providers as their essential point of contact.

As they will not, under new funding models, have the local sector supported positions provided, such as those of the support workers in Neighbourhood Centres or the Aged and Disability Service Officer positions in Council, to assist them. Therefore we need to consider this issue in any forward planning.

It is essential therefore, to utilise appropriate methods of communication which are accessible and local to the over 75s, regarding the various services available to them for social support and community engagement; relying on the My Aged Care Website may work well for future generations, but not so well with the existing generation of aged residents.

*Source: Community Connections - Vulnerability and Resilience in the Blue Mountains - Project Report (March 2015)<sup>2</sup>*

**Question b)** What type of information and support will consumers and providers require in moving to the new arrangements?

**Response:** On the ground local face to face assistance by local people they know and trust. What is proposed is impersonal, inflexible and inevitably harsh.

**Question c)** What additional information and support will the assessment workforce require in the lead up to February 2017?

**Response:** They should be working with and through local community and responsibility for the service provided in that community should be shared.

<sup>2</sup> Community Connections - Vulnerability and Resilience in the Blue Mountains Project Report - (March 2015): [https://www.csu.edu.au/\\_data/assets/pdf\\_file/0008/1367576/Community-Connections-Report-March-2015.pdf](https://www.csu.edu.au/_data/assets/pdf_file/0008/1367576/Community-Connections-Report-March-2015.pdf)



### Specific questions (see identified sections of the Discussion Paper)

**Question at 3.2.1** Your feedback is sought on the proposed national approach for making packages available to consumers based on individual needs. This would replace the current system of planning and allocating home care places to providers at the regional level.

**Response:** Providing packages on the basis of individual needs but the complexity and impersonality of the mechanism makes it likely that many will fall through the cracks. Some way should be found to work with an empowered local organisation that could act for the residents and families in their region. There may well be regional and/or culturally and linguistically diverse (CALD) differences that need to be considered.

**Question at 3.2.5** Where there is a limited number of home care packages available, what factors do you believe should be taken into account in prioritising consumers to access a package?

**Response:** We can understand the difficulties but the further these processes are moved from the local communities where care is provided the more inflexible and impersonal it becomes. We do not believe that any assessment process has the flexibility to respond and make exceptions when needed.

Caring for the aged is an emotive and personal matter and trying to centralise and control it so tightly will cause problems. As indicated, we believe that government should work with and through local organisations to ensure that distribution is both fair and properly documented to facilitate evaluation and research.

**Question at 3.2.6 (first question)** Feedback is sought on whether there should be a specified timeframe for the consumer to commence care once they are notified that a package has been assigned to them, and if so, what types of circumstances might extend this period.

**Response:** Possibly but extensions should be negotiated through a local organisation who would make recommendations to government.

**Question at 3.2.6 (second question)** The Department is seeking feedback on how interim care arrangements should be addressed from February 2017 where the consumer's approved level of package is not available. For example, where a consumer has been approved as eligible for a specific package level, should My Aged Care assign a package to the consumer at a lower level as an interim arrangement?

**Response:** It would be preferable to provide the packages needed, but if that is not possible they should be able to take what is available.



**Question at 3.3.2.1** Feedback is sought on the proposed approach to the treatment of unspent funds when a consumer moves to another home care provider.

**Response:** In CDC the funding should follow the consumer. To facilitate accountability, all monetary arrangements should be transparent.

**Question at 3.3.2.2** Feedback is sought on whether there is a preferred approach for the treatment of unspent funds when a consumer leaves subsidised home care.

**Response:** Option three would be preferable. While A would be fairer, B would be easier to administer.

**Question at 3.3.3** What types of circumstances might need to be considered in developing the approach and legal framework for dealing with unspent funds? For example, should there be different considerations where there is a deceased estate?

Feedback is also sought on what might be reasonable timeframes for providers to action the transfer of unspent funds.

**Response:** 4 weeks is reasonable but a local group responsible for oversight of local services should be able to negotiate an extension when there are grounds for this.

**Question at 3.5.2** How might the criteria relating to the assessment of approved providers (Section 8-3 of the *Aged Care Act 1997* and the *Approved Provider Principles 2014*) be adjusted to better reflect expectations around the suitability of an organisation to provide aged care?

Feedback is also sought on the other proposed changes to approved provider arrangements, particularly those affecting residential and flexible care providers.

**Response:** CDC as it is structured does not have an effective customer and is consequently under the same risk of market failure as has been seen in other areas where the government has contracted the care of vulnerable citizens to a competitive market. The Jobs marketplace and the Vocational sector are examples where such a market has failed and those it was intended to benefit were exploited and harmed. There are already far too many failures in residential aged care in Australia.

To address the issue and protect vulnerable consumers, the local community should have the power based on reports from other local communities to decide whether they consider a provider suitable to operate in their locality. They, and not the MyAgedCare website should be the primary "portal" (ie resource) for assisting and advising prospective residents in selecting a suitable local provider initially or if there is a need to change providers. There needs to be a local body with market power supporting and protecting the consumers. Similar systems to that proposed in the Discussion paper have been set up in the USA and the UK. They are further down this path and have had even more failures than Australia.



## Other comments

### General comments or feedback on other issues

**Response:** Aged care in Australia is locked into the thinking of the 1990s and the manner in which CDC is being introduced is a good example of this. It is now recognised that community services that do not engage the community in their development and which the community does not control, frequently fail. This is particularly so if their priorities are not met.

A community service which should be organised and run by the community, is being introduced as a centrally controlled government service focussed on finance and structure that is distant from the communities where the care is provided. Engagement with the community has been tokenistic and restricted to only one seniors group. Instead, the community has been subjected to a marketing exercise.

Aged Care Crisis' new proposal is attempting to take aged care into the 21<sup>st</sup> Century by opening community discussion and a debate on how the community can contribute to and restructure aged care so that the many problems in the current system can be addressed. In doing so, it is mindful of the studies that show the effectiveness of this approach.

Too often, government and NACA members have attacked and discounted criticisms without addressing the concerns raised. We believe it is important that the debate be led and controlled by the community itself. We invite others including NACA and its members to contribute and to respond to the issues that the community raises there with evidence and logic.