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Submission: Review of Commonwealth Aged Care Advocacy Services - Options Paper 2015

The Illawarra Forum is the peak body working for community services and organisations in the Illawarra and the Shoalhaven. We support community organisations, promote expertise and innovation in community development, foster industry development and advocate for social justice.

For more than twenty years, the Illawarra Forum has taken a leadership role in the local community services sector, which is a major employment sector in the region, and currently consists of more than 300 organisations in the Illawarra and Shoalhaven areas of New South Wales.

As part of our leadership role, we engage with those organisations, services and individuals engaged in supporting community members aged over 65 years in both residential and community care settings at the local level to collect their opinion, expertise and recommendations. The experience of these practitioners in the Illawarra and Shoalhaven is very different to metropolitan Sydney.

ABS data indicates the Illawarra region (encompassing Wollongong, Shellharbour, Kiama and Shoalhaven) has a higher than average population of people over 65 years of age, particularly in Kiama 18.8% and Shoalhaven 21.2% (NSW 13.8%). The continued reform of the aged care system is vital to ensure that the needs of this population group are met and that the service system is equipped to meet these needs.

The Illawarra Forum consulted with members and service providers to develop this response.

General Comments:

The Illawarra Forum and members who participated in our consultations agree that the Options Paper sets out useful guidelines for a new advocacy system for people accessing or wanting to access aged care services. Members generally found the principles, objectives and outcomes clear and useful, in particular:

- The inclusion of Consumer Directed Care in the principles.
- The requirement for advocacy services to meet the needs of special needs groups.
- Advocacy services to use proven and tested advocacy practices.
- A National Framework for advocacy to assist with consistency across advocacy services.
- Provision of advocacy services that follow customers' journey from transition through service types (end to end).

However, there were a few suggestions to improve the guidelines

- The term ‘end to end’ advocacy services has negative and institutionalised connotations for people using aged care services. This term highlights that it is the ‘end’ of the customer’s life, which is at odds with the experience that aged care services providers want for their customers. Members prefer to regard aged care as the beginning of a journey rather than signifying the end of life. A more appropriate term might be ‘advocacy services that follow the customer’s journey of transition through service types’.
- The wording in this discussion paper is inconsistent about what the people receiving aged care services are called. It alternated between ‘consumers’ and ‘people receiving aged care services’. Members suggested that ‘people receiving aged care services’ would be an appropriate term as they are people first and consumers second. This language is also in line with person centred practice.
- The methods by which systemic advocacy services would be carried out and funded was mentioned in the Options Paper as important, but not addressed. Systemic advocacy is an essential element of providing quality advocacy services. There must be clear channels for advocacy services to report back issues that are arising repeatedly in individual advocacy so that these issues can be addressed at a systemic level. Systemic advocacy must be adequately resourced and funded.

2.1 Definitions of advocacy

2.1.1 Do these definitions accurately describe advocacy in the context of a national end to end aged care advocacy service focused on individual and independent advocacy support?

This appears to be an accurate and simple definition of advocacy services, however, as outlined above, the term ‘end to end’ advocacy services has negative and institutionalised connotations for people using aged care services, signifying that it is the ‘end’ of their life. A preferable term is ‘advocacy services that follow the customer’s journey of transition through service types’.

- **“Aged Care advocacy services**benefit of people receiving Commonwealth subsidised aged care services..”
- **“Individual aged care Advocacy** supports consumers or potential consumers of aged care services.....”
 - The definition of Individual advocacy seems to expand the scope of the current programme which only supports people currently receiving aged care services. ‘Potential consumer’ are currently defined as people who have received an ACAT assessment who are yet to be allocated support services. Therefore the definition of a potential user or an enquiring person needs to be clearer, as this may increase the demand for aged care advocacy services.
 - “Anyone receiving aged care services can get advice and support from an advocacy service; have been assessed by an Aged Care Assessment Team (ACAT)” My Aged care; <http://www.myagedcare.gov.au/#!/how-make-complaint/advocacy-services>
 - Similar wording is used in the National Aged Care Advocacy Program (NACAP) Policy guide 2013-15 and frequently asked questions. https://www.dss.gov.au/sites/default/files/documents/02_2015/nacap-faqs.pdf

2.2 Development of a national framework

2.2.1 Would you agree that a National Framework would effectively support the delivery of an end to end aged care advocacy programme?

Members agreed that a National Framework is important as currently the system is inconsistent and confusing for both service providers and people using aged care services.

2.2.2 What other considerations should be given to developing a framework?

Systemic advocacy must be included in the Framework to ensure that changes are made at a systems level where needed to ensure that principles are upheld.

2.3 Service delivery principles and priorities for an end-to-end aged care advocacy service model

2.3.1 Do these principles represent good practice for the programme?

The principles are good but must be supported by adequate resources and funding to ensure the principles are met in practice.

The first point “Advocacy services are independent of service delivery and free from any perceived conflict of interest” is strongly supported as more and more funded organisations are using sub-contractors; i.e. My Aged Care Regional Assessment Services.

Advocacy is dependent upon true independence as the person in receipt of the support needs to trust the advocacy service.

2.4 Objectives and Service Scope

2.4.1 Are these objectives appropriate for an end-to-end aged care advocacy model?

The objectives appear to be appropriate for an end to end aged care advocacy model however all the objectives should include ‘people receiving Commonwealth aged care services or their representatives’.

2.4.2 Are there other objectives that should be included?

Objectives should include:

- To be accountable to the National Framework.

2.5 Outcomes sought

2.5.2 Can these outcomes be effectively measured?

Provided there is a quality Monitoring and Evaluation Framework, these outcomes could be measured. The Monitoring and Evaluation Framework should include a mix of qualitative and quantitative data from range of stakeholders including service users and their representatives. Evaluation could be tied to the National Framework to ensure some consistency over quality of services around the country.

2.6 Eligible client populations

2.6.1 Are there any anticipated problems with how eligibility is defined above?

As suggested in the General Comments, replace the term 'end to end' with 'advocacy services that follow the customer's journey of transition through service types'.

Also, as stated in response to 2.1.1, the term potential consumers isn't used rather the term; *"people who are seeking to receive aged care services but are yet to enter the system"*. Clarity is required; this reference seems to be more certain that a person doesn't require an ACAT assessment.

There was also some discussion about self-funded retirees, who may be seeking support where the subsidised aged care system appears too expensive, and may seek assurances about non-funded supports. Currently My Aged Care offers information about providers who are not funded by DSS or non-subsidised services of DSS funded providers, on the Service Finder. Whilst non-Commonwealth funded aged care services appear to be out of the scope of the review, if these services appear on My Aged Care it may be prudent to include all people aged 65 and over, 50 and over for Aboriginal and Torres Strait Islander people, to access Aged Care Advocacy supports.

2.7 Service structure

2.7.1 Bearing in mind the trade-offs and benefits of each option in relation to efficiency, national consistency, access and flexibility to respond to local needs, which option is preferred or seen as achieving the most robust model?

The Illawarra Forum supports a combination of Option 1 and Option 2.

There is merit in the way the National Aged Care Advocacy Program services are already organized [the state/territory leaders meet regularly and correspond often to ensure co-operation and cohesion in the delivery of services]. However we don't believe additional independent providers are needed for special needs groups. Regional offices and sub groups for special needs services would better provide a co-ordinated advocacy service. Having independent advocacy providers could splinter the system, resulting in some areas being over-served and others missing out.

Regional offices are important as many people needing advocacy services feel more comfortable having face to face contact.

Option 1 does not allow people using the service to have choice or consumer directed care as there would be only one agency delivering the services. However, there is merit in having a National Advocacy Framework to underpin the program and ensure there is consistency in the quality of services, but still allowing advocacy services to be flexible to respond to individual and geographical needs.

2.7.2 In the preferred option, how can the trade-offs be minimised?

By combining elements of Option 1 and Option 2, there can be both greater efficiency and flexible approaches tailored to the needs of the local area.

2.8 Ensuring access and appropriateness for people from special needs groups

2.8.1 What factors should be considered in developing a funding model for the advocacy programme?

The following factors should be considered when developing a funding model

- The complexity of advocacy services needs to be recognised in the funding model. For example some advocacy cases are complex and require repeated face to face support and may go for many months or years, while other cases may be resolved in a shorter time frame.
- The reliance on volunteers to provide advocacy services needs further exploration. Advocacy is complex and requires highly skilled individuals to be an advocate. This is acknowledged in this discussion paper; *“2.3 Service Delivery Principle and Priorities; Advocacy services.... are delivered to a high standard by a competent and skilled workforce”*. Sufficient funding must be allocated to enable the engagement of qualified staff and to provide appropriate training and professional development.
- It is pleasing to note the discussion paper sets high principles and objectives for national advocacy services. All aspects of advocacy service must be financed in order for advocacy services to meet these standards; this includes funding to cover administration and evaluation costs.
- It is also important to provide adequate funding for face to face advocacy service, including provision of outreach services (also highlighted in this discussions paper). Advocacy services must be nationally consistent and equitable, recognising rural and remote issues, and exploring the appropriate and effective use of technology.
- The discussion paper failed to identify who would be funded to do systemic advocacy. Systemic advocacy must be resourced separately to avoid individual advocacy service providers diverting resources to try and address systemic issues.

Thank you for the opportunity to comment on the Review of the Commonwealth Aged Care Advocacy Services discussion paper. We would be happy to discuss our comments or recommendations in more detail if required.



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