



APPENDIX B

Draft Submission to the Royal Commission into Aged Care Quality and Safety, May 2019

About Darebin Council

The City of Darebin is located in the northern suburbs of Melbourne, between 5 and 15 kilometres north of the Melbourne CBD. The estimated resident population for 2018 is 161,609 with 13% (20,896) residents 65 years and older. At the 2016 census, there were 3,736 people over the age of 85 living in Darebin. The number of older people living in Darebin is increasing.

Darebin also has a high proportion of people living with a disability and is diverse across a range of characteristics including culture, levels of socio-economic advantage and disadvantage and the prevalence of health issues.

Darebin Council is well placed to make a submission to the Royal Commission given its strong connection with older residents through the provision of services and supports which include: Provision of in home service provision through the Commonwealth Home Support Program (CSHP); being an outlet of the local Regional Assessment Service; Social Support Groups offered to older people from diverse backgrounds and languages presenting with dementia; Facilitation of carer support groups; Community transport service – aimed at older people who are financially disadvantaged which supports the social inclusion of older people and offers assistance to medical appointments and local shops and support and assistance given to older residents not necessarily linked to aged care services to facilitate the social inclusion and participation of older people in community.

The Productivity Commission's report described a vision for an aged care sector that would empower older people to have increased choice and control over their lives as their health declined and their reliance on services grew. Since the introduction of the aged care reforms, Council has needed to pay special attention to building the capacity of its older residents to understand

- (1) the changes to the aged care system and how to navigate the new system in the absence of limited plain English resources including information in the relevant community languages and
- (2) the impacts of reforms on existing Council services and the capacity for Council to continue to provide aged care services into the future.

Council's response to the Terms of Reference

Council's response to the Terms of Reference is made within the context of what Council has learned through its engagement with community about the aged care system since the rollout of My Aged Care and feedback from older residents made throughout the Age Friendly Darebin project and most recently community workshops on the Royal Commission into Aged Care Quality & Safety. Council's submission addresses many aspects of the Terms of Reference, below.

1. Quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of systemic failures and any actions that should be taken in response

1.1 Provision of information about My Aged Care

- There are insufficient resources dedicated to supporting vulnerable older people to understand the aged care system or their rights to access aged care services. Some organisations including Darebin Council have allocated resources to ensure appropriate support is available locally to meet the needs of vulnerable community members. However this approach is not consistent nor equitable and doesn't guarantee older people in outlying municipalities similar levels of support.
- Access and support workers in Victoria offer important support to older people with diverse needs including language needs to trust and link into relevant services.
- Not all older people, their carers and families are confident users of the aged care system. Adequate resources and supports are needed to ensure vulnerable older people, those with a disability, those with cognitive issues and other diverse needs are able to access appropriate supports through the aged care system.
- Changes to create a competitive service system through market based providers are creating confusion for some older people who report having difficulty making choices in an environment that is becoming increasingly competitive.

1.2 My Aged Care

- Older people are exposed to substandard care and abuse if they are not afforded time needed to understand their rights; where to access support to make informed choices about services or how to make a complaint.
- Culture changes along side structural change are therefore needed for older people to know they are being supported and valued.
- The My Aged Care model is intended to respond to the need for a consistent and uniform approach to assessing eligibility and allocation of aged care resources at a national level. However these are not elements that inspire flexibility and creativity; necessary for responsive and genuine person centred planning and service provision.
- Older people are expected to make important decisions with very little support or guidance from a list of providers that give them no insight with regard to quality and affordability of services or trustworthiness of the provider.

1.3 Residential Aged Care

Council is not a provider of residential aged care. However, a significant amount of feedback collected through community workshops on the Royal Commission into Aged

Care hosted by Council focused on residential aged care. The themes have been included below:

- Inadequate staff to resident ratios
- Inadequate management and monitoring of resident health, wellbeing and safety
- Significant social isolation and loneliness of residents particularly those not connected to family and friends
- Quality of workforce and insufficient staff ratios cultivates a culture where dignity and respect cannot be prioritised.
- Inadequate resources to provide quality care for people with complex care needs e.g. dementia
- High costs of some aged care facilities does equate to better quality of life or quality of care.
- Role of families are often to monitor quality of care in aged care facilities.
- Culture of fear exists that reduces the capacity of residents and carers to make complaints.

Throughout conversations with the community, individuals consistently raised concern about the potential consequences of speaking out and making submissions about particular aged care facilities.

The culture of fear is pervasive and real for many carers and family members who have an important role in advocating for vulnerable family members.

Key points

My Aged Care

1. Older people, families and carers need information and support to understand the aged care system through a diverse range of mechanisms including face to face opportunities to feel empowered to make informed decisions about services and supports.
2. My Aged Care must be improved to provide genuine support to those in need of services.

2 How best to deliver aged care services to the increasing number of Australians living with dementia, having regard to the importance of dementia care for the future of aged care services.

It is estimated that in Darebin in 2017 there were 2,716 people living with dementia. This number is expected to increase by 81% to 4,917 by 2050*. In comparison to other local Government areas in both metropolitan and non-metropolitan regions Darebin is ranked 11th meaning that this municipality has a significantly higher proportion of people with dementia. (Dementia Australia, Dementia Prevalence data 2017)

Darebin Council's Yanada House offers social support and recreation to people living with dementia through activity based programs which aim to safeguard and enhance the skills of participants. It simultaneously provides respite for carers and families. This program is funded through CHSP, an entry level funded service. There are not many choices for older people with dementia and who are recipients of home care packages to attend similar programs that are affordable.

A monthly support group provides carers with social and emotional support in addition to formal education sessions which focus on understanding dementia and carer wellbeing. Suggestions from family and carers of participants of Yanada House to improve the experience of aged care system for people with dementia include:

2.1 Early intervention, access to information and support for carers and families

- People newly diagnosed with dementia and their families need information that is accessible regardless of their literacy or ethnicity.
- Improved communication from health practitioners about dementia in addition to practical assistance to 'walk' people through the maze of services. Examples were shared that at the point of diagnosis, carers were given little practical information about the type of services available and how the dementia would affect the person.
- Information about supports and services are difficult to navigate – carers are often unaware of the supports that are available both for the carer or the person.

2.2 Recognising the quality of life of the carer is synonymous with the quality of life of the person with dementia.

- The quality of life of the person with dementia and their capacity to remain at home is often dependant on the capacity of the carer to enable this.
- The extent to which the carer can access quality supports, flexible services and sufficient respite are strong factors that can in turn influence the quality of life of the person with dementia; their capacity to remain independent and connected to their family, friends and community.

2.3 Lengthy waiting periods for home care packages influences quality of life

- Lengthy waitlists for people living with dementia or other complex health issues influences the quality of life of the person who is not able to access timely services when they need it. This can in turn have dramatic effect on the quality of life of the carer.

3 The future challenges and opportunities for delivering accessible, affordable and high-quality aged care services in Australia, including in the context of changing demographics and preferences, in particular people's desire to remain living at home as they age.

3.1 Affordability of and interface between CHSP and Home Care Packages (HCP)

- Access to a Home Care Package requires the older person to pay a basic daily fee towards the cost of the package. Eligibility to receiving a Home Care Package requires an assessment by the ACAS team which assumes the person requires a higher level of support to remain in their home.
- The CHSP program provides entry level services to assist an older person through basic home support services. Services offered by Council requires low level of co-contribution that makes them affordable.
- The cost and fees of HCP makes the switch from CHSP unattractive. Sometimes there is an unwillingness by some CHSP recipients to transition from the CHSP program to a Home Care Package when access to a case management service is an important aspect of the case. Financial disadvantage is a barrier for some older people to access a package and appropriate level of care.
- Increased / complex health issues places older people at risk if their needs aren't being met by the appropriate levels of care and they continue to choose to live at home.
- Costs prohibiting older people from accessing appropriate levels of care may create pockets of unaccounted unmet need.
- A 'no disadvantage test' could be applied so that any future reforms to home support services should see the client experience no reduction in quality or volume of service or cost of services.
- There could also be a form of 'no disadvantage test' applied to clients transitioning from CHSP to a home care package which could be further incentive for clients to transition and receive the appropriate supports to meet their changing needs.

3.2 Administration and case-management fees for Home Care Packages

- The high administration and case management fees linked to home care packages compel some individuals and family members to choose to self-manage their package. Many older people cannot manage their package. Administration of packages can be burdensome on families and carers who may not have capacity or time.
- Those who cannot manage their own package, the alternative is to engage a case manager to coordinate services.
- Council is not a provider of home care packages however fees and administration costs attributed to the 'layers of contracting and subcontracting fees undermines the total worth of the package' was identified as a key issue attributed to the erosion of quality and affordability of care during a community conversation about aged care provision.

3.3 Affordability of nursing care

- Home Care Packages are funded by the federal government to help older Australian with complex care need to live independently in their own homes.

- There is a discrepancy for people requiring nursing care in terms of the cost of this service depending on the level of the package. Currently level 1 and 2 can access nursing services at the subsidised CHSP rate from nursing providers for short term when the Home Care Package funding have been fully allocated to other services. However this is not available for Level 3 or 4 Home Care Packages.
- Older people who are on a HCP level 3 or 4 package are assessed to have intermediate and high needs. Due to the complex care need requirements and cost of case management service, recipients are left with little funding to support them with all their care needs. This includes access to nursing services to meet their needs adequately.

3.4 Role of Local Government in provision of aged care services

3.4.1 Block funding

- If the Federal Government proceeds with the previously planned reforms to CHSP, this would see the end of block funding of CHSP services and the creation of a competitive market.
- Darebin Council believes CHSP block funding should be embedded in the aged care system.
- The removal of block funding through the CHSP program ignores the historical and financial investment of local councils in the provision of aged care. Darebin Council contributes \$6 million annually towards the provision of aged care services in addition to CHSP funding.
- Retention of block funding supports local population based service planning and delivery, which ensures appropriate access for all older people and capacity for demand management. Block funding had allowed local government in Victoria to respond to local needs including the flexibility of response to the needs of vulnerable clients.
- The recent decision by the Commonwealth announced on 3 April 2019 that Councils will continue to receive block funding to enable delivery of CSHP services until mid 2022 has been well received by the community as it provides certainty for older people receiving services as well as the aged care workforce – until 2022.
- However, this still leaves a high level of uncertainty and concern for older people about the future and the loss of local government as a trust providers and local resource to provide services.
- The potential removal of block funding creation of a competitive market of service providers may, through application of National Competition Policy, remove the ability of Councils and communities to choose to subsidise their aged care services.
- As with other Council-run services, if Councils and communities choose to subsidise services (for instance to provide services through services with higher qualifications than the minimum) then this should be a decision open to them.

3.4.2 Diminished role of local government in aged care services

- The diminished role of local governments in the existing aged care model underestimates the value, trust and confidence of local older residents in having their issues taken seriously and acted on at a local level or on their behalf at a State / Commonwealth level.
- The benefits to local government continuing to remain a key stakeholder in provision of aged care provision include continuing to:

(1) play a vital role through the delivery of services that are accessible and of high quality;

(2) act on and respond to issues that impact on the safety and vulnerability of older people.

Council services are valued and should be retained - Council's workforce is trusted, well trained and highly skilled. Commonwealth's changes effectively mean privatisation of aged care services and will result in poor service outcomes for older people in Darebin - particularly people who may be vulnerable or who have cultural barriers to service access. Privatisation also creates transient workforce with low minimum standards, this in turn will lead to poor quality service outcomes for older people.

(Towards an Age Friendly Darebin – Draft Report, April 2019).

Key points

Affordability of and interface between CHSP and home care packages

1. Explore the inclusion of a 'no disadvantage' test in aged care policy – a commitment that no older person transitioning from the CHSP program should not be disadvantaged as a result of transitioning to a Home Care Package.

Administration and case management fees

2. Review current regulations identifying a maximum amount of Home Care Package funds that are spent on the administration of packages and the services needed by older people.

Role of local Government in the provision of aged care services

3. Darebin Council has historically provided aged care services to the community and is a trusted provider of services.
4. Local Council's should continue to have a role in provision of aged care services and this should be possible in the new system.
5. Local councils make a significant financial contribution towards the sustainability of the aged care system. They should be able to continue to do so if supported by local community.
6. CHSP block funding should be extended beyond 2022.
7. The diminished role of local governments in the existing aged care model under-estimates the value, trust and confidence of local older residents in having their issues taken seriously and acted on at a local level or on their behalf at a State / Commonwealth level.

4 What the Australian Government, aged care industry, Australian families and the wider community can do to strengthen the system of aged care services to ensure that the services provided are of high quality and safe

4.1 Streamlined assessment services

- The introduction of national streamlined assessment services, if it is to occur, must be primarily driven by improved client experiences and outcomes.
- Intake and assessment services must include appropriately qualified staff, preferably with the capacity for local knowledge of services and programs.
- Assessment services should be focusing on both reablement (health) and wellness (wellbeing).
- Assessment services which include staff with local knowledge of services and programs can help achieve much better experiences and outcomes for clients.
- Changes to introduce an integrated assessment service should allow for the possibility of councils continuing to provide assessment services as part of My Aged Care.

4.2 Access to interpreters

- There are insufficient resources allocated for interpreters to assist people from culturally and linguistic diverse communities to understand and connect with a complex aged care system.
- Formal resourcing of interpreters and bilingual workers should be a consideration at through all programs of the My Aged Care system.
- Home care package providers pass on the costs for interpreters to clients through the package administration fee. This is neither fair nor equitable as it creates an additional cost the person must bear purely because they need to be engaged in the aged care system.
- The health needs of older people can change quickly and timely access to services and supports can hinge on whether there are funds for interpreters or the onus on the system that people needing this service understand how to access interpreters themselves in order to get services. Use of family members including children, carers and friends as interpreters are also not always appropriate.
- There are greater proportions of older people from culturally and linguistically diverse communities in addition to smaller numbers of older people from emerging communities. Mandatory cultural competency training is necessary to engage meaningfully and respectfully with these communities.
- Policy documents and information about the aged care system is often released in English only or with a lag before materials are made available in language at the request of service providers. The existing aged care culture is not one that recognises the diverse needs of the ageing population.
- The recent rollout of the Charter of Aged Care Rights is a great example of an important document to support clients understanding their rights. Building capacity of older people in particular those with language support needs requires this information to be readily available and visible if older people are going to more fully engage with the sector and Charter of Rights.

Key points***Streamlined assessment services***

1. Intake and assessment services must be appropriately skilled
2. Local assessment services should be possible within any new system, so that staff with local knowledge of services and programs can achieve better outcomes for clients.
3. The introduction of an integrated assessment service should allow for the possibility of councils continuing to provide assessment services.

Access to interpreters

4. There must be sufficient resourcing of interpreters and bilingual workers to respond to the needs of older people from culturally and linguistically diverse communities.
5. Aged care information, resources and other materials should always be made available in community languages when English materials are released.
6. The current practice and use of interpreters should be reviewed with a view to identifying mechanisms for improved planning and use of interpreters and bilingual workers across all levels of the aged care system.

5 How to ensure that aged care services are person centred, including through allowing people to exercise greater choice, control and independence in relation to their aged care, and improving engagement with families and carers on care related matters.

5.1 Consumer choice and flexibility

- Changes to the aged care sector have favoured larger organisations with more resources and capacity to manage compliance and administration over smaller organisations and local government organisations that have a local base and therefore local knowledge.
- Inflexibility in the service system undermines the capacity for older people to access services and supports that are genuinely person centred and facilitates a consumer directed care philosophy. There is insufficient support given to older people who are required to choose aged care providers to meet their needs.

“With this new system, putting all the responsibility on the recipient is a recipe for disaster. When it comes to choosing a provider- Oh my God, who do you choose? I can do the groundwork for Mum, it’s hard enough for me, but she couldn’t do it herself.” (Consultation feedback)

(Towards an Age Friendly Darebin – Draft Report, April 2019, p25)

5.2 Improve understanding of the aged care system

- Older people, carers and their families are not well informed about what is available through My Aged Care. There is insufficient readily available information at hand that is visible to the community (in the way NDIS shopfronts are) to support older people and their family/ carers to become familiar with information and to ask information in the diverse formats – including face to face options that are needed. Exercising choice and control is not necessarily a perceived priority if there is little understanding of how to access information let alone supports.
- While the younger generation (baby boomers) are more likely to be connected to technology and more confident to engage with with My Aged Care, community feedback suggests that even for this cohort the system can be difficult to navigate.

5.3 Responding to vulnerable communities

- My Aged Care is particularly difficult to access for vulnerable clients – this includes people who are socially isolated, not connected to family and friends or technology. Accessing services becomes more complex where people are from culturally and linguistically diverse communities or where there may also be disability or mental health issues present.
- Easy, plain English resources are not available. Accessing interpreters can also be convoluted and intimidating. The existing website does not give users the options to translate information into relevant languages.
- While privacy and confidentiality are important factors these can often impede easy access of a person from a culturally and linguistically diverse background for example, to seek information and eligibility testing through the MAC operator using an interpreter. MAC operators will sometimes refuse to talk through an interpreter where an older person relies on this service to access information and support.

5.4 Improve the complaints processes

- Increased transparency is needed to keeping community informed about the number of complaints lodged with the Aged Care Complaints Commissioner demonstrating how the aged care system has made improvements based on the experience and outcomes of the service recipient.
- A change in the existing aged care culture is needed for older people and their carers to feel empowered to make complaints about their services without fear of retribution. Throughout conversations with community about the Royal Commission into aged care, older people consistently expressed worry and fear about sharing their stories of aged care services.
- The feedback from older people and family members in sharing their stories of loved ones, particularly those in residential aged care facilities, was insightful. However, the stress and anxiety in relaying these stories for many people was profound.

Key points

Consumer choice and flexibility

1. More is needed to look at the balance between the policy imperatives underpinning My Aged Care system and how to measure the experience and satisfaction of older people access supports and services.

Improved understanding of the aged care system

2. People need information and support to navigate the aged care system to be able to make informed choices about their care and support.

Responding to vulnerable communities

3. The aged care system does not cater sufficiently for the needs of very vulnerable communities. Information is complex and often not available in community languages.

Improved complaints process

4. Strengthen the complaints process to increase accountability, respect and transparency to the older person, family and carers and the wider community across all My Aged Care programs with a particular emphasis on Residential Aged Care.
5. Review existing mechanisms with the My Age Care system to strengthen consumer understanding of aged care services; activate elements of the Charter of Aged Care and/ or Rights or exercise the right to register a complaint with the Aged Care Complaints Commissioner.
6. Increase transparency to keep community informed about the number of complaints lodged with the Aged Care Complaints.
7. Develop software (similar to Trip Advisor) to enable residents and families to rate aged care services.

6 How best to deliver aged care services in a sustainable way, including through innovative models of care, increased use of technology and investment in the aged care workforce and capital infrastructure.

6.1 Workforce management

- The aged care sector needs a skilled workforce that can meet the challenges of an aged care system that will support more people with complex care needs to remain living at home.
- There remains the possibility of the introduction of a higher-level package to assist older people eligible for residential care to access this care in the community from their package, enabling them to stay home longer. A higher-level home care package will require community care staff to have more specialist skills to respond to people with complex care needs.
- While portability of funding empowers older people to access services that genuinely seeks to address their needs, there is a risk that casualisation of the workforce will undermine any motivation by the workforce to attain qualifications beyond what is the minimum requirement.

6.2 Wellness and reablement

- There is a strong focus on wellness and reablement applied through the Victorian model of assessment undertaken by the Regional Assessment Service (RAS) and the CSHP program. Wellness and reablement needs to be embedded in the promotion of My Aged Care and filtered down to other programs such as the Home Care Package program.
- Programs need to be well resourced for the wellness and reablement component offered through aged care programs to have a positive long term impact on older people recognising the time that is required to observe the success.

6.3 Recognition of the role of carers

- Genuine recognition of the important role carers and family members have in contributing towards the financial sustainability of the aged care system. This is particularly important where rapid decline in health of an older person can have a significant impact on the health and wellbeing of the primary carer.
- Increasing respite for carers particularly for full time live in carers
- Greater promotion, information and education to the wider community about supports for carers.

6.4 Role of local government in contributing towards a sustainability aged care sector

Local Governments in Victoria have had a strong role in the delivery of aged services to its communities. As the level of government closest to the community, Councils can make an important contribution towards 'identifying, monitoring and supporting older members of the Darebin community to access and experience good quality services, particularly for the most vulnerable members of its ageing community.

Key points

Workforce management

1. The aged care sector needs a skilled workforce that can meet the challenges of an aged care system that will support more people with complex care needs to remain living at home.
2. Casualisation of the workforce can potentially undermine the minimum standards required in qualifications.

Wellness and reablement

3. Embed a wellness and reablement approach to all My Aged Care programs.

Recognition of the role of carers

4. Greater promotion, information and education to the wider community about supports for carers.

Role of local government in contributing towards a sustainable aged care sector

5. Local councils make significant financial contribution towards aged care supporting the ongoing sustainability of local services that are also high quality and affordable.

Ends