# Australian Government Diversity Action Plan 2019 (1)

**Draft 26 April 2019**

The Australian Government's goal is to ensure respectful, inclusive and culturally safe aged care services are accessible to all older and prematurely aged people living in Australia regardless of their background or life experiences.

Everyone in the aged care sector has a role to play in meeting this goal. In recognition of the Government's role, this action plan sets out our commitment to providing well-rounded support to all people as they age. Whether barriers to appropriate aged care are perceived or real, they must be addressed to meet the diverse needs of the community.

The Aged Care Sector Committee Diversity Sub-Group will monitor the government's progress and work with the Department of Health to identify further opportunities for action.

In this document, "people who have experienced, or been at risk of, homelessness" includes people who have:

- Been without a place to stay and slept in their car or on the streets
- Lived in housing that is inadequate, like a caravan
- Lived in housing that is meant to be temporary, like a boarding house, shelter or hostel
- Lived somewhere they don't feel safe and secure, for example due to threats and violence
- Lived in a house that is overcrowded and where they have no privacy
- Been institutionalised as children or adults and experienced institutional abuse
- Lived with friends or family because they don't have a place of their own
- Rented a home that is too expensive, in poor condition, or not suitable for ageing
- Rented a home with no guarantee they can stay there as long as they like and who experience barriers to being able to secure a new rental and/or move to a new rental

Homelessness is an unacceptable breach of human rights and has many negative effects on people's health and wellbeing, effects which are multiplied as people age. Research studies have shown that:

- People experiencing homelessness are more likely to prematurely age when compared to the general population.
- Chronic health conditions are generally more common amongst older people experiencing homelessness.
- Older and prematurely aged people who are experiencing homelessness often also experience mental illness, which may be the result of, or compounded by, traumatic experiences while homeless.
- The risk of death for older and prematurely aged people experiencing homelessness is higher than that for older and prematurely aged people with housing.

- Older and prematurely aged people may be experiencing homelessness as a result of abuse, and have continued higher rates of abuse while homeless. (see (2) and references therein)

Depending on their needs and experiences older and prematurely aged people will require differing levels of aged care services, including:

- Prevention, early intervention and housing advice services
- More intensive supports to secure appropriate housing
- Aged care in the home tailored to prevent an ongoing risk of homelessness
- Aged care in residential facilities tailored for people who have experienced homelessness
- Other linked services including, health, mental health, legal, trauma-informed services and support for people from diverse backgrounds (see (2) and references therein)

There is currently funding for the following specialist homelessness aged care services to support older and prematurely aged people who have experienced, or been at risk of, homelessness:

- Assistance with Care and Housing (ACH) services under the Commonwealth Home Support Programme (CHSP),
- Residential aged care providers who receive the Homeless Supplement, and
- Access and Support workers[a] specialising in supporting older and prematurely aged people who are experiencing, or at risk of, homelessness.

The consultations conducted as part of the development of this action plan found there are several system and procedural barriers to appropriate care and support for people who have experienced, or been at risk of, homelessness, including:

- Current aged care funding is insufficient to meet the needs of people who have experienced, or been at risk of, homelessness.
- There are many service gaps in specialist homelessness aged care services.
- My Aged Care staff, Regional Assessment Services (RASs), Aged Care Assessment Teams (ACATs) and other aged care providers are unsure of and provide contradictory advice regarding the eligibility of people who have experienced, or been at risk of, homelessness, especially those who are prematurely aged.

Furthermore, it was apparent from the consultations that there are many people who are eligible for, and in need of, specialist homelessness aged care services who are not accessing them. Subsequently, the identification of older and prematurely aged people in need of support from specialist homelessness aged care services increases after they open, build trust with locals and establish professional networks.

Therefore, the actions for the Australian Government presented in this document must be implemented in order for aged care providers to be able to meet the needs of people who have experienced, or been at risk of, homelessness.

In addition, research has shown that many of the diverse groups and life experiences identified in the Aged Care Diversity Framework put older and prematurely aged people at increased risk of homelessness.  Enacting the published actions for:

- Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) elders,

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[a] A Victorian model funded under Specialised Support Services, Community and Home Support Sub-Programme of the CHSP.

- older Culturally and Linguistically Diverse (CALD) people, and
- older Aboriginal and Torres Strait Islander people

would therefore reduce the risk of homelessness, and premature ageing.  In addition, these risks would be further reduced by the development of action plans for the remaining groups identified in the Aged Care Diversity Framework:

- people who live in rural, remote or very remote areas,
- people with mental health problems and mental illness,
- people living with cognitive impairment including dementia,
- people with a disability,
- parents separated from their children by forced adoption or removal,
- care-leavers,
- veterans, and
- people at socio or economic disadvantage.

Finally, older and prematurely aged people who are leaving prison or who have been previously incarcerated should be added to the Aged Care Diversity Framework as a diverse life experience/special needs group.  Older and prematurely aged people who have been incarcerated are at particular risk of experiencing homelessness, as identified through the consultations undertaken as part of the development of the action plans addressing homelessness.

# Definitions and acronyms

**ACAT-** Aged Care Assessment Team.  Undertakes a comprehensive assessment which determines eligibility for: home care packages, residential care in an aged care home, residential respite care, short-term restorative care, and transition care (1).  The ACATs conduct these assessments as part of the ACAP.  ACATs can also refer to the CHSP (2).

**ACFI-** Aged Care Funding Instrument- assesses the relative care needs of residents in residential aged care facilities and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents.  The ACFI has three funding categories or domains: Activities of Daily Living (ADL), Behaviour (BEH) and Complex Health Care (CHC). Funding in each of these domains is provided at the following levels: High (H), Medium (M), Low (L) and Nil (N). (3,4)

**ACH-** Assistance with Care and Housing sub-programme of the CHSP.

**ACQSC-** Aged Care Quality and Safety Commission.

**AN-ACC**- Australian National Aged Care Classification funding model developed as part of the Resource Utilisation and Classification Study (RUCS) (5–11).

**CALD people-** Culturally and Linguistically Diverse people.

**CHSP-** Commonwealth Home Support Programme.  The CHSP is the entry-level tier of the aged care system.  The CHSP is structured to include four distinct sub-programmes: 1. Community and Home Support; 2. Care Relationships and Carer Support; 3. Assistance with Care and Housing; and 4. Service System Development (12).  "As an 'entry-level' program, the CHSP is designed to provide relatively low intensity (small amounts) of a single service or a few services to a large number of frail older people who need only a small amount of assistance or support to enable them to maintain their independence, continue living safely in their homes and participating in their communities." (13).

**Comprehensive Assessment-** The assessment undertaken by the ACAT that determines eligibility for: Home Care Packages, Residential Care in an aged care home, residential Respite Care, short-term Restorative care, and transition care (1).

**DEX-** Data Exchange system.  The Department of Social Service's platform for grants program reporting, including recipients of CHSP grants.

**HACC Program-** Home and Community Care Program.  The HACC Program was consolidated into the CHSP beginning 1 July 2015, with the last stage being completed on 1 July 2018 when the Western Australian HACC services joined the CHSP.

**Home Care Packages Program-** "Under the Aged Care Act 1997, the Australian Government provides a subsidy to an approved provider of home care to coordinate a package of care, services and case management to meet the individual needs of older Australians.  Individuals are assessed by a professional assessor using a nationally consistent assessment framework.  There are four levels of support: Home Care Level 1 – basic care needs; Home Care Level 2 – low level care needs; Home Care Level 3 – intermediate care needs; Home Care Level 4 – high care needs" (14).

**Home Support Assessment-** Assessment undertaken by the RAS (15).

**Homeless Supplement-** Residential aged care homes that meet the eligibility requirements for the expansion component for homelessness (16) will automatically receive the Homeless Supplement

(17). The current rate of the Homeless Supplement is available from the Schedule of Subsidies and Supplements webpage on the Department of Health website (18).

**LGBTI elders-** Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders.

**Mainstream/non-specialist aged care services-** For the purposes of this document, the term "mainstream/non-specialist aged care services" refers to all services that are not specialist homelessness aged care services.

**My Aged Care-** My Aged Care was introduced on 1 July 2013 and consists of the My Aged Care website and the My Aged Care contact centre.  My Aged Care provides information on aged care to clients, family members, carers, and service providers.  It also includes a central client record for sharing of information between clients, assessors and service providers.

**My Aged Care Assessment-** Includes assessment of older people's needs and eligibility for Commonwealth subsidised aged care services under the CHSP and/or types of care under the *Aged Care Act 1997*.  The My Aged Care Assessment workforce includes the ACAT and RAS (19).

**NSAF-** National Screening and Assessment Form.  Used by My Aged Care contact centre staff, the RASs and ACATs when screening and assessing the aged care needs of clients (20).

**People who have experienced, or been at risk of, homelessness-** includes people who have:

- Been without a place to stay and slept in their car or on the streets
- Lived in housing that is inadequate, like a caravan
- Lived in housing that is meant to be temporary, like a boarding house, shelter or hostel
- Lived somewhere they don't feel safe and secure, for example due to threats and violence
- Lived in a house that is overcrowded and where they have no privacy
- Been institutionalised as children or adults and experienced institutional abuse
- Lived with friends or family because they don't have a place of their own
- Rented a home that is too expensive, in poor condition, or not suitable for ageing
- Rented a home with no guarantee they can stay there as long as they like and who experience barriers to being able to secure a new rental and/or move to a new rental

**Specialist homelessness aged care services-** For the purposes of this document, the term "specialist homelessness aged care services" refers to:

- Assistance with Care and Housing (ACH) services,
- residential aged care providers receiving the Homeless Supplement, and
- Access and Support workers[b] specialising in supporting older and prematurely aged people who are experiencing, or at risk of, homelessness.

**RAS-** Regional Assessment Service.  Assessment team for CHSP, known as Home Support Assessment (15).

**Residential Care in an aged care home-** "Residential aged care is delivered to older people in Australia by service providers who are approved under the Aged Care Act 1997.  […]  Residential care is provided on a permanent or respite basis. Residential respite provides short-term care on a

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[b] A Victorian model funded under Specialised Support Services, Community and Home Support Sub-Programme of the CHSP.

planned or emergency basis in aged care homes to people who have been assessed and approved to receive it." (21).

**RUCS-** Resource Utilisation and Classification Study conducted by the Australian Health Services Research Institute (AHSRI) at the University of Wollongong.  AHSRI was engaged by the Department of Health to undertake this study in order to determine the characteristics of residents that drive residential care costs, and use this information to inform the government's consideration of future reform options (22).

**Support Plan-** A plan for appropriate services developed by RASs and ACATs with the client.  It identifies goals for the clients and assists providers in understanding the client's needs and preferences (p.34, (2)).

# Outcome for Consumers 1: Making informed choices

Older and prematurely aged people have easily accessible information about the aged care system and services that they understand and find the information helpful to exercise choice and control over the care they receive.

*Ensure the diverse characteristics and life experiences of older and prematurely aged people are embedded in the design and development of the aged care system, and that information about the aged care system is accessible to all.*

**Action G1.1** Communicate information to the sector about diversity best practice and program outcomes through the Department of Health's Bulk Information Distribution System.  This will include publicising Better Practice Award winners who specifically address diversity.

**Action G1.2** Conduct a consumer information campaign following the launch of the Aged Care Diversity Framework action plan resources to improve aged care awareness among target population groups.  Monitor the impact of the Diversity Framework and action plans in consultation with the Aged Care Sector Committee and Diversity Sub-group.

**Action G1.3** Make the My Aged Care Service Finder more useful for people with diverse characteristics and life experiences, including by:

1. Improving service find functionality.
2. Providing guidelines on when providers should use the specialist ticks on My Aged Care.
3. Exploring options for verification of provider claims about specialist status on My Aged Care.
4. Ensuring specialist homelessness residential aged care services are included as an option in the My Aged Care Service Finder list of "Services meeting particular needs".  Only services that have received the Homeless Supplement for residents in the last 2 years should be able to use this specialist tick.
5. The ticking of "Assistance with Care and Housing" and sub-specialisations in the My Aged Care Service Finder should only be ticked by services currently receiving ACH funding.  Only those specific locations where this service is available must be included in the My Aged Care Service Finder.

**Action G1.4** Provide guidance for aged care providers on how to recognise and involve a consumer's 'family of choice' and/or their case manager/advocate/trusted entity in decision-making about their care.

**Action G1.5** Develop an easily accessible 'Questions you can ask' tip sheet that consumers and/or their case manager/advocate/trusted entity can use to determine if a service is appropriate for them.

1. For consumers looking for ACH services, this should include questions about the organisations experience with finding long-term, affordable, safe and appropriate housing to enable older and prematurely aged people to age in place.
2. For those exploring the appropriateness of specialist homelessness residential aged care services, this should include questions about the housing backgrounds of residents and the provision of any specialist behavioural/psychosocial supports for residents.

**Action G1.6** Improve consumer access to and understanding of information about provider performance against quality standards.

**Action G1.7** Ensure that information provided to consumers is easy to understand and consistent with Aged Care Quality Standards.  Service agreements are considered during assessment against applicable requirements of the Aged Care Quality Standards.

**Action G1.8** Provide block funding for intensive case management services to support the most vulnerable to make informed choices, including people who have experienced homelessness, been at risk of homelessness, mental health issues, substance abuse, institutionalisation, abuse, incarceration and people with limited literacy or understanding of the English language.  The minimum requirements for these case management services are outlined in Appendix 1.

**Action G1.9** The ACH service sub-types (1. Advocacy- Financial, Legal, 2. Assessment- Referrals, and 3. Hoarding & Squalor) should be reviewed through consultation with current ACH providers to reflect what is possible given the funding available.  Guidance should then be developed to outline the minimum service provision and expertise requirements for each of the service sub-types.

**Action G1.10** Make it easier for a case manager/advocate/trusted entity to remove their contact details and affiliations with a consumer in My Aged Care if their relationship/agreement with the consumer changes.

# Outcome for Consumers 2: Adopting systemic approaches to planning an implementation

Older and prematurely aged people are active partners in the planning and implementation of the aged care systems.

*Respond to feedback from consumer and community consultations in developing and designing the aged care system and supporting programs. Collect, monitor, analyse and use data about diverse characteristics and life experiences of older and prematurely aged people to ensure equitable access and outcomes.*

**Action G2.1** Improve representation of diverse groups on Government aged care advisory bodies, including Aged Care Sector Committee, Aged Care Finance Authority and the Safety & Quality Commission's advisory group.

**Action G2.2** Fund a National Advisory Group for Aboriginal and Torres Strait Islander Aged Care to provide expert advice which can inform Government's policy development.

**Action G2.3** Improve mental health-aged care linkages by implementing $102.5 million 'Mental health support for older Australians' 2018-19 Budget measure.

**Action G2.4** Continue to develop the cultural competency of Department of Health staff to support inclusive policy and program design, including by:

1. Developing a Department of Health (corporate) Diversity and Inclusion Strategy.
2. Including a diversity module in the Department of Health's new mandatory training program for all staff.
3. Investigate implementing a CALD cultural competency program and a training program on the early identification and appropriate responses to people experiencing, or at risk of, homelessness to complement the Aboriginal and Torres Strait Islander and LGBTI awareness training currently offered to Department of Health staff.
4. Report on activities undertaken (at a Divisional level) to support the Department of Health's Reconciliation Action Plan.

**Action G2.5** Strengthen aged care - primary health care links in order to increase the efficiency and effectiveness of medical services for older Aboriginal and Torres Strait Islander, CALD and LGBTI peoples, as well as older and prematurely aged people who have experienced, or been at risk of, homelessness. Strengthening aged care - primary health care links to ensure appropriate service provision and financial support will also contribute to reducing the risk of homelessness for older and prematurely aged people through early identification and prevention.

**Action G2.6** Ensure that all aged care providers receive the same information from the Department of Health and Department of Social Services. For example, if RASs are provided with updated information on the eligibility of people for the ACH Sub-programme of the CHSP, then all other assessment and aged care providers should also receive this information.

**Action G2.7** Strengthen aged care - prison/justice/correctional service links in order to reduce the likelihood of older and prematurely aged people who were previously incarcerated falling through the gaps, not receiving appropriate aged care services and to reduce the risk of homelessness. This includes working with prison/justice/correctional services to ensure that the time allowed for professional visits in prisons is sufficient to allow for complex clinical diagnoses and needs to be determined (e.g. neuro-psychiatric assessments) before the person leaves the prison.

**Action G2.8** Strengthen aged care - psychiatric inpatient and outpatient service links in order to reduce the likelihood of older and prematurely aged people who have a diagnosed mental illness falling through the gaps, not receiving appropriate aged care services and to reduce the risk of homelessness.

**Action G2.9** Strengthen aged care - financial/social service links to ensure appropriate service provision and reduce the risk of homelessness for older and prematurely aged people through early identification and prevention.  This includes ensuring sufficient funding for older and prematurely aged people from rural and remote areas to travel all the way home to/from and medical services, thereby reducing the risk of homelessness in larger regional towns and cities due to older and prematurely aged people not being able to afford to get home.

**Action G2.10** Develop service provision and funding models for psychological/behavioural supports, including complex behaviour management, through Home Care Packages and CHSP in consultation with relevant stakeholders.

**Action G2.11** Develop service provision and funding models for service provision to people who are experiencing, or at risk of, homelessness, for example the provision of other CHSP services at temporary accommodation locations, in public areas and if living outside on country.

**Action G2.12** Carefully consider language used in planning and implementation when describing older and prematurely aged people with different needs, backgrounds and life experiences.  This includes considering the language considerations listed in Appendix 2.

**Action G2.13** Provide an avenue for ACH providers to seek advice from, and provide feedback to, the Federal Department of Health directly.

- Currently, many ACH providers still turn to their existing HACC contacts at their State or Territory Government which has resulted in advice on the current ACH program and how it should operate differing between States and Territories.
- A direct line of contact with the Federal Department of Health would also ensure that policy makers receive first-hand and immediate feedback on system barriers.

# Outcome for Consumers 3: Accessible care and support

Older and prematurely aged people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences.

*Identify and overcome barriers faced by older and prematurely aged people in accessing the aged care system.*

**Action G3.1** Continue to improve the accessibility of My Aged Care for consumers with diverse characteristics and life experiences, in consultation with these consumers.

**Action G3.2** Ensure My Aged Care, ACAT and RAS staff receive ongoing mandatory training, support and continued development of culturally safe trauma informed practices in the My Aged Care, Regional Assessment Service and Aged Care Assessment Team workforce.  This includes an understanding of how trauma can be both a contributing risk factor to, and a result of, experiencing homelessness or being at risk of homelessness.

**Action G3.3.** Expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program in remote and very remote locations to provide culturally safe aged care services to Aboriginal and Torres Strait Islander people close to family and community:

- conduct a home care places round
- conduct a residential aged care places round

**Action G3.4** Work with the sector to increase the availability of information in languages other than English, including by:

1. Promoting government-funded translating and interpreting services to the sector.
2. Review existing policies for government-funded translating and interpreting services with the view to removing barriers to access.
3. Consider opportunities to improve Indigenous language interpreting for aged care, with reference to the Department of Prime Minister and Cabinet's *Protocol on Indigenous Language Interpreting*.

**Action G3.5** Simplify the aged care means testing form and process for consumers, as announced in the 2018-19 Budget.

**Action G3.6** Pilot a number of aged care 'system navigator' models to address barriers to accessing aged care.  Ensure that the perspectives of people with diverse characteristics and life experiences are central to the design and evaluation of trials.  This includes the need to pilot outreach, face-to-face 'system navigator' models to ensure the most vulnerable and marginalised members of our society have access to aged care.  These outreach 'system navigators' should learn from, and work in collaboration with, other existing linkage and support services such as ACH workers, Access and Support workers[c] and case managers/support workers in health, social, disability and prison services. The possibility of co-locating 'system navigator' services with other social and disability services (e.g. at OneLink locations) should be considered.

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[c] A Victorian model funded under Specialised Support Services, Community and Home Support Sub-Programme of the CHSP.

**Action G3.7** Support flexible approaches to aged care assessments in order to provide outreach and culturally appropriate assessments; these could include partnerships and engagement with local organisations.

**Action G3.8** Provide block funding for intensive case management services to support the most vulnerable and marginalised older and prematurely aged people to access aged care services and navigate health, social, disability and prison services. This includes case management services for people who have experienced homelessness, been at risk of homelessness, mental health issues, substance abuse, institutionalisation, abuse, incarceration and people with limited literacy or understanding of the English language. The minimum requirements for these case management services are outlined in Appendix 1.

**Action G3.9** Ensure My Aged Care, ACAT and RAS staff receive training and clear guidelines on the eligibility of prematurely aged/frail people who have experienced, or been at risk of, homelessness for aged care services including all CHSP services, Home Care Packages and residential aged care.

**Action G3.10** Provide clear guidelines/protocols for My Aged Care, ACAT and RAS staff on how to register clients for aged care services when they do not have an address, phone number and/or other contact details.

**Action G3.11** Ensure My Aged Care, ACAT and RAS receive information and training on the full scope of experiences that are encompassed in the phrase "people who have experienced, or been at risk of, homelessness" (see list of definitions and acronyms).

**Action G3.12** Ensure that people have the right to receive aged care services where they are currently living, including if they are:

- Without a place to stay and are sleeping in their car or on the streets
- Living in housing that is inadequate, like a caravan
- Living in housing that is meant to be temporary, like a boarding house, shelter or hostel
- Living somewhere they don't feel safe and secure, for example due to threats and violence
- Living in a house that is overcrowded and where they have no privacy
- Living with friends or family because they don't have a place of their own
- Renting a home that is too expensive, in poor condition, or not suitable for ageing
- Renting a home with no guarantee they can stay there as long as they like

**Action G3.13** Provide a pathway for emergency/fast-tracked My Aged Care, ACAT and RAS contact pathways and assessments when people are at immediate risk of, or currently experiencing, inappropriate housing and homelessness.

**Action G3.14** Provide the option for ACH workers to undertake RAS training and thereby be able to undertake immediate assessments and make immediate referrals (including self-referrals) for older and prematurely aged people who are experiencing, or at risk of, homelessness, including during outreach ACH work.

# Outcome for Consumers 4: A proactive and flexible aged care system

A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.

*Collect and use data and evidence on current and emerging trends in diversity to design, implement, evaluate and improve aged care systems and supports.*

**Action G4.1** Develop a data governance group which will:

a) oversee the integration and analysis of existing data sets and
b) identify, and implement strategies to address, data gaps to ensure that older and prematurely aged people with diverse characteristics and life experiences achieve equitable access and outcomes.
c) Monitor actions taken to improve data gaps, and review as required.

**Action G4.2** Initiate a co-design process to identify new data points and/or business process changes required to improve the collection and availability of data in relation to the access which diverse cohorts have to aged care assessments and services.  This includes:

- Ensuring the integration of CHSP data reported into the Department of Social Service's DEX system into the Australian Institute of Health and Welfare's GEN Aged Care information system.
- Reviewing the suitability, and need for, CHSP providers to report into both the My Aged Care and DEX systems.  Ideally, a single integrated reporting system for all aged care programmes should be developed to reduce the burden on providers, improve the quality and applicability of information collected and ensure comparability between outcome measures.
- Providing publicly available reports on CHSP service provision for all sub-programmes and service sub-types throughout Australia.
- Allowing residential aged care services to see in the My Aged Care Provider Portal whether or not a person has been identified as being eligible for the Homeless Supplement.  This would enable residential aged care services to notify My Aged Care if they discover that additional people have experienced, or been at risk of, homelessness as they build trust and get to know them as residents.

**Action G4.3** Ensure diversity and a range of life experiences and needs are included in all future aged care funding rounds and have clear guidelines on evidence that must be provided about services saying they can deliver diversity- and other needs-targeted services.

**Action G4.4** Prioritise Community Visitors Scheme grant applications with a particular focus on special needs groups.

**Action G4.5** Formalise an ongoing monitoring and advisory role for the Aged Care Sector Committee Diversity Sub-group.

**Action G4.6** Improve dissemination of outcomes from diversity-focused aged care projects previously funded by the Department of Health, to broaden the evidence base for future program design.

**Action G4.7** Consider the findings of the Partners in Culturally Appropriate Care (PICAC) program evaluation, particularly with respect to future program priorities.

# Outcome for Consumers 5: Respectful and inclusive services

Services effectively meet the specific needs of older and prematurely aged people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.

*Evaluate the effectiveness of services and supports in meeting the diverse characteristics and life experiences of consumers, implement improvements when needed and share outcomes with all stakeholders.*

**Action G5.1** Assess aged care providers against the new Aged Care Quality Standards: including for the way they deliver safe and inclusive services to people with diverse needs and life experiences.

**Action G5.2** Ensure that feedback from Aboriginal and Torres Strait Islanders, CALD and LGBTI consumers, as well as consumers who have experienced, or been at risk of, homelessness is captured proportionately at Quality Review and accreditation.

**Action G5.3** The Aged Care Quality and Safety Commission to support quality assessors to engage appropriately with Aboriginal and Torres Strait Islander, CALD and LGBTI consumers, including the appropriate use of interpreting. The Commission to monitor the use of interpreters during quality assessments. The Commission to support quality assessors to engage appropriately and in a trauma-informed manner with people who have experienced homelessness, been at risk of homelessness, mental health issues, substance abuse, institutionalisation, abuse and incarceration.

**Action G5.4** Investigate strategies to increase the number of Aboriginal and Torres Strait Islander, CALD and LGBTI people in the aged care workforce.

Include options for recognising the skills of bilingual and bicultural aged care staff through appropriate credentialing of language and cultural skills.

**Action G5.5** Investigate strategies to increase number of Aboriginal and Torres Strait Islander, CALD and LGBTI people in the assessment workforce as part of the streamlined assessment program.

**Action G5.6** Develop the capacity of the aged care workforce to care for seniors and prematurely aged people from diverse communities building on existing programs and resources.

**Action G5.7** Ensure the assessment workforce has an understanding of the risk factors and needs related with experiencing, and being at risk of, homelessness, including how to identify whether or not a person is at risk of homelessness and how trauma can be both a contributing risk factor to, and a result of, experiencing homelessness or being at risk of homelessness.

# Outcome for Consumers 6: Meeting the needs of the most vulnerable

Older and prematurely aged people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities.

*Collect data on service use by vulnerable consumers and evidence on current and emerging trends and market failures, to improve systems and supports that ensure equity of access and outcomes.*

**Action G6.1** Ensure the needs of older and prematurely aged people with HIV are reflected in the national HIV strategy.

**Action G6.2** Explore innovative models of service delivery for Aboriginal consumers, for example:

   a)   blended models of care that combine aged and health care;
   b)   models which integrate assessment, case management and service delivery

**Action G6.3** Promote trauma informed practices (for example, the Blue Knot Foundation's Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery) to aged care service providers and advocacy providers.  This should also include promoting service provision which acknowledges that trauma can be both a contributing risk factor to, and a result of experiencing homelessness or being at risk of homelessness.

**Action G6.4** Review existing policies to support consumers who are unable to pay their full aged care costs, including availability of concessional places.

**Action G6.5** Commission the development of a suite of guidance, training and information resources to support all aged care providers in preventing and responding to homelessness and the risk of homelessness, including through asking appropriate questions about a person's housing situation and appropriate referral to specialist homelessness aged care providers.  The Foundational and Moving Forward actions to support older and prematurely aged people who have experienced, or been at risk of, homelessness in the guide for aged care providers can be used as a starting point for development of these resources.

**Action G6.6** Commission the development of a suite of guidance, training and information resources to support specialist homelessness aged care providers in meeting the needs of their clients/residents and provide funding for the professional development of staff.  Training and guidance topics should include, but not be limited to the topics listed in Appendix 3.

**Action G6.7** Provide block funding for intensive case management services to support the most vulnerable to make informed choices, including people who have experienced, or been at risk of, homelessness, mental health issues, substance abuse, institutionalisation, abuse, incarceration and people with limited literacy or understanding of the English language.  The minimum requirements for these case management services are outlined in Appendix 1.

**Action G6.8** Maintain block-funding for ACH services in order to enable them to prevent and reduce the risk of homelessness through community education, early identification through outreach services in communities, and the ability to provide flexible and emergency support (excluding the cost of emergency housing) to people at risk.

**Action G6.9** Increase funding to ACH services ten-fold to cover the costs of the current level of ACH service provision.  A consistent message from ACH providers throughout Australia was that the current ACH funding covered approximately 10 % of their costs.  See Appendix 4 for the range of services currently being provided across all ACH locations.

**Action G6.10** Provide additional funds to the ACH Sub-programme to be able to meet the full range of service expectations as defined in the CHSP Manual 2018 (see Appendix 5) and the demand for services.  See Appendix 6 for the expectations and demand for services that ACH providers are currently unable to meet due to funding limitations.

**Action G6.11** Increase and clarify eligibility for aged care funding for home modifications to enable people to age in a place of their choosing and thereby reduce the risk of homelessness for older and prematurely aged people.

**Action G6.12** Increase funding for psychological/behavioural supports through Home Care Packages. This includes complex behaviour management.

**Action G6.13** Increase funding for residential aged care services specialising in services to people who have experienced, or been at risk of, homelessness to ensure that it is economically viable for providers to meet the needs of their residents.  This can be achieved by following the recommendations in Appendix 7.

**Action G6.14** The Australian Government must take responsibility for ensuring that a safety net is provided through the provision of high quality and culturally safe aged care services and supports in all areas of Australia.  For example, this could be addressed by:

1. Ensuring that funds/allocated places/allocated packages not utilised by a provider are reallocated to the same area.
2. Funding State/Territory Governments to provide services where service gaps occur and there are no other providers willing or able to provide services, especially in regional, rural and remote Australia.

**Action G6.15** Update the Diversity Framework and Aged Care Act to recognise older and prematurely aged people who are leaving prison or who have been previously incarcerated as a diverse life experience/special needs group.

**Action G6.16** Develop an action plan under the Aged Care Diversity Framework that specifically addresses the needs of older and prematurely aged people who are leaving prison or who have been previously incarcerated.  This plan should be developed together with aged care providers currently specialising in services for this group (many of whom also specialise in services for people who have experienced, or been at risk of, homelessness) and prison/justice/correctional service and other services providers specialised in reintegration of people who have been previously incarcerated.

**Action G6.17** Increase funding for mental health services to enable them to provide detailed information and training/advice to residential facility staff when transferring a client with complex needs to ensure a safe, respectful and lasting transition.

# Appendix 1- Minimum requirements for case management services

This action plan recommends the Government provide block funding for case management services to support the most vulnerable to make informed choices, including people who have experienced homelessness, been at risk of homelessness, mental health issues, substance abuse, institutionalisation, abuse, incarceration and people with limited literacy or understanding of the English language.

These case management services must:

- Be able to be provided by any service with the necessary expertise, including specialist homelessness residential aged care services and ACH services.
- Be provided on an outreach face-to-face basis where people currently are living, e.g. in their homes, in prison services, on the streets, in boarding houses, in mental health institutions, in the long grass, on community, and/or in rural and remote locations.
- Support people through the aged care assessment process, including sitting down and calling My Aged Care with them and assisting them to understand the process.
- Advocate for clients towards My Aged Care staff, RASs and ACATs, especially as regards the eligibility of frail/prematurely aged people who have experienced, or are at risk of, homelessness and who are under the age of 65 (or 50 for Aboriginal and Torres Strait Islander people).
- Explain the Assistance with Care and Housing sub-programme to My Aged Care, RAS and ACAT staff and the role it can play in meeting clients' needs.
- Organise a suitable location and time for a RAS or ACAT assessment, locating the client and driving them to the location and then waiting or being present at the assessment (depending on the client's wishes) before driving the client back to where they want to be.
- Support people to navigate health, social, disability and prison services by contacting services on their behalf, explaining options, organising appointments, ensuring relevant forms are signed etc.
- Support people in any interactions they may have with Public Guardians and Trustees by facilitating contact and explaining processes/options.
- Support people to raise requests, concerns or other matters with their aged care provider.
- Support people to change to another aged care provider if they choose to.
- Support people by organising and/or providing travel and support to attend health, social and disability service appointments, parole meetings, court proceedings and hearings, funerals of friends and relatives, and travel to and from Country.
- Go shopping for, or support people to go shopping for, personal items including clothes, personal care items, disability aids and equipment.

# Appendix 2- Language considerations when describing older and prematurely aged people with different needs, backgrounds and life experiences

This action plan recommends that the Government carefully consider language used in planning and implementation when describing older and prematurely aged people with different needs, backgrounds and life experiences.  For example:

1. "Diversity" is seen by many as a positive word that an individual should celebrate and an older person should be able to be proud of.  In contrast, an older person may consider it inappropriate or insulting to describe experience of institutional abuse, forced separation from family, financial or social disadvantage or homelessness as a "diverse" experience or characteristic.
2. Do not describe people who have experienced homelessness as "homeless".
3. It may not be appropriate to describe a person who has prematurely aged as "older".
4. Describing services for someone who has prematurely aged as "aged care" may not be appropriate and may prevent people from seeking support from that service.  For example:
    a. Specialist homelessness residential aged care facilities may describe their facility as a "home" or "hostel" with no reference to aged care in their promotional materials and on facility signs etc.
    b. ACH providers may describe the eligible age for their services (i.e. 50 years or 45 years for Aboriginal and Torres Strait Islander people) in their promotional material, but not describe their clients as "older", "aged" or "prematurely aged".

# Appendix 3- Training and guidance topics that should be included in any resources developed by the Department of Health for specialist homelessness aged care providers

This action plan recommends that the Government commission the development of a suite of guidance, training and information resources to support specialist homelessness aged care providers in meeting the needs of their clients/residents and provide funding for the professional development of staff.  Training and guidance topics should include, but not be limited to:

- Housing options, housing markets, public housing eligibility guidelines and community housing policies and procedures.
- Responding to Hoarding and Squalor.
- Drug and alcohol use, addiction and health impacts (including related brain injuries).
- Mental health and complex behaviour management.
- Elder abuse.
- Dignity of risk.
- Trauma-informed care.
- Risk assessments.
- Overview of other local services frequently used by clients, including local guardianship and trustee requirements, National Disability Insurance Scheme, Centrelink, tenancy and housing support organisations etc.

# Appendix 4- Support and care currently provided by all ACH services, as described by providers consulted during the development of this action plan

ACH services outlined that the CHSP funding they currently receive covers about 10 % of the basic services that were consistently described as being provided across all ACH services consulted with during the development of this action plan:

- Preventing and reducing the risk of homelessness through community education, early identification through outreach services in communities, and the ability to provide flexible and emergency support (excluding the cost of emergency housing) to people at risk.
- Supporting people with navigating housing options and locating, travelling to view and choosing long-term, safe, appropriate and affordable housing.
- Supporting people to lodge and follow-up on public and community housing applications.
- Supporting people to understand and negotiate tenancy agreements on sign-up and support with initial costs such as rent-in-advance.
- Supporting people to navigate, apply for and choose aged care services.
- Coordinating and linking support across health, social, disability and prison services.
- Meeting legal obligations including paying staff according to the relevant awards, including the Social Community Home Care and Disability Services Industry Award.
- Hiring locum staff to ensure no gaps in service provision when staff are on paid leave.
- Networking and collaborating with other workers and services at other ACH services, as well as in housing, health, social, disability and prison services to better meet the needs of their clients and the expectations under the CHSP Manual 2018.
  - In addition, ACH providers noted that networking and collaboration opportunities also reduce the contribution of isolation, burnout and lack of retention of experienced ACH workers.

## Appendix 5- ACH service provision requirements as stated in the CHSP Manual 2018

The CHSP Manual 2018 which states that ACH services:

- *"Will coordinate and link support for clients in a goal focussed client management relationship.*

- *Provide opportunities for all associated services and programs to work cooperatively to meet the essential housing, social support and community care needs of extremely vulnerable and disadvantaged members of the community.*

- *Coordinate a service response that is directed to ensuring appropriate housing is secured for the older person and that their care needs are met so they can continue to live in the community.*

- *Interact and work with multiple services across a range of sectors.*

- *Ensure a rapid response to older people who are homeless or at risk of homelessness through one-on-one contact.*

- *Ensure a flexible and individualised service delivery response within the requirements of the broader CHSP.*

- *Must have strong links with the community, housing services and all aspects of the aged care sector.*

- *Will have access to translation and interpreting services under the CHSP to support clients"*

# Appendix 6- Expectations and demand for services that ACH providers are currently unable to meet due to funding limitations

This action plan recommends that the Government provide additional funds to the ACH Sub-programme to be able to meet the full range of service expectations as defined in the CHSP Manual 2018 and the demand for services.

- Meet demand in each area. Population statistics on rental affordability, housing tenure and homelessness collected and collated by the Australian Bureau of Statistics could be used to gauge demand.
- Cover the full costs of addressing hoarding and squalor. This includes sufficient funds to cover the costs of industrial and/or forensic cleans, skips for removal of waste, fees for waste disposal and recycling services and longer-term psychological supports to address hoarding and squalor behaviour. It also needs to include the option for ACH responses to hoarding and squalor to be provided in residential aged care facilities.
- Cover the costs of moving (including packing and unpacking and removalists/transportation) and purchasing key household goods including mattresses, fridges and washing machines.
- Cover the costs of vehicle maintenance expenses and travel for outreach workers, including those who must travel long distances in regional, rural and remote areas.
- On-call night and weekend services for emergency responses to older and prematurely aged people who are experiencing, or at immediate risk of, homelessness.

# Appendix 7- Recommendations that must be enacted to ensure the economic viability for specialist homelessness residential aged care services to meet the needs of their residents

This action plan calls for the Government to increase funding for residential aged care services specialising in services to people who have experienced, or been at risk of, homelessness to ensure that it is economically viable for providers to meet the needs of their residents.  This can be achieved by:

- Sufficient funding to meet demand in each area.  Population statistics on rental affordability, housing tenure and homelessness collected and collated by the Australian Bureau of Statistics could be used to gauge demand.
- Implementing the recommendations and proposed funding model for residential aged care developed as part of the Resource Utilisation and Classification Study (RUCS) (7–13).  This funding model includes a fixed payment based on fixed costs of care and a variable payment based on the Australian National Aged Care Classification (AN-ACC) Version 1.0 Assessment Tool and:
    - Includes "a separate approach for facilities specialising in homeless people. However, rather than payment of a supplement, the base care tariff [fixed care cost] in the new AN-ACC funding model includes a loading for designated facilities specialising in homeless people (see Table 1, page 12 [(12)]).  The separate homeless supplement therefore becomes redundant." (p.16, (12), also see (11)).
    - Includes a variable price per day for the costs of individualised care for each resident based on their AN-ACC casemix classification that is paid in addition to the base care tariff (11,12).
    - Was developed on the premise that "it is not the diagnosis per se but rather the impact of the diagnosis on the residents' ability to mobilise, undertake daily self-care activities and to understand their environment that drives cost." (p.6, (8)) and adopts a 'capabilities' approach "to take account holistically of the person's physical functions, cognition, behaviour, motivation, and organisational ability" combined with an assessment of behaviour based on what the person does (p.12, (8)).  This focus on capability and behaviour rather than diagnoses is particularly promising for people who have multiple mental health issues, cognitive impairments, complex social backgrounds and/or past trauma which interacts to create complex behavioural needs.
    - "is underpinned by an explicit incentive for high quality of care with a focus on restorative care and reablement by having no formal requirement for reassessment for funding purposes." (p.15 (8)).
- Conducting further tests of the AN-ACC and related instruments (in particular the Behaviour Resource Utilisation Assessment- BRUA) as well as the proposed assessment procedure to explore their feasibility and suitability for people whose behaviour and level of need fluctuates, including as a result of:
    - episodic mental illnesses (e.g. schizophrenia and bipolar disorder),
    - alcohol and drug dependencies,
    - drug- and alcohol-induced brain injuries, and
    - trauma from past experiences of homelessness and being at risk of homelessness, institutionalisation, abuse and incarceration.

- Providing funds with clear eligibility criteria to cover the costs of building new specialist homelessness residential aged care facilities in areas where there are gaps in services.
- Providing funds with clear eligibility criteria to cover the costs of repairs and renovations of specialist homelessness residential aged care facilities.
- Exploring funding models to cover the costs of pharmaceuticals in residential aged care for those with no assets and on the pension. For example, through funding to residential aged care facilities to provide pharmaceuticals free of charge to residents and/or through lowering the Pharmaceutical Benefits Scheme Safety Net for people living in residential aged care facilities with no assets and on a pension.
- Exploring the feasibility of increased respite care fees, or another funding model, in order to:
  - Provide an immediate and appropriate emergency response for people who are experiencing a housing crisis (including no suitable housing following discharge from hospital) or homelessness.
  - Reduce the risk of homelessness and elder abuse by providing respite for older and prematurely aged people and their carers/families/kin.
  - Provide a housing option for older or prematurely aged people and their family members/carers/kin during stays in regional centres and cities for health care. For older and prematurely aged people receiving dialysis, this may be needed for up to 12 months.

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