HOUSING FOR THE AGED ACTION GROUP INC.

Submission to

AGED CARE PROGRAM REDESIGN: SERVICES FOR THE FUTURE

CONSULTATION PAPER, 1 DECEMBER 2019

by the Royal Commission into Aged care Quality and Safety

Submit by 24 January 2020 to ACRCProgramDesign@royalcommission.gov.au

To whom it may concern,

Housing for the Aged Action Group (HAAG) appreciates this opportunity to provide feedback to the Royal Commission into Aged Care Quality and Safety Consultation Paper on Aged Care Program Design.

HAAG is a community based organisation specialising in the housing needs of older people. The organisation was formed over 35 years ago and today has over 400 members actively campaigning for housing justice. HAAG's service arm is the Home at Last (HAL) service which provides a one-stop shop of housing information, support, advice and advocacy for Victorians over 50 years of age. This assistance is provided through an intake and referral service assisting over 1,000 people per year. We also provide outreach support to re-house older people who are homeless or at risk of homelessness into long term affordable, age-appropriate housing. Our intake and outreach program is partially funded under Assistance with Care and Housing (ACH) which is a sub-program of the Commonwealth Home Support Program.

We have an early intervention and prevention approach to homelessness, which involves providing community and professional education to alert people to what places older people at risk of homelessness and pathways to support. Since 2013 we have had a strong Cultural and Language Diversity focus, and a team of bilingual workers who provide community education to groups of older people from a non-English speaking background. We have recently expanded this program to include peer educators, who have a lived experience of homelessness, and we are now starting work with the LGBTI community.

Since January 2019, we have been an information hub for the Aged Care Service Navigator trial, run by COTA Australia. We are one of the only information hubs providing face-to-face one-on-one support in the home or in our office to assist older people to register with My Aged Care. This has given us a unique insight into the difficulties in gaining access to the system for people at risk of homelessness.

We are currently partnering with academic institutions to conduct research into the effectiveness of training aged care assessment staff to recognize people at risk of homelessness, and make an early referral into our Assistance with Care and Housing program. The delivery of this training and the research project itself has also revealed specific barriers to accessing aged care for older people and service providers.

Finally, we were contracted by the Commonwealth Government to develop the Aged Care Homelessness Action Plan as part of the Diversity Strategy. This involved interviewing and visiting ACH and residential care providers from all over the country.

This work has given us a unique insight into aspects of the aged care system that could be redesigned, and we welcome the opportunity. Some areas in the consultation paper are less relevant to us, so we will be mainly focusing on diverse groups and system navigation in this submission.

Principles for a new system
We are supportive of the proposed principles for the new system. However, many of these principles supposedly exist in the current system. The system should be respectful of rights, choice and dignity, but there should also be recognition that for many people who are experiencing homelessness, or living in unsuitable or unaffordable housing, there is no real "choice" in aged care and the focus instead should be accessing the system.

We strongly support any reforms that lead to a system which is easy to navigate and understand, supportive of the wishes of the older person, and well connected with other services. A skilled workforce is essential, and we're disappointed with the apparent moves to "dumb down" assessment staff, who in Victoria, have been reforming their practice for the better for many years and recognizing that an assessor needs a Cert IV minimum.

- *be underpinned by respect and support for the rights, choices and dignity of older people*
- *ensure quality and safe care is fundamental to the operation, funding and regulation of the system*
- *provide equity of access, regardless of location, means or background*
- *be transparent, easy to understand and navigate*
- *deliver care according to individual need*
- *maximise independence, functioning and quality of life for older people*
- *support older people to have a good death*
- *support older peoples' informal care relationships and connections to community*
- *enable the recruitment and retention of a skilled, professional and caring workforce*
- *support effective interfaces with related systems, particularly health and disability*
- *be affordable and sustainable, both for individuals and the broader community*
- *be capable of being implemented, monitored and evaluated.*

Redesigning the system
The Aged Care System requires face-to-face decentralized information provision, easily accessible at the places older people go, supported by appropriate levels of assessment and strong referral pathways. We cannot rely upon the free market system to provide adequate information and service provision to

people who have barriers to access or vulnerabilities, such as speaking a language other than English, being without a home, living in a rural or remote area, or living in poverty.

The concept of "informed choice" is almost irrelevant when there are no services to choose from, and a person can't get access to the system in the first place.

3. *Information, assessment and system navigation.* What is the best model for delivery of the services at the entry point to the aged care system—considering the importance of the first contact that older people have with the system? This includes looking at services provided by phone and website as well as face-to-face services.

HAAG is one of the information hubs for the Aged Care System Navigator trial, under the COTA Australia consortium. Although the aim of this trial was to register people who had no previous contact with My Aged Care or the aged care system, in our experience, older people required ongoing support to navigate the system even after they were registered. We found that face-to-face assistance in the home was an effective way to assist people who faced language or other barriers.

The role of system navigator is important beyond just the first point of registration, and is required throughout the journey. A person may come back to the trusted system navigator for further information or clarification, trouble shooting or other assistance over a number of years. A formal case manager or care coordinator can perform a similar role, however, in the current system, case management only occurs at higher level home care packages. Because the cost of the case management role is taken from the individual support package there is a reluctance to use case management, the case managers have very high caseloads and there is a lack of transparency about costs of case management. For these reasons, it is preferable to have an independent service navigator role. However, there is a risk of duplication and lack of service coordination.

In our experience, older people want advice about which home care provider to choose, and this independent information is difficult to find in the current consumer choice model.

HAAG also submits that, due to increasing government aged care policy emphasis on the provision of home based services, and the rapidly increasing numbers of older people retiring as renters rather than home owners, that a significant sub-program needs to be developed to ensure that all older people receiving aged care services have a decent home and support to enable them to adequately access the services. Older people living in private rental accommodation do not have secure tenure, often pay unaffordable rents, have no control of the design of their home and cannot have installed minor modifications such as hand rails without a landlord's permission. This is becoming a significant problem for the aged care system because of the rapid rise on older people in the private rental market with a 42% increase in the five years between the censuses of 2011-2016, with 132,000 people aged 65 and over in this form of housing. Future demographic projections suggest that within 20-25 years this could reflect 50% of the population aged 60 and over.

HAAG believes that a cost effective strategy can be developed to achieve significant reform to achieve improved assistance to this cohort of older renters. This requires a two-fold approach: Firstly, the introduction of central Seniors Housing Gateway (SHG) services in every capital city of Australia as a central housing and aged care information hub to enable older people to plan for their housing future and access adequate housing to be able to age successfully in-place. The SHGs should be linked to an

adequately funded and structured Assistance with Care and Housing (ACH) Sub-Program. To achieve this HAAG believes it is vital that the ACH Program be reviewed to assess its current effectiveness and engage with the ACH sector to develop it into a robust program linked to the wider aged care system. Guidance for the review of the ACH Program can be provided by a number of the recommendations within the Homelessness Action Plan that is currently being considered by the Department of Health as part of its Aged Care Diversity Strategy.

Further comment on this issue is provided in the section Designing for Diversity.

Entry Level Supports
The Victorian Home and Community Care system was functioning effectively to provide low cost entry level support to people, often based locally in local government or local community health, prior to the aged care reform. These supports were made available to anyone, and the cost of the service was based on the person's income.

The supports that are most effective for preventing early entry into residential care are home modifications, domestic assistance, personal care, shopping assistance, and social supports. Block funding is important for services to be able to plan and provide services for people on low incomes, especially services like community transport and social activities.

It should be noted that it is very difficult to provide entry level supports in the home for people who do not have stable housing. Without affordable and accessible housing, older people are at risk of prematurely entering residential care. People on a Government pension who are living in private rental have no money left for paying for services, and are at risk of homelessness due to high rents, poor quality housing, and rental laws that do not allow security of tenure.

Investment stream.
HAAG is aware that poor quality housing can prevent people from ageing in place. For this reason we support minimum standards for rental properties and universal design principles in the building code for all new buildings. We are aware that in some states landlords can refuse home modifications, and we support the reforms to the Victorian Residential Tenancies Act that prevents landlords from refusing to allow home modifications for disability access.

Care stream.
The provision of care services should not be dependent upon where a person lives. A person should be able to receive personal care, nursing and allied health services regardless of whether they live in private rental, their own home, public or community housing, retirement housing or residential care.

Specialist and in reach services.
We have no submission to make on this.

Designing for diversity.
Older people who are homeless or at risk of homelessness need an initial information, support and referral point that is provided in a way that is accessible, approachable and understands their issues and needs. Due to the increasing focus of aged care service provision in the home and the rapid rise of the

number of older people renting their home in retirement, an effective housing and homelessness response has become critical to the development of an effective and inclusive aged care system.

HAAG's Home at Last service has been designed with this focus and is based on many years of feedback and development by and for older people themselves. Home at Last engages with the general community to provide information about its services, has developed referral pathways from key access points where vulnerable older people seek information and has also developed a sophisticated specialist community development model to engage specific vulnerable groups within the homelessness cohort such as those with Culturally and Linguistically Diverse (CALD) backgrounds and the Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI) community.

As a statewide housing information, support and referral service for Victoria, Home at Last is also well placed to provide a central linkage point for vulnerable older people to access Assistance with Care and Housing (ACH) services in their communities.

However, the My Aged Care referral pathway for the ACH program is problematic. It requires people to be registered on My Aged Care even if their only requirement is housing support, and many people aged under 65 are missing out on this service despite being eligible. For non-assessment services, it is difficult to make a referral directly to an ACH service, as the broader aged care system is set up for service provision to follow assessment. This means that older people at risk of homelessness may not be able to access the ACH program without an aged care assessment.

Home at Last is currently the only statewide one-stop-shop of housing and aged care assistance for the homeless and those at risk of homelessness in Australia. There is significant interest from a number of state governments and community agencies in other states to develop similar services and linkages.

HAAG has a national vision for a systemic service program of housing, homelessness and aged care support for vulnerable older people. Such a program would involve the development of one Home at Last type service in each capital city of Australia (generically titled the Seniors Housing Gateway)[1]

This type of service program is required if Australia is to have an effective system wide approach that offers appropriate information, support, referral and assistance to vulnerable older people who require adequate housing and aged care services. HAAG is promoting this type of service approach and working with likeminded agencies in all states of Australia that supports the concept.

The Assistance with Care and Housing (ACH) Program has operated since 1995 with little growth over its 24 years of operation and provides the kind of assistance older people need at a local level to assist with linkages to housing and aged care.

Whilst there are many great individual ACH agencies providing wonderful services across Australia they suffer from a lack of geographical coverage, fundamental resources such as staff hours, brokerage funds and program training and support. Therefore as a systemic program it is so poorly funded and administered that it fails to operate effectively. For example, in Queensland there are only five ACH services with two in Brisbane, one in Rockhampton, one in Mt Isa and one in Cairns. Tasmania has only two ACH services. Victoria and NSW have the largest number of ACH services but there are still large

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[1] See our Seniors Housing Gateway proposal here:
https://www.oldertenants.org.au/sites/default/files/seniors_housing_gateway_federal_proposal.pdf

gaps in service areas. The existing services operate on small budgets that severely limit their scope and ability to service their client's needs. This also is causing severe worker burnout with many dedicated staff suffering ill health and fatigue due to the demand on their services.

This situation has been caused by three main problems. Firstly, ACH operated as a standalone program by the Department of Health from 1995 to 2015 and the majority of services that obtained the initial funding have continued to provide services up to 2019.

Secondly, as the ACH program has only operated under the Commonwealth Home Support Program (CHSP) since 2015, so far it has only received two minor increases in growth funding.

Third, whilst ACH has continued to be funded by governments on the basis that it has proven to be an effective model of assistance, it has never undergone a systemic program review to determine its overall value and effectiveness and evaluated as part of a holistic system of aged care and homelessness support. The barriers to referrals outlined above that have occurred due to ACH's inclusion in the Commonwealth Home Support Program will need to be addressed as part of this review.

Therefore we strongly urge the government involve the community aged care sector in a review the ACH Program and develop a vision of an effective service system with Seniors Housing Gateway hubs in each capital city that are linked to effective networks of ACH services across every state and territory in Australia.

Other diverse needs
We strongly support the position that caring for people with diverse needs should be the core business of any aged care system and not an afterthought.

For this to be occur, the additional costs of service provision needs to be taken into account. For example, the cost of interpreters should not be taken from individual support packages but adequately funded by government so that the service is free to the user.

Linking roles such as the Access and Support program to assist people navigate the system and support for ethno-specific services is important, as these organisations have the trust and cultural knowledge for the people that they serve.

Its important that information on the cultural responsiveness and appropriateness of a particular service be known to the public, and that there are checks on the information that is available via My Aged Care or other places. The accreditation process and Quality Standards assess agencies against benchmarks for cultural responsiveness and this information should be used to inform what information is publically available.

9. *Financing aged care.* What are the strengths and weaknesses of the current financing arrangements and any alternative options that exist to better prepare Australia and older Australians for the increasing cost of aged care?
The consumer choice model is not meeting the needs of the most vulnerable or disadvantaged older Australians, or anyone who has barriers to access or additional needs. The "free market" approach cannot provide for everyone, as profit margins will be impacted by the costs of providing quality care to everyone, including those in remote areas, people who speak languages other than English, people who are at risk of homelessness, people on low incomes and people who do not own their own homes.

10. ***Quality regulation.*** **How would the community be assured that the services provided under this model are delivered to a high standard of quality and safety?**
The Aged Care Quality Standards have sound principles, but they do not mandate that agencies adopt the recommendations of the diversity action plans. Without this tool for ensuring quality, the system need only do the bare minimum to ensure that the needs of older people with diverse needs, including older people at risk of homelessness, are met.

The Aged Care Quality and Safety Commission should support quality assessors to engage appropriately with Aboriginal and Torres Strait Islander, CALD and LGBTI consumers 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.

The allocation of funds to individuals rather than providers does not remove the need for regulation of providers, as older people will still need to be receiving a service from someone who should be subject to basic quality and safety standards, including a well-trained and remunerated workforce. For the market to operate as it should, an older person will need the ability to compare providers, have adequate information about costs and quality to make this comparison, and be able to change providers if they are not satisfied. We are not convinced that the market is providing any of these elements at the moment.