



Promoting opportunities. Protecting rights. For older Victorians.

Submission to 2024 Progress Report on Implementation of Royal Commission Recommendations

To:

Office of the Inspector-General of Aged Care
PO Box 350 Woden ACT 2606, Australia
Via email to: Royalcommission@igac.gov.au

Contact:

Martin Turnbull, Senior Policy Advisor
COTA Victoria and Seniors Rights Victoria
Phone: (03) 9655 2123

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1. About Us

Council on the Ageing (COTA) Victoria is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. For over 70 years, we have led government, corporate, and community thinking about the positive aspects of ageing.

Today, our focus is on promoting opportunities for and protecting the legal rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression.

In addition to our policy advocacy role on aged care issues, COTA Victoria plays an active role in the aged care system through delivery of the Care Finders program in metropolitan Melbourne and in Sector Support and Development for the Commonwealth Home Care Support (CHSP) program.

Seniors Rights Victoria (SRV) is the key statewide service dedicated to advancing the rights of older people and the early intervention in, and prevention of, elder abuse in our community. A team of experienced advocates, lawyers, and social workers provide free information, advice, referral, legal casework, and support to older people who are experiencing or at risk of abuse.

2. Overall comments on progress

This review is being undertaken in a period of dynamic change across the Aged Care system, with some major structural reforms still being designed at the same time as new program initiatives are in early stages of implementation and certain key components of change (including funding arrangements) yet to be finalised. Added to this are significant shifts in the provider market and workforce, some of which are direct consequences of reforms and some the result of broader pressures.

This complex scenario makes it difficult to achieve a comprehensive view of how changes flowing from the Royal Commission are impacting on client experience and outcomes. Many positive programmatic and operational changes are heavily impacted by the environment in which they are being implemented, including the persistence of long waiting lists for many services. In this context, **it is important to consider how system change itself is impacting on older people seeking care in what was already experienced by many as a complex, fragmented and overburdened system.**

COTA Victoria is not in a position to monitor this impact in a holistic way, but we are in touch with a broad cross-section of older Victorians and listen to their concerns through a number of channels including call lines and discussion with those we support directly through programs such as Care Finders. In the past year, some 850 calls were made to our AskCOTA call line in regard to Aged Care. A key theme from callers is **confusing communication regarding aged care processes and the roles of different organisations, together with frustration that there is less access to phone and face-to-face options to facilitate access.**

This situation underscores the importance of adhering as far as possible to stated timelines without lengthy delays, aligning different aspects of the reforms more transparently, and collecting and sharing better data to monitor progress in real time. It also highlights the

criticality of good information sharing with all stakeholders, both ahead of new initiatives and in early stages of implementation. The overall perception by many stakeholders we speak to in Victoria is that progress since the Royal Commission has been fairly slow and that a number of lengthy delays have been announced without strong rationale (such as the recent delay in replacing the Commonwealth Home Support Program until 2027 at the earliest). Older people from migrant communities are particularly concerned that some changes are not prioritising responses to cultural and linguistic diversity.

The other broad theme cited by many of COTA Victoria's partners is the **lack of real progress in achieving better system interfaces and service integration**, despite this being a stated objective of a number of new programs and initiatives.

A related issue is system governance and the **need to ensure that reform processes meet the needs and reflect the strengths of delivery capacity in particular places**. While recognising the benefits of open competitive processes, reform must also be sensitive to the system architecture and provider markets that has emerged in different places and draw on advice and input from local, regional and state level stakeholders. We do not at this stage see movement in system stewardship that reflects these concerns. For example, the voice given to local councils as home care delivery is re-commissioned is often very inadequate and does not reflect appropriate recognition of councils as a level of government.

Key changes in service navigation supports and assessment services – as addressed in the current review – have been approached through commissioning processes that do not always appear to give credence to prior experience and wider roles of agencies, and to overall system coherence. This has started to have perverse impacts on the quality, viability, efficiency and effectiveness of delivery.

In all this change, we are concerned that **the specific profile of the system in Victoria is not always being acknowledged and respected**. This profile includes:

- Large historical role of local councils especially in delivery of community and home care, and in supporting local aged care ecosystems, with this involvement rapidly changing as councils divest direct delivery roles in home and community care.
- Dominant established role of local councils in providing Regional Assessment Services under Victorian Health Department oversight, with ACAS being delivered by large metropolitan and regional health services. This role is set to change radically with new arrangements for common assessment.
- Relatively large Public Sector Residential Aged Care sector with additional accountabilities as part of the Victorian public health system. This key part of the delivery system is not often discussed in public communications and reviews on issues such as funding models and workforce.
- Highest proportion of private for-profit providers with considerable variation in capacity and coverage.

Reform processes that do not acknowledge this profile, seek ongoing advice from state and regional agencies and tailor arrangements to exploit existing capacity risk leading to significant market failure in Victoria.

We focus the remainder of this submission on two specific elements of the review – Care Finders and preparation for the Common Assessment. We acknowledge the support of COTA Australia, the Municipal Association of Victoria and the Ethnic Communities Council of Victoria in developing this submission, while not purporting to represent their views.

3. Care Finders program

COTA Victoria has significant experience in supporting older people navigate the aged care system. This includes our leading role in the four-year Aged Care Service Navigators (ACSN) pilots and subsequent provision of Care Finders centred on the City of Kingston in South-eastern Melbourne. We also contribute to system navigation at a broader level through our call line AskCOTA which is a valuable source of intelligence about what older Victorians need help with in regard to aged care access.

The introduction of Care Finders as an ongoing program is a very positive step responding to real need from the most vulnerable older people who would not be able to arrange aged care services without intensive. The following comments reflect our experience and input from partner agencies and callers. We note that it is too early to provide hard data on much of this and that the formal evaluation being conducted by Australian Healthcare Associates will facilitate better feedback over the next year.

3.1 Program establishment

The way in which Care Finders was rolled out has had major impact on the set of providers and services currently in place. We are concerned that processes used to implement the new program through Primary Healthcare Networks (PHNs) – contrary to the Royal Commission’s recommendation - have compromised the effectiveness and inclusiveness of services. While this is not the appropriate place to detail these establishment processes, it is important context to note some key elements:

- COTA Australia’s advice from its management of the four-year pilot ACSN did not appear to have been prominent in design and roll-out of the new program. As a lead pilot organisation for the ACSN program, COTA Victoria was not given credit or acknowledged for its experience and contribution to program design and guidelines.
- Each of the six Victorian PHNs released tenders at different times, with different lead times and processes for lodging, and some unexplained differences in provider eligibility.
- Some PHNs allowed one provider to bid for all the LGAs in their PHN, others required separate bids for each LGA and/or only appointing one provider for each LGA.
- Tenderers were required to specify target groups for services but with no shared information on local needs or encouragement of a partnership approach to help address population diversity.
- Some providers were automatically given contracts (rolled over from previous Assistance with Care and Housing program) whilst others had to apply. It was unclear in the Tender guidelines how the PHNs made these decisions.

The impact for clients has been a somewhat fragmented set of providers and collaborative arrangements, with varying target groups and geographic coverage. The importance of local place-based knowledge has been emphasised in some places more than others, while

economies of scale and the potential for consortia arrangements have been downplayed through some tender processes.

The coordination and program support role provided by PHNs is valued but has been relatively light touch and lacking capacity to share solid information at a wider regional and statewide level. This needs to be strengthened as the complexities of the ecosystem for delivery become better understood.

3.2 Functions, scope and impact

On the basis of implementation over the first year, we are confident that COTA Victoria's Care Finder program has successfully facilitated access to Aged Care for its clients. Once a person is engaged with the program, access to aged care services is generally achieved. There is no doubt that the initiative has already helped many people who were not getting care owing to being unable to understand or take the steps required.

The volume of service delivery has grown quickly and progressively without a large amount of assertive outreach. On geographical level, our early experience was that the program drew in quite a wide range of people not necessarily limited to the LGA. This has settled as demand increased and focus is now more or less on Kingston residents.

The program ranges across the spectrum of prior engagement with the Aged Care system. Around 30% of Care Finders had not previously engaged with the Aged Care system at all and needed help at the earliest stages of the care journey. The other 70% had already progressed some way through the system including assessment but needed support to progress to active participation in an Aged Care service.

The fact that Care Finders has a **narrower target group has raised some challenges for marketing and promotion of the program** given the need to avoid raising expectations among a much broader group of older people in need of some kind of help in accessing services. This is in distinction to the ACSN pilot, which allowed for brief engagement with a much wider cohort of people at the outset.

A key concern for COTA Victoria and many of our partners is the **gap that is left for this wider group of older people not eligible for Care Finders but still requiring some kind of individualised navigation and access support** – clearly visible in calls made to our AskCOTA call line and in the work done by many local councils across Victoria. This issue merits serious review.

The specialist focus of some Care Finder providers offers important capacity to work with particularly vulnerable groups. It has proved problematic, however, when providers do not have the necessary breadth and depth of understanding of Aged Care needs and services. This appears to have been the case particularly with “rolled over” providers of the Assistance with Care and Housing (ACH) program who had great expertise in housing assistance but may not have had the capacity to suddenly function as a more holistic aged care support – in addition to legitimate concerns about the potential dilution of the housing focus in the shift.

Meeting the needs of people from diverse ethnic communities is a key issue for Care Finders. COTA Victoria's program, like many, is not CALD specific (unlike some Care Finder organisations) but we are all clear that the Care Finder target group includes people who may “have difficulty communicating because of language or literacy problems” thus we are

discussing with partners who refer to us, that individuals from local CALD populations may benefit. We are meeting with CALD senior citizen groups to promote the program and we utilise TIS in-person and phone interpreters when working with CALD participants as required. **This need for additional effort needs to be recognised and appropriately resourced in both general and CALD specific providers.**

3.3 Other implementation challenges

An issue of concern to COTA Victoria is the limited access we have to My Aged Care records for individuals being supported. Generally, the Care Finder provider seeks consent to be appointed as a person's "agent" and is provided with information on aspects of the client's My Aged Care details. While helpful, this process is time-consuming and cumbersome, and once achieved still falls short of the information accessible through direct access via an aged care provider portal (particularly in terms of viewing approvals). While the option exists to become a "representative" this would significantly alter the client's relationship with the Care Finder and is not recommended.

We understand that some Care Finder providers have more extensive access to records as a consequence of also being Aged Care service providers. This issue warrants review to ensure optimal, real-time information is available to all Care Finder providers.

Another challenge for Care Finders is the changing profile and availability of some Aged Care services. This is particularly the case in regard to home and community care services historically provided in Victoria by local councils and now shifting to a diverse mix of private and not for profit providers. The need to keep apprised of the detail of replacement services and the fact that these services are not always of equivalent scope creates additional complexity for navigation and service access. This will continue to be a challenge for Care Finders over the coming few years.

There is also an issue around the **varying roles that Aged Care organisations play in service navigation and gateway functions.** For example, local councils in Victoria have historically done a fair bit of this as part of their overall aged care provider role and are now considering how much they retain, or even strengthen, as they withdraw from direct care delivery. COTA Victoria's experience is that this is generally complementary to the Care Finder program but can lead to some blurring of boundaries and confusion for clients.

Finally, while broader than Care Finders, we draw attention to the **lack of understanding by many older people about which organisation is appropriate to contact at various stages of contact with aged care processes**, and that fact that sometimes services provide incorrect information to older people leading them to contact COTA Victoria to get information that should have already been provided to them. Examples include:

- On multiple occasions, older people were referred to COTA Victoria by My Aged Care for information that was clearly more appropriately delivered directly by them or by another referral point.
- Older people often call COTA for information regarding aged care because they find it difficult to navigate online spaces associated with aged care or have follow up questions and there is no phone number provided within the corresponding online space.

- Frequently our information service is being contacted for complaints about aged care services because older people say they have not been provided the relevant information about the complaints process, especially about when it is appropriate to go to the ACQS.
- There is limited understanding about advocacy services available regarding supporting older person's rights in aged care (in comparison to advocacy in mental health services).

There is a clear need for community and professional education about the roles of all the various auxiliary services and how to use them effectively – including how they interact with specialist services for diverse population groups and with services that facilitate access to interfacing services in the health and disability support sectors.

4. Comprehensive single assessment

COTA Victoria is not in a position to advise on the details of planned single comprehensive assessment tools and processes but refer to our recent submission on the Exposure Draft of the Aged Care Act in which we comment on the **need to incorporate greater commitment to genuine co-design, and client and carer engagement in undertaking assessment and identification of needs**. We also strongly support the introduction of a more level playing field in regard to the services and supports available to people whether they be in home or residential care (including access to assistive technology).¹ We eagerly anticipate the incorporation of these concerns in the final design of the new tools and processes.

We would like to make some brief comment about preparations for the new delivery arrangements for the single assessment system. Victoria has had a unique set of arrangements for assessment involving Regional Assessment Services (RAS) being provided by local councils under contracts with the Victorian Health Department. This situation is rapidly shifting and set to do so further as the result of both the divestment of direct aged care provision by many councils and now the re-tendering for the Single Assessment System.

COTA Victoria shares the concern of many stakeholders in Victoria, including the Municipal Association Victoria, that this is leading to the **loss of skilled workforce and the benefits of a consistent statewide model**. The system is already failing many older people, with extensive waiting periods for assessments (both ACAT and RAS) in parts of Victoria. There is being exacerbated by considerable uncertainty in tendering processes, and lack of clear options for local councils to maintain a role in assessment and/or transition to other supportive and complementary roles.

¹ See our submission at <https://cotavic.org.au/publication/member-briefing-cota-victoria-responds-to-exposure-draft-for-new-aged-care-act/>