



Promoting opportunities. Protecting rights. For older Victorians.

## ***COTA Victoria submission to Department of Social Services consultation on: General Foundational Supports***

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## Contents

<b>1</b>	<b>About us.....</b>	<b>3</b>
<b>2</b>	<b>About this submission.....</b>	<b>3</b>
<b>3</b>	<b>Submission .....</b>	<b>3</b>
3.1	<i>Integrated, overlapping support systems .....</i>	4
3.2	<i>Enhanced navigational support for older people.....</i>	4
3.3	<i>Inclusion of digital and non-digital communication strategies.....</i>	5
3.4	<i>Addressing service gaps for older adults with disabilities .....</i>	5
3.5	<i>Facilitation of re-enablement and independence .....</i>	6
3.6	<i>Workforce development with cross-sector flexibility.....</i>	6
3.7	<i>Community accessibility and universal design.....</i>	6
3.8	<i>Building capacity for older adult disability advocacy.....</i>	6
3.9	<i>Support for older carers of younger people with disabilities .....</i>	7
<b>4</b>	<b>In conclusion.....</b>	<b>7</b>

## 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 in the state.

Today, our focus is on promoting opportunities for and protecting the rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief brings benefits to the nation and its states alongside communities, families, and individuals.

**Seniors Rights Victoria (SRV)** is a program of COTA Victoria and the only state-wide community legal centre dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referral, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

## 2 About this submission

We welcome the opportunity to provide brief input on how General Foundational Supports (GFS) can effectively respond to the needs of older Victorians with a disability – a frequently overlooked demographic in disability policy discussions

The following submission outlines our position on GFS as they pertain to older people with disabilities, emphasising key areas for improvement and advocating for structural changes to ensure equitable support for Victorians of all ages.

It builds upon work COTA Victoria's ongoing work addressing the broader challenges faced by older individuals with a disability and the support systems available to them. These issues are explored in our recent Discussion Paper *Disability Supports for Older Victorians: Towards an Agenda for Action*. We encourage DSS to consult this resource for critical insights into the needs of older people with disabilities and the roles and interactions of various service systems in addressing these needs.<sup>1</sup>

## 3 Submission

Over recent years, reforms in the disability system have brought huge improvements for many, yet the aged care system and other services are not currently providing an adequate and equitable response to older people outside of the NDIS. These gaps relate not only to

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<sup>1</sup> COTA Victoria. (n.d.). *Disability support and inclusion for older Victorians: Towards an agenda for action*. Retrieved December 3, 2024, from <https://cotavic.org.au/policy/publication/disability-support-and-inclusion-for-older-victorians-towards-an-agenda-for-action/>

personal support, but to healthcare, provision of aids and equipment, and support for community participation.

Foundational supports have the potential to address several existing service gaps. We acknowledge that the GFS program is primarily focused on individuals under the age of 65, with an acknowledgement that those over 65 might also benefit, particularly in relation to improved access to information. While we appreciate this consideration, the reference to older people is vague and risks perpetuating a sense of marginalisation among this cohort. We strongly recommend that the GFS be designed from the outset to inclusively address the needs of older people, avoiding rigid age-based boundaries that could exclude a significant portion of the population.

We also advocate that specific attention be given to individuals aged 50-64, who may be ageing with a disability or acquiring disabilities due to chronic health conditions.

Additionally, it is important to consider the complementary needs of the growing numbers of NDIS participants over the age of 65 who elect to continue within the scheme.

While we argue that GFS should be designed around a whole of life framework, it is vital that government be upfront and transparent about the program's scope and practical limitations, thereby fostering realistic expectations of what can be delivered for older people through this important new investment. Introducing another program with unclear parameters risks confusing an already complex system that many older people find difficult to navigate and access.

### ***3.1 Integrated, overlapping support systems***

Distinguishing disability-related needs from age-related needs is often challenging. The assumption that all disability support needs for those over age 65 can or should be met within the aged care system is inadequate, as highlighted by the NDIS Review. We recommend a coordinated and managed overlap between aged care and disability support systems, with GFS playing a key role in bridging the gap, rather than functioning as another narrowly defined sub-program.

To achieve this, GFS should actively facilitate service integration, support smooth transitions between the disability and aged care systems, and provide low-intensity supports, particularly for individuals who may not qualify for either aged care or the NDIS. For those receiving some level of aged care, GFS should ensure effective access to specialist disability advice and therapies, fostering between connections across service systems.

### ***3.2 Enhanced navigational support for older people***

It is promising to see that navigation support is included as part of GFS, replacing the Information, Linkages and Building Capacity (ILC) grant-based model. While we note that this will be addressed in a separate consultation, we stress the importance of embedding navigation support as a fundamental component of the program from the outset. Delaying this discussion risks sidelining an essential aspect of GFS and creating unnecessary divisions between functions.

The navigational element of GFS should reflect a truly integrated “whole of disability ecosystem” approach, moving beyond the overly narrow navigation frameworks currently found in both disability and aged care programs. We would like to see GFS navigation services well integrated with local, placed-based systems while incorporating a capacity to address the interface with ageing-related disability support needs within and beyond aged care.

### ***3.3 Inclusion of digital and non-digital communication strategies***

Effective communications are fundamental to the success of GFS. High rates of digital exclusion among older people - particularly those with disabilities - demand a comprehensive strategy combining digital and non-digital methods. While many older people are highly competent and keen users of digital technologies, many remain uncomfortable with programs that place heavy or sole reliance on these platforms.

Facilitating effective communication through multiple channels, including active support for people to use digital devices and platforms - with access to relevant Assistive Technology - should be an integral element of GFS for all participants and especially for older people. We recommend referring to COTA Victoria’s guidance on inclusive communications for an effective mix of strategies, [available here](#).

### ***3.4 Addressing service gaps for older adults with disabilities***

The need for equitable disability service delivery extends across all age groups. GFS should be designed around a whole of life framework rather than imposing artificial aged-related barriers. At the same time, it is essential to explicitly consider the specific needs of older people with a disability – totalling some 520,000 over 65 in Victoria alone – and design program elements that directly address these needs. This approach ensures they are not left to benefit only incidentally or in a marginalised way.

In planning GFS, attention should be paid to different cohorts within the ageing population. In particular, GFS should prioritise additional support for adults between 50 and 65 who experience early ageing-related disability impacts as well as those who are ageing with a lifelong disability. Clarity is required as to how GFS will integrate with and/or complement Victoria’s Home and Community Care Program for Younger People. Continuity of support for those in the program who age over 65 should also be guaranteed, particularly when their aged care eligibility is uncertain or unlikely.

Another critical consideration is the design of disability supports for older people (defined as those over 50) to address key life transition points, such as retirement from the workforce, the loss of a partner, downsizing their home or transitioning into alternative accommodation.

The growing number of NDIS participants over 65 - those who elect to remain in the program rather than transfer to aged care - also require complementary supports of the kind envisaged in GFS. This issue is not directly addressed in the Consultation Paper.

### ***3.5 Facilitation of re-enablement and independence***

Emphasising re-enablement or restorative care within GFS will be important in addressing gaps in both the aged care and disability systems, often picking up where the health system leaves off. Older people in particular need access to robust allied health and psychosocial support, to assist them to regain independence and optimum community participation. This relates closely to the focus on individual capacity building, which may be delivered in one-to-one, family or group form in the community.

### ***3.6 Workforce development with cross-sector flexibility***

GFS must proactively address workforce needs in the context of the significant challenges already facing the disability and aged care sectors. Recruiting a workforce with transferable skills and promoting cross-sector flexibility will be crucial, especially in regional areas and underserved markets, as both sectors face growing demand.

This is especially important in the provision of home and community-based support and care, where there has historically been considerable cross-over between a disability and an ageing focus. Additionally, we advocate for ensuring the GFS workforce includes sufficient expertise and sensitivity to the impact of ageing on disability support needs, as well as general capacity to work effectively with older people.

### ***3.7 Community accessibility and universal design***

As GFS extends into community inclusion efforts, universal design principles should be prioritised. This approach benefits all age groups and provides a framework within which the specific needs of older adults with disabilities can be more easily addressed. We continue to urge the inclusion of older people's needs in the National Disability Strategy and the Victorian State Disability Plan and would like to see commitment to ensure that GFS function effectively as a tool for achieving the objectives of these broader strategies.

There is a clear need for separate, increased investment in mainstream agency capacity building to become more supportive of people with a disability. The extent to which GFS can be a platform for delivering this is unclear at this stage. If this is to be a major objective of GFS, there must be appropriate targeted resourcing so that it does not compete with individual supports. This broader community capacity building can benefit from frameworks and planning processes for Age Friendly Communities, now well established in many areas of Victoria, especially through local government leadership.

### ***3.8 Building capacity for older adult disability advocacy***

The current scarcity of advocacy programs focused on older people with disabilities limits both self-advocacy and the push for systemic change. GFS can help bridge this gap by expanding on established older person advocacy services and fostering collaboration with disability-focused groups that engage those ageing beyond 50 and beyond 64. Self-advocacy and peer support can be crucial to the ways older people cope with life challenges and engage with service systems. They require specific tailoring to the preferences and needs of older people. This aligns with the priorities outlined in COTA

Victoria's [Victorian State Budget Submission 2025-26](#).

### **3.9 *Support for older carers of younger people with disabilities***

It is encouraging to see the explicit inclusion of family and carer support, as well as capacity building, in the Consultation Paper. We would like to emphasise the essential role played by the large number of older carers, many of whom have disabilities themselves and may also require foundational supports. Recognising the dual role of older carers - as both co-providers and recipients of support - is crucial to designing an inclusive system.

## **4 In conclusion**

COTA Victoria appreciates the opportunity to present these preliminary comments and recommendations. We remain committed to supporting a robust GFS framework that incorporates program elements that explicitly address the needs, rights, and preferences of older people with disabilities.

We strongly urge the department to facilitate further opportunities for the targeted engagement of older people with a disability in shaping the new GFS program and, once the program is operating, to incorporate ongoing roles for peer advocates to support older people to benefit. This should reflect and respond to the great diversity of older people across Australia.