

Submission to the Royal Commission into Aged Care Quality and Safety – July 2019

To: The Commissioner

From: The Victorian Access and Support Program Network

The purpose of this submission is to highlight the significance of the Victorian Access and Support Commonwealth Home Support Program (CHSP) service type, in ensuring equitable access to the aged care system for people from diverse backgrounds, who may experience barriers to receiving services.

Supported entry to community care services contributes to healthy ageing and consumer wellbeing and may delay or prevent admission to higher levels of care. The Victorian Access and Support service is a unique and very successful program that enables best outcomes for clients and carers from diverse backgrounds in metropolitan and parts of regional Victoria.

It is recommended that the Royal Commission into Aged Care Quality and Safety (the Commission) consider the presented Access and Support model as an effective solution to existing barriers to equitable entry into the aged care system.

Recommendations:

1. The Access and Support (A&S) network strongly advocates for the continued block funding of the A&S program and its implementation across Australia. This is to ensure continuity of care and equitable access to services for our older population, despite their background and intersecting needs and aspirations.
2. The network encourages the Commission to investigate the A&S as an established service with no equivalent across Australia and draw on its many years of success. It is an existing program with close to 90 workers in Victoria and an effective example of Recommendation 23 in the Legislated Review of Aged Care 2017: the government should introduce aged care system navigator and outreach services to assist consumers who have difficulty engaging

through the existing channels to effectively engage with *My Aged Care*¹ and beyond to avoid individuals falling through the gaps.

3. The network recommends that the Commission evaluate the existing and established aged care system support services and identify the model that meets the needs of every senior across Australia. This is to ensure a safe and equitable access to services.
4. The network encourages the Commission to consider the importance of the A&S service in regional and rural settings, where consumers may be particularly vulnerable to social isolation and needing support to access their community and the broader service system. A&S client referral pathways often extend to non-aged care services for the best client outcomes in rural areas.
5. The network emphasises that uncertainty about the future of aged care, including the A&S program, creates significant staff turnover. Therefore, it is of a high importance that the Federal Government articulates its future plans aimed at services and programs, such as A&S, to the industry and service providers, in particular.
6. The network would like to indicate that the Aged Care System Navigator Trial, even though welcomed, is under-resourced to assist consumers with more complex cases. The network recommends considering the Navigator Trial and A&S program as complementary initiatives that can work in partnership or merge without losing the essential success factors of the A&S role.

“My client required significant emotional and practical support with attending appointments, following up on referrals and navigation of services” – Access & Support worker

Dear Commissioner,

I am writing on behalf of the Victorian Access and Support (A&S) Program Network. The Access and Support program is jointly funded by the State (30%) and the Commonwealth (70%) governments in Victoria to provide short-term episodic assistance to individuals of all ages² from the nine Special Needs Groups (Aged Care Act 1997); it also includes people living with dementia as experiencing significant barriers to access across all special needs groups.

¹ Australian Government Department of Health, Legislated review of aged care, 2017, p. 15.

² Older consumers: 65 years and over (50 and over for Aboriginal and Torres Strait Islander people), funded by Commonwealth Department of Health; and younger: under 65 years old (under 50 for Aboriginal and Torres Strait Islander people), funded by Victorian Department of Health Human Services.

I facilitate the state-wide A&S network (the network), where I provide workers with one to one support as well as convene state-wide peer and advocacy meetings as part of my Victoria-wide Sectoral Development Officer role.

In early 2019, the A&S network formed the A&S advocacy group and, as part of its activities, a workshop on a submission to the Royal Commission into the Aged Care Quality and Safety took place on 14 March 2019. The challenge mapping exercise surfaced that, despite numerous issues present in the aged care service system, one of the most dangerous ones is older individuals lacking trust and/or understanding of support available as well as knowledge of service system in general, which prevents them from initial and post-assessment contact and access.

As a result, the focus of this submission is to elevate the importance of the **initial access** to the service system, **the value of assertive outreach** and, most importantly, the good practice example that **enables best outcomes** for clients and their carers.

The network regularly engages the Victorian Department of Health and Human Services (DHHS), Commonwealth Department of Health (DoH) and Community Grants Hub to hear industry updates and share workers' knowledge in service system gaps and good practice examples.

A&S workers, using an outreach model, have a vital role in connecting people to relevant services. As a sector support role, the A&S service is independent of service providers and is not limited to the clients and catchment area of their auspice organisation; this allows workers to assist a great number of individuals and their carers who may be experiencing barriers in accessing appropriate service support.

The main components of the A&S role are to:

- Identify individuals in need through an assertive outreach model and explain the aged care service system, services available and how to navigate it
- Support clients in a practical way to access assessment services
- Work with service providers to ensure they are equipped to provide individualised services that are both relevant and respectful to the individual
- In doing the above, identify barriers to access and feedback to funding and peak bodies through the reporting process

An important component of the role is to engage with the sector through network meetings, regional Alliances and seniors' groups, which creates meaningful partnerships. Whilst the time

allocated to this activity is small compared with the time spent directly working with clients, the opportunity to promote the A&S service and raise awareness about its benefits to the vulnerable communities is crucial.

A&S workers are region based and link clients to a range of local services to keep them socially engaged and access supports in order to age well. Importantly, the workers build rapport with the client and apply Consumer Directed Care principles. By conducting holistic assessment, the workers can identify individual's strengths and needs.

"People aren't always confident to ask questions" – A&S worker

Very often access remains unaddressed due to the complexity of *My Aged Care* registration and assessment processes, which might prevent people from engaging with the service system. The A&S workers and the broader aged care sector identify that the system is complicated, let alone individuals with intersecting characteristics, including but not limited to:

- People with traumatic past experiences, which brings lack of trust in a service system
- People who speak language other than English
- People who are illiterate
- People with hearing impairment
- People who are homeless and don't have access to permanent housing
- People with mental health issues
- People living with dementia
- People at risk of abuse and neglect

Currently, the service system is difficult to navigate, and people may be unaware of the services available to them. As an impartial role, A&S build trust and support clients and their carers to navigate the aged care and health care system more broadly as well as assist assessors and service providers to better understand who the client is and what is important to them, resulting in improved health outcomes, fewer hospitalisations and preventing early transition into permanent residential care.

The findings below are based on the Ethnic Communities' Council of Victoria *Access and Support service – it's all about the gaps and client outcomes* Position Paper (Attachment 1).

I. Seniors from a range of backgrounds as well as their carers are challenged by the complexity of the CHSP, Home Care and Carer service systems.

“The aged care transition to Commonwealth created confusion among existing and prospective clients. A&S program assists people to navigate the system” – A&S program manager, community health provider

There is a great lack of formal supports available for seniors with intersecting characteristics and past experiences that might prevent them from navigating the system/-s. The A&S network acknowledges Government commitment to the Aged Care Navigator Trials, however the lack of funding³ for a mainly volunteer based model will not be able to address the complex cases and guide seniors through the process. In many instances, connecting clients to the service system in an empowering and sustainable way requires initial boost of assistance through assertive outreach, rapport building, pre- and post-My Aged Care engagement, liaison with assessors and aged care service providers. Additionally, the latter involves an extensive knowledge of local services, community based organisations, Centrelink requirements, housing services, rights and responsibilities to name but a few.

A great number of clients either don't have family around them or they are not being supported by their loved ones due to complexity of the system. Carers, unfortunately, don't have system knowledge as well as tend to underestimate their own needs.

According to a case study, an A&S worker attended a home visit to assist a 90-year-old client. During the assessment the worker identified the client's carers, in their mid-seventies, as needing aged care services. The worker built rapport and assisted carers to access the service system, the importance of which was overlooked by the family.

II. Seniors' isolation in Australia is increasing, with greater likelihood of isolation in rural areas, and among those with traumatic past experiences, a history of discrimination and/or from a non-English speaking background⁴.

My Aged Care Co-Design Workshop with Diverse Needs (Attachment 2), hosted by DoH, took place in September-October 2016. There was a range of groups represented, including Aboriginal and Torres Strait Islanders, Culturally and linguistically diverse, Homeless, financially and socially disadvantaged, Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI), Rural and remote. The report included four key themes identified by the participants, the first of them being⁵:

³ Based on the feedback from some of the Victorian Navigator Trial information hubs.

⁴ Commissioner for Senior Victorians, *Ageing is everyone's business*, 2016.

⁵ <https://agedcare.health.gov.au/programs/my-aged-care/co-design-workshop-for-diverse-needs>

- **Access is the most difficult point** for users with diverse needs. Need to invest more in **building trust** and **resetting expectations** about what My Aged Care provides.

A part of the A&S role is to identify and engage clients through an assertive outreach, which is the only avenue to reach some of the isolated individuals. People with diversity of background (for example those who are Indigenous, LGBTI, or who have a lived experience of homelessness, abuse or trauma), might not be aware of service eligibility or trust providers to understand and respect their needs.

After making the contact, rapport building takes place to retain the client and support them fully throughout the whole journey until they are able to engage with an appropriate provider, i.e. CHSP or HCP, and many other community-based services, as required.

“If clients don’t have trust, they won’t show up. Trust requires time” – A&S worker

According to evidence gathered through state-wide and regional A&S meetings, the majority of A&S program clients are first-time entrants into aged care and health services in general.

III. A&S workers assist individuals by helping to remove the barriers they face when trying to understand and access aged care and other services. This includes addressing an individual’s concern over safety, trust or cultural⁶ and language barriers.

After building trust with the client and assessing their needs, an A&S worker is well placed to holistically understand that person’s strengths and what is required to achieve the best outcomes. At times, when meeting an assessor for the first time, the client might feel intimidated, forget the details of their health-related issues, or fail to voice certain concerns. A&S workers continue to support Regional Assessment Services and Aged Care Assessment Teams and aged care service assessors to gain understanding of individual’s needs and put appropriate care plans in place. A&S then revisit the plan with the client (and carer if appropriate) to ensure that the individual has understood the assessment outcomes and whether they are content with the services.

According to A&S feedback, service providers and assessors who do not fully understand diversity or how to work in a person-centred way as well as have a very limited interaction with the consumer very rarely gain a full understanding of the person and what is important to them. This has a

⁶ Words *Cultural background* and *culture* used in this paper refer to diverse backgrounds of people from any of the 9 special needs groups.

significantly negative impact on the client’s assessment and results in an inadequate plan being put in place, where further support is needed to build their confidence in the service.

Another theme captured as a part of the *My Aged Care Co-Design Workshop* was:

- **Authorised advocates** with the ability to register and refer will help to **ensure consent** and culturally appropriate services.

A&S workers assist clients in instances where individuals don’t have the knowledge and the skills to express themselves, communicate their wishes or raise a concern. If required A&S workers liaise with other services and refer clients to specialised advocacy agencies.

“Clients with complex needs and characteristics don't want to complain or raise issues” – A&S worker

IV. A&S workers up skill service providers on inclusive practices to respond to the needs of diverse clients.

Clients need to be supported by workers who are impartial, have a good knowledge of service system, diversity and can respond to their needs and what is important to them.

A&S service applies a wellness and reablement philosophy, where holistic assessment of the client and their carer circumstances is the key. Unfortunately, according to the A&S feedback, in some instances, assessors and providers with a great focus on a consumer might not fully address the needs of the carers, who often overlook their own need to access services and receive supports. Clients and carers from diverse backgrounds might be challenged by their cultural norms and understanding of care.

“A&S can make services and assessors accountable for the quality of their work” – A&S worker

The remaining two findings from the *My Aged Care Co-Design Workshop* complement the latter:

- Standard My Aged Care processes currently don’t support some communities, particularly Aboriginal and Torres Strait Islander people and rural and remote communities. Each community has unique needs.

- Asking questions in a culturally appropriate way is very important and needs improvement in NSAF, Contact Centre and across all stakeholders.

Furthermore, information online is rarely accessed by older individuals from diverse backgrounds, therefore A&S service is crucial in assisting seniors with My Aged Care process and at times act as client representatives.

V. A&S workers have a holistic knowledge of the aged care system, and local supports and services, including non-aged care specific services that are vital providers in regional and rural settings.

A&S services link clients to community services outside aged care agencies. It is crucial in rural settings, e.g. there are areas in Hume region in Victoria, with a great gap in service delivery, which has adverse impacts on clients who face long waiting times for domestic assistance and other services.

Other components that contribute to the success and uptake of the A&S services are the free of charge service, access to a locally based support, which is timely and culturally appropriate. A&S workers are impartial and have well-established local community service networks and partnerships.

VI. A&S program provide clients with culturally competent services.

Culturally appropriate workforce and culturally safe space have been identified as key to successful and sustainable client receipt of services, and satisfactory outcomes for both the client and the provider.

A&S workers are strategically positioned to understand and support the client's unique needs and life circumstances, as well as navigate the intersections of diverse experiences that may impact their service accessibility. The workers usually come from within the community that they work with and have the best knowledge and understanding of why certain barriers occur and what is needed to address them.

“Yes, we feel upset every day... because we best know our clients. Remember, in the Aboriginal Community, it is very likely that many of the families around you are also in financial hardship, have low education levels, high levels of unemployment, overcrowded housing (or no housing) and high levels of transgenerational trauma. With these [circumstances] the Aboriginal Community is always more vulnerable to poverty [and lack trust]” – Indigenous A&S worker

Understanding of the person's needs derive from community culture knowledge, not necessarily language only. Without building rapport the aged care assessments aren't always reflective of the real need.

For example, in the case of culturally and linguistically diverse seniors, the research has shown that individuals prefer ethno-specific services, where their culture is understood and valued, and they can speak their first language.

Important "elements of ethno-specific service delivery were identified as:

- Services in first language;
- Cultural and spiritual activities; and
- Culturally appropriate food."⁷

"Language isn't everything [there is always a combination of matters to be taken into consideration when servicing a person]" – A&S worker

VII. A&S was externally evaluated in 2015 and the findings indicate that "A&S Workers are demonstrating success in engaging with and linking vulnerable people to services."⁸

The A&S program has improved access to services and made the aged care and health system more equitable since its introduction in 2011 and prior to that as a current program pilot. The service supports individuals by promoting health and wellbeing and assisting people to navigate the service system. The A&S service is considered to be a preventative response to the needs of the ageing population. Prevention from premature entering into high care and hospitalisation has been proven to be more cost effective than treatment of the condition.

Additionally, the A&S program is a significant component of Wellness and Reablement and Diversity planning initiatives in Victoria that have been conducted for more than ten years. There is a need for recognition of current Victorian practices that are leading the way to "ensuring diversity is catered for in the new [aged care] system."⁹

⁷ Building new bridges. Strategies for healthy ageing in new and emerging communities, discussion paper, ECCV, 2014, p. 11-12.

⁸ HDG Consulting Group, Home and Community Care, Diversity Planning and practice implementation review project, 2015, p. iii.

⁹ Australian Government Department of Health, Aged Care Diversity Framework, 2017, p.1.

Thank you for the opportunity to provide the Royal Commission into Aged Care Quality and Safety with a written submission. We would also welcome an opportunity to present on the program and its success in person.

“I fully support the A&S submission and would like to add that I collaborate on a regular basis with the Access & Support Officer in my office. As a result, I have seen first-hand, the fantastic assistance and outcomes that are achieved for clients who quite often have no supports in place and no idea how to navigate the complex systems that are required to provide the necessary supports available to them. We were able to pick up clients referred to by Access & Support to further assist clients with their complex needs.

Access & Support provide invaluable assistance and the flow on effect is not to be underestimated in this community (or anywhere for that matter). Word gets around and as a result, potential clients are identified and referred to the service.

We are well aware in our roles that there are many vulnerable and unassisted people in our community who are struggling and desperate. It is inhumane to turn a blind eye to these situations. I hope the government will continue to fund Access & Support and honour your submission proposals” – Carer Support

Supporting organisations and Peak Bodies:

- Diversity Advisors, Sector Support and Development, Victoria
- Ethnic Communities' Council of Victoria
- Val's LGBTI Ageing and Aged Care
- Dementia Australia
- Housing for the Aged Action Group
- VANISH Inc – Victorian Adoption Network for Information and Self Help