The Voice of Multicultural Victoria

Ethnic Communities' Council of Victoria

Aged care system governance, market management, and roles and responsibilities

ECCV Submission

July 2020

Patron
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Linda Dessau AC, Governor of Victoria

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Table of Contents

About ECCV

The Ethnic Communities' Council of Victoria (ECCV) is the peak advocacy body in Victoria for over 220 member organisations, including ethnic and multicultural agencies, and eight regional ethnic community councils across the state. Since 1974, we have been advocating for human rights, freedom, respect, equality and dignity for ethnic and multicultural communities, and for the building of a socially cohesive and inclusive Victorian community.

In this submission ECCV invites the Royal Commission into Aged Care Quality and Safety (RCACQS) to reimagine a new context for aged care, one that is centred on community based integrated care and takes into consideration three priorities, namely:

- Addressing the challenge presented by thin markets;
- Providing a diverse ageing population with real choice and control;
- Ensuring sustainability of niche aged care providers.

The sustainability of this system design can only be achieved if the above are embedded across governance, market management and tendering/commissioning models.

ECCV also asks the Commissioners to consider this submission's recommendations within the broader framework of ageing well, and industry sustainability. Without investing in prevention[1] now, a proportion of Australia's ageing population will continue to fall through the gaps, causing the health system long term financial implications.

ECCV encourages RCACQS to read this submission in conjunction with the previous ECCV submissions to the Royal Commission into Aged Care Quality and Safety:

- ECCV general submission to the Royal Commission into Aged Care Quality and Safety
- The Victorian Access and Support Program
- Sustainable Aged Care Business Incubator training
- Consultation Paper: Aged Care Program Redesign: Services for the Future.

[1] Every Mind, 'Benefits of prevention and promotion', available at: https://everymind.org.au/mental-health/prevention-and-promotion-approaches/benefits-of-prevention-and-promotion (Accessed on 30 June 2020).

Summary of Recommendations

ECCV is pleased to present the following recommendations:

1. That the Australian Government considers establishing localised integrated care services' coordination to oversee the tendering/application process, its administration and local demographic evaluation.
2. That Aged Care Quality and Safety Commission, as an independent statutory body, increases its relevance through culturally trained assessors, emphasis on localised knowledge, freely available training to upskill service providers and their staff in quality service delivery.
3. That policies to protect smaller agencies are embedded with additional resourcing for training and organised provider and cross-sector partnerships.
4. That the government assesses the value of niche, especially, CALD existing CHSP and aspiring HCP providers and the importance of intervention through investment and training to keep them operationally viable.
5. If the merger of HCP and CHSP takes place, the government should support a smooth transition of existing CHSP small and medium providers to a new operating model by providing required training and developing a separate approved provider application pathway, enhancing the skills they have already developed.
6. That the government increases its investment into prevention, including support to access services, such as Victorian Access and Support Program, community engagement through CALD providers as well as Social Support Group activities. That block funding continues for the services and activities above.
7. That additional funding is offered to small organisations to establish necessary infrastructure as part of a successful tender or grant application.
8. Sustain niche provider quality and understand the need for continuous improvement through funding of:
    a. Sector support initiatives such as Sector Support and Development program within trusted peak bodies for capacity building and needs reporting to the government;
    b. Widely available Aged Care provider training that is compulsory before Home Care trading commences, e.g. such as ECCV Sustainable Aged Care Business Incubator.
9. That local authorities administer aged care services through localised tenders and service contracts. That a quota of residential care, HCP and CHSP with partially block funded services per region is introduced to ensure sufficient services to meet the demand. Additional public tender for a quota of approved providers should be made available per region.
10. That the government funds initiatives such as ECCV Sustainable Business Incubator, as a small to medium business development response to a critical need for service capacity building if current and future challenges to the aged care system are to be met.

Background

Older Australians increasingly desire to stay at home for as long as possible and age independently in their environment.[2] Despite this, the marketisation of aged care creates a great disparity between those who have the ability to navigate the aged care service system and choose supports that provide person centred, responsive and appropriate care, and those who are not given the same conditions to exercise choice.

Older Australians are challenged by the complexity of the system and variable service quality. Furthermore, as stated in the service provider guide on actions to support older culturally and linguistically diverse (CALD) people "many older CALD Australians face barriers in accessing and engaging with the supports and services that contribute to healthy outcomes, and are less likely to utilise them. These barriers include: a lack of awareness and knowledge of the services that are available, system complexity, language barriers, and lack of culturally and linguistically appropriate aged care providers."[3]

Service systems that are based on an economic logic of demand and supply relationships only can be misguiding as, similarly to what has been observed in the National Disability Scheme (NDIS) roll out, the aged care market becomes mainly accessible to educated and confident individuals with support networks.[4] Competition and marketisation of health services is adversely impacting vulnerable individuals' ability to choose, thus creating a false impression of lack of sufficient demand. This, and the absence of economic incentives for providers to enter particular segments of the industry, result in thin markets. Geographically, this is observed through none or poor access to basic services, such as domestic assistance and allied health, in regional and rural Victoria. Demographically, individuals lack choice of services to meet their needs due to providers tending to cherry pick their most profitable clients. Additionally, the lack of culturally appropriate care is increasing with small ethno specific providers failing to sustain operational viability.

Smaller community-based providers, i.e. ethno-specific agencies, are being driven out of the market by rigid (single approach) regulation that prevents them from entering, let alone competing in a business-driven environment.

"We know the community and have the quality but not the business knowledge"
ECCV Sustainable Aged Care Business Incubator[5] project participant

[2] Australian Institute of Health and Welfare (AIHW), 2017, 'Older Australians, especially home owners, want to age at home', media release, available at: https://www.aihw.gov.au/news-media/media-releases/2013/2013-apr/older-australians-especially-home-owners-want-to (Accessed on 6 July 2020).
[3] Australian Department of Health, 2019, Actions to support older Culturally and Linguistically Diverse people, a guide for aged care providers, P. 4, available at: https://www.health.gov.au/sites/default/files/documents/2019/12/actions-to-support-older-cald-people-a-guide-for-aged-care-providers.pdf (Accessed on 30 June 2020).
[4] Brotherhood of St Laurence, 2019, Submission to the NDIS Thin Markets Project Consultation, P. 10, available at: http://library.bsl.org.au/jspui/bitstream/1/11392/1/BSL_subm_DSS_NDIS_Thin_Markets_Consultation_Jul2019.pdf (Accessed on 1 July 2020).
[5] Ethnic Communities' Council of Victoria, 2019, Sustainable Aged Care Business Incubator pilot evaluation report, available at: https://eccv.org.au/eccv-sustainable-aged-care-business-incubator/ (Accessed on 9 July 2020).

Since the introduction of the *Living Longer Living Better* reform package[6], the sector has observed liberalisation of the aged care market, individualised funding for services, which has removed focus on community engagement, and changed aged care operations models. Lack of resources and limited organisational infrastructure, as well as uncertainty regarding the Commonwealth Home Support Programme (CHSP) is driving trusted community providers, such as Local Governments and community-based organisations, away from service delivery, or creating pressure for mergers with larger organisations, leaving market gaps in some areas and inequitable competition in others.

Governance

Aged care, as a dynamic industry, faces a variety of challenges in ensuring quality service delivery and real choice and control for its growingly diverse clientele. Additionally, the international trend for localised, person-centred solutions in aged care and human services is suggesting that a major redesign of aged care delivery and governance has to be considered.

Centralised governance is supporting quality service standards and resource allocation, however, for greater effectiveness and service user focus, there is a need for devolution of certain government responsibilities to better meet the demand on the ground. National planning is limited by lack of local knowledge and experience, including local barriers and existing structures for community trust. To meet the desired outcomes in a timely manner, encourage place-based innovation and improve coordination of services, the possibility should be considered for localised models, where administration and service coordination responsibilities are place based.

ECCV supports the need for the Aged Care Quality and Safety Commission statutory agency that independently oversees complaints and quality of services, but requires it to be more culturally responsive and promote greater understanding of local contexts. In addition to its quality review and other functions, the Commission should offer free of charge training to the aged care workforce.

Currently the Aged Care Quality and Safety Commission, as a central body, conducts quality visits to ensure regulatory compliance of 1,458 CHSP providers, 875 residential care facilities and 928 Home Care Package (HCP)Providers in Australia.[7] Unfortunately, case studies show that there are major gaps in ensuring compliance and ethical service delivery across the country.

Case study: The Afghani community in Dandenong, Victoria has a trusted community organisation that supports vulnerable older women and their families. This association is tirelessly applying for funding to provide the group with cultural social activities and assist during COVID-19 with basic necessities and information. Community leaders have extensive knowledge and experience in aged care and were confident in developing a partnership with a Home Care Provider, they believed was trustworthy. Unfortunately, once a number of community members with packages transitioned to the provider, it neglected service delivery and instead occasionally contributing to clients' bills and cash offerings to the family members. Source: Afghan community leader.

[6] Australian Department of Health, 2013, Response to the Senate Community Affairs Legislation Committee Report on the: Aged Care (Living Longer Living Better) Bill 2013 [Provisions] and related bills, available at: https://www.health.gov.au/resources/publications/aged-care-living-longer-living-better-bill-2013-provisions-and-related-bills (Accessed on 9 July 2020).

[7] Australian Institute of Health and Welfare (AIHW), 2019, Services and places in aged care, available at: https://www.gen-agedcaredata.gov.au/Topics/Services-and-places-in-aged-care (Accessed on 29 June 2020).

To avoid such undesired outcomes, ECCV considers it is crucial to maximise service quality through policies that protect smaller agencies through additional training and resourcing[8,9] as well as assist voluntary partnerships. This could be through incentives for larger and more established organisations to support smaller providers with regulatory requirements and in turn take the responsibility for its quality assurance functions and compliance.

Case study: A multicultural provider in southern metropolitan Melbourne has taken a small ethnic volunteer run organisation under its supervision. The partnership was based on brokerage and assistance with resources, policies and procedures, training on Aged Care Standards and other aged care requirements. In pursuit for the continuation of trusted supports for its community, the small agency provided cultural training and connected the multicultural provider to its community members. Source: ECCV member aged care provider.

Recommendations

1. That the Australian Government considers establishing localised integrated care services' coordination to oversee the tendering/application process, its administration and local demographic evaluation.
2. That Aged Care Quality and Safety Commission, as an independent statutory body, increases its relevance through culturally trained assessors, emphasis on localised knowledge, freely available training to upskill service providers and their staff in quality service delivery.
3. That policies to protect smaller agencies are embedded with additional resourcing for training and organised provider and cross-sector partnerships.

Market Management

Ethno-specific and multicultural organisations, predominantly smaller in size, not only provide aged care services but commonly invest in community engagement practices, offer referrals and act as a "no wrong door" agency to provide trusted access to the broader service system. Niche providers in particular act as a safety net for communities with low levels of trust in government services, health literacy and systems knowledge to effectively exercise control over their supports.[10] Despite their social value, smaller providers are forced through regulatory pressure to exit the market, further limiting the choice and control for ageing community members from diverse cultural and linguistic backgrounds in need of a series of integrated support services.

The direction of an individualised consumer focused approach has changed business practices and challenged the relevance of trusted community-based agencies. The latter, who were established with an eye on community outcomes, find themselves disadvantaged and disempowered in an environment where profit has become the primary driver. Moreover, competition in aged care created circumstances where profit driven providers are disconnected from target communities and allied services, and are more likely to merge or work in silo than through trusted partnerships.

[8] Brotherhood of St Laurence, 2019, Submission to the NDIS Thin Markets Project Consultation, P. 15, available at: http://library.bsl.org.au/jspui/bitstream/1/11392/1/BSL_subm_DSS_NDIS_Thin_Markets_Consultation_Jul2019.pdf (Accessed on 29 June 2020).

[9] National Disability Services, 2019, NDIS market dynamics study, P. 46, https://www.nds.org.au/item/ndis-market-dynamics-nds-releases-new-research-on-victorian-disability-services-sector (Accessed on 30 June 2020).

[10] Radermacher, Harriet; Feldman, Susan; Browning, Collette, 2008, Review of Literature Concerning the Delivery of Community Aged Care Services to Ethnic Groups – *Mainstream Versus Ethno-Specific Services*: *It's Not an 'Either Or'*, Prepared for the Ethnic Communities' Council of Victoria (ECCV) and Partners.

Aged care sector marketisation, national provider benchmarking and the establishment of My Aged Care, as a "one stop shop" for all, are not by nature responsive to the client context nor does it support their ability to navigate a complex service system independently:

"People are lost, they can't understand the system, they don't know how to make these decisions and they need additional support"
ECCV member aged care service provider, Melbourne Southern Metropolitan Region

Often people cannot find providers of their choice nor are there services in certain areas to meet their needs, e.g. parts of Hume region in Victoria. Instead of ensuring that economic and social requirements are working together, currently economic benefits take priority, where client "cherry picking" and "parking"[11] becomes prevalent – providers close the doors to "difficult" clients with special needs for additional resources and choose profitable ones.

Furthermore, with residential facilities growing in size[12] as well as favourable circumstances being created for large CHSP and Home Care Providers to remain in the market, the ageing environment is at risk of becoming depersonalised and leading further to the institutionalisation of older Australians.

Recommendations:

4. That the government assesses the value of niche, especially, CALD existing CHSP and aspiring HCP providers and the importance of intervention through investment and training to keep them operationally viable.

Block funding vs. individualised funding

Small to medium CALD CHSP providers rely heavily on block funding to sustain their operations and to support their community members. CHSP funding covers direct service delivery only, without taking the cost burden of administration, business development or community engagement into account. If successful in the CHSP growth funding round small size aged care providers are left with no financial assistance to develop infrastructure to support additional service delivery.

"When they [smaller local organisations] are successful, the staff and resources needed to comply with government contracts also tends to assume a large organisational structure in support… There is a high risk, for instance, that local organisations that are well suited to offer high quality services to citizens may be simply left out of the 'market' due to the high barriers to entry involved in tender processes."[13]

[11] Australian Department of Social Services, 2014, Disability Employment Services International Literature Review for Benchmarked assessment models and comparison to Star Ratings, P. 12, available at: https://www.dss.gov.au/sites/default/files/documents/09_2018/international-literature-review-benchmarking_0.pdf (Accessed on 9 July 2020).
[12] Hampson, Ralph, The Conversation, 2018, Australia's residential aged care facilities are getting bigger and less hom-like, available at: https://theconversation.com/australias-residential-aged-care-facilities-are-getting-bigger-and-less-home-like-103521 (Accessed on 9 July 2020).
[13] Arashiro, Zuleika; Pagan, Amanda, Brotherhood of St Laurence, 2018, Tendering: practical insights from community organisations, P. 5, available at:

Additionally, CHSP unit price is not intended to cover the full cost of the service and client contribution is expected. ECCV coordinates the statewide Access and Support (A&S) program network with around 80 workers delivering service navigation support to vulnerable individuals across Victoria. On many occasions, during statewide A&S meetings, it was identified that, despite subsidised price rates, a number of disadvantaged clients cannot afford CHSP services and as a result reject them. In such circumstances, community-based providers often waive the fees further placing their financial viability at risk.

It is worth noting that the CHSP services economic viability and geographical thin markets are related to lack of, and poor allocation of funding, including disproportionate government expenditure per capita across three aged care streams:

- In 2018-19, $13,2 billion was allocated to residential aged care services with 213,400 users
- $3.3 billion for CHSP with 840,984 clients and
- $2.5 billion for Home Care with 106,707 home care package consumers.[14]

While Home Care Approved Provider status is seen as an opportunity for CHSP provider sustainability, often it cannot be achieved for a range of factors:

- CDC and opening of the market saw the number of Approved Providers of Home Care explode from approximately 300 in January 2017 to 693 in March 2017 to over 800 in February 2018. However, following market liberalisation, there was a high level of noncompliance;[15]
- The latter translated into a harder application process, which saw a significant reduction in the number of approvals in the last quarter of 2019: from a total of 917 in March to 926 in December 2019;[16]
- Small to medium CALD providers lack business knowledge and resources to address organisational governance and business development gaps;
- Many small providers fear partnerships with big providers due to loss of identity and ownership of their value proposition;
- Extensive engagement with their communities and prioritising immediate operational needs further impacts CALD agencies being able to achieve financial viability through this pathway.

In such circumstances trusted continuity of support too often is not feasible due to lack of government focus on niche providers, which is vital to diverse communities engaging in the service system.

Recommendations:

5. If the merger of HCP and CHSP takes place, the government should support a smooth transition of existing CHSP small and medium providers to a new operating model by providing required training and developing a separate approved provider application pathway, enhancing the skills they have already developed.

6. That the government increases its investment into prevention, including support to access services, such as Victorian Access and Support Program, community engagement through

http://library.bsl.org.au/jspui/bitstream/1/10854/1/ArashiroPagan_Tendering_practical_insights_2018.pdf (Accessed on 29 June 2020).

[14] Australian Institute of Health and Welfare (AIHW), 2019, available at: https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/ROACA-Key-Facts-2019.pdf (Accessed on 30 June 2020).

[15] Cheu, Sandy, Australian Ageing Agenda, 2018, Sanctions and non-compliance notices on the rise, https://www.australianageingagenda.com.au/executive/sanctions-and-non-compliance-notices-on-the-rise/ (Accessed on 6 July 2020).

[16] Care Connect, 2019, How many Home Care Packages are in Australia?, available at: https://www.careconnect.org.au/2019/08/how-many-home-care-packages-are-in-australia/ (Accessed on 30 June 2020).

CALD providers as well as Social Support Group activities. That block funding continues for the services and activities above.

7. That additional funding is offered to small organisations to establish necessary infrastructure as part of a successful tender or grant application.

Sustainability of small CALD aged care providers

Ongoing consultations with member organisations, including an extensive research project conducted in 2015 by ECCV and Ernst and Young "Exploring Sustainable Business models for Victorian Ethnic & Multicultural Aged Care" revealed that older individuals from CALD backgrounds have greater satisfaction and reported higher quality of life when engaged by a CALD provider.[17]

CALD aged care providers alone cannot meet the demand of an ageing diverse population due to their limited scope and capacity to improve business practices. As highlighted in the Brotherhood of St Laurence's report *Tendering* "learning how to combine a compliance-driven, risk-averse culture with a community-driven, flexible culture can be a significant challenge."[18]

More than 50 CALD aged care providers now deliver CHSP, HCP and Residential Care in Victoria. This has come to pass only in the last few decades, after auspicious conditions were created to enter Home and Community Care (HACC) service provision. Currently many new and emerging communities find themselves locked out of age care service provision, as they lack the opportunities for community driven service options to be funded, entrenching exclusion from the service system for new migrants and refugee communities.

Established community agencies are also at risk of exiting the market, despite their willingness to develop new service models, desire to engage in equitable collaboration and partnerships, and openness to consider alternative business models. This situation is mainly caused by:

- Lack of resources and capacity to develop a sophisticated business plan;
- Community engagement being replaced by business marketing and promotion;
- Risk of being subsumed by bigger mainstream organisations;
- Limited knowledge of partnership pathways;
- Lack of understanding of competition, marketing, advertising, new models of budgeting and financing.[19]

Example: Diversity Advisors and other Sector Support and Development (SSD) roles in Victoria build CHSP providers' capacity to provide quality services in response to aged care reforms in their local context. SSD services are funded by the DoH and assist providers with understanding aged care standards, wellness and reablement practices, diversity planning and day to day business decisions, such as funding allocations during COVID-19.

Profit driven providers tend to overlook the diverse needs of older persons and instead focus on benchmarking, administration and operational viability. According to the World Health Organisation, "long-term care must be redefined. Instead of thinking about long-term care as a minimal and basic

[17] Ooi, Chensu, ECCV, 2016, Exploring Sustainable Business models for Victorian Ethnic & Multicultural Aged Care – Project Report, available at: https://eccv.org.au/wp-content/uploads/2018/03/ECCV-Sustainable-project-final- report_-9Nov16-Compressed-ilovepdf-compressed-3.pdf (Accessed on 22 January 2020).

[18] Arashiro, Zuleika; Pagan, Amanda, Brotherhood of St Laurence, 2018, Tendering: practical insights from community organisations, P. 11, available at: http://library.bsl.org.au/jspui/bitstream/1/10854/1/ArashiroPagan_Tendering_practical_insights_2018.pdf (Accessed on 29 June 2020).

[19] Ooi, Chensu, ECCV, 2016, Exploring Sustainable Business models for Victorian Ethnic & Multicultural Aged Care – Project Report, available at: https://eccv.org.au/wp-content/uploads/2018/03/ECCV-Sustainable-project-final- report_-9Nov16-Compressed-ilovepdf-compressed-3.pdf (Accessed on 22 January 2020).

safety net that provides rudimentary support to older people who can no longer look after themselves, perceptions must shift towards a more positive and proactive agenda."[20]

Recommendations:

8. Sustain niche provider quality and understand the need for continuous improvement through funding of:
- Sector support initiatives such as Sector Support and Development program within trusted peak bodies for capacity building and needs reporting to the government;
- Widely available Aged Care provider training that is compulsory before trading commences, e.g. such as ECCV Sustainable Aged Care Business Incubator.

Tendering

The Approved Provider application process is complex and there is little assistance to understand the requirements. In recent years the application template has been subject to change nearly every 6 months, which hasn't allowed sufficient time for aspiring Home Care Providers to develop appropriate capability and caused a disruption to the application process. Additionally, through ongoing consultations with its members, ECCV has learnt that the new approved provider application requires supplementary resources and external consultant advice.

Competition and aged care compliance are posing a barrier for small providers to participate in the application process as well as skewing a long-term focus on community needs and sustainable (and ethical) business operations.

To avoid such non-performance the Australian Government and Aged Care Quality and Safety Commission need to consider training that benchmarks the requirements for the providers to operate ethically and meet compliance requirements.

Example: ECCV Sustainable Aged Care Business Incubator training was developed in partnership with Outcomes Plus. The project pilot was a capacity building initiative to increase small to medium CALD providers' aged care business confidence and sustainability. The training and one-to-one support to eight small ethno-specific organisations was based on the delivery of home care, rostering, marketing, IT systems, HR and management and compliance issues. Participating organisations have benefitted though building their organisational capacity to sustain their aged care services into the future.

"The training gave me confidence that we can do it and do it well."
Incubator participant

The aged care sector should be partially regulated where the Commonwealth Government contracts local authorities to coordinate long-term engagement of an agreed number of providers to avoid thin markets and ensure the base of services exist to meet local demand. Localised solutions would

[20] World Health Organization, 2015, World Reporting on Ageing and Health, P. 134, available at: https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=731A680E51575BBDBEC07AFC9C449F23?sequence=1 (Accessed on 3 July).

address demographic needs, geographical specifications, improve cross-service sector continuity of support and facilitate equitable partnerships for supply to meet actual demand. As proven in Sweden and Japan, living and ageing in the local community bring the best outcomes for people, "a 'Community-based Integrated Care System' provides health care, nursing care, prevention, housing and livelihood support all within the local community. 'Municipal Committees' ensure cooperation between different providers, such as hospitals, clinics, nursing homes, and home care."[21]

For example, in 2019, in the Mansfield area of Victoria, there was a 90 person waitlist to receive CHSP domestic assistance and Allied Health, the two most popular CHSP services. Source: A&S worker

ECCV further advocates for Federal Government stewardship to ensure a balance of community-based, not-for-profit, and commercial entities with a certain amount of free market tenders allowed per region. Local authorities could be allocated responsibility for administering and coordinating aged care services and local cross sector relationships. Local tenders would ensure a balance of services, some of which, e.g. Social Support Groups, Sector Support and Development, Access and Support Program, Community Visitors Scheme, Assistance with Care and Housing are block funded, to cater to evidenced community demand. Additionally, a quota of private sector entry into the quasi-regulated market should be established and allowed for long term contracts, subject to compliance. Market capacity framework[22] could be used to inform the balance and relevance of services in a local market.

Recommendations:

9. That local authorities administer aged care services through localised tenders and service contracts. That a quota of residential care, HCP and CHSP with partially block funded services per region is introduced to ensure sufficient services to meet the demand. Additional public tender for a quota of approved providers should be made available per region.

10. That the government funds initiatives such as ECCV Sustainable Business Incubator, as a small to medium business development response to a critical need for service capacity building if current and future challenges to the aged care system are to be met.

Conclusion

To achieve long term outcomes aged care should draw its focus to prevention via market management and retention of community focus. Health and human services, social services, public and private sectors must work in synchronicity. Additionally, industry regulation, localisation of services and systems administration will respond to the limitations of centralised authority.

COVID-19 has created a different context for service delivery and daily living. By identifying the common enemy – pandemic – community came back together (#thekindnesspandemic) to support those in need: food delivery to elderly, donations and friendly visits.

[21] Egan, Caroline, Hello Care, 2019, Sweden's community-based aged care philosophies take hold world-wide, available at: https://hellocaremail.com.au/swedens-community-based-aged-care-philosophies-take-hold-world-wide/ (Accessed on 30 June 2020).

[22] Reeders, Daniel; Carey, Gemma; Malbon, Eleanor; Dickinson, Helen; Gilchrist, David; Duff Gordon; Chand, Satish; Kavanagh, Anne; Alexander, Damon, Centre for Social Impact, 2019, Market Capacity Framework: an approach for identifying thin markets in the NDIS, P. 8, available at: https://www.csi.edu.au/media/Market_Capacity_Final.pdf (Accessed on 3 July).

Small CALD aged care providers have responded to isolation by conducting regular welfare calls, upskilling their clients to use technology for online social support activities, starting partnerships with local cultural restaurants and, most importantly, keeping a personal contact with their clients and volunteers. This is why they need to continue to be resourced to sustain support to our most vulnerable community members as part of any new market model.

"Not bouncing back but bouncing forward" – ECCV member aged care provider