Submission template

Discussion paper:

Future reform – an integrated care at home program to support older Australians

Submissions close on 21 August 2017

Instructions:

- Save a copy of this template to your computer.
- It is recommended that you read the relevant pages in the discussion paper prior to responding.
- You do not need to respond to all of the questions posed in the discussion paper.
- The numbering of the questions in the template corresponds to the numbering in the discussion paper.
- Please keep your answers concise and relevant to the topic being addressed.
- Upload your completed submission on the Consultation Hub. Alternatively, if you are experiencing difficulties uploading, you can email your submission to: agedcarereformenquiries@health.gov.au

Thank you for your interest in participating in our consultation.

Tell us about you

What is your full name?

First name ***Helen***

Last name ***Kapalos***

What is your organisation's name (if applicable)?

Victorian Multicultural Commission

What stakeholder category/categories do you most identify with?

☐ Commonwealth Home Support Program[1] service provider	☒ Peak body – consumer
☐ Home Care Package service provider	☐ Peak body – carers
☐ Flexible care provider	☐ Peak body – provider
☐ Residential aged care service provider	☐ Seniors membership association
☐ Aged care worker	☐ Professional organisation
☐ Volunteer	☐ Disability support organisation
☐ Regional Assessment Service	☐ Financial services organisation
☐ Aged Care Assessment Team/Service	☐ Union
☐ Consumer	☐ Local government
☐ Carer or representative	☒ State government
☒ Advocacy organisation	☐ Federal government
	☐ Other Click here to enter text.

Where does your organisation operate (if applicable)? Otherwise, where do you live?

☐ NSW	☐ SA
☐ ACT	☐ WA
☒ Vic	☐ NT
☐ Qld	☐ Tas
☐ Nationally	

*May we have your permission to publish parts of your response that are **not** personally identifiable?*

☒Yes, publish all of my response

☐No, do not publish any part of my response

[1] Includes Home and Community Care Providers in Western Australia

Section 2. Reform context

2.3 Reforms to date

Comments
We would welcome your views and feedback on the February 2017 *(Increasing Choice)* reforms.

Refer to page 6 of the discussion paper

1. Since 1983, the Victorian Multicultural Commission (VMC) has been the independent voice of the community informing the Victorian government and the Commonwealth on the development of legislative and policy frameworks, and promoting access to services for multicultural communities. Through our eight regional advisory councils (RACs) and regular community consultations we maintain relations with diverse community members on an ongoing basis. The VMC is the voice of Victoria's diverse communities and is the main link between them and government.

2. The VMC is in communication with Victoria's multicultural communities on a daily basis. We both hear their views and experiences on a range of issues including the adequacy, appropriateness, access barriers, service delivery gaps and the impact of aged care services on older culturally diverse community members, their extended family units and communities, and service providers.

3. The VMC also undertakes regular dialogue with major multicultural aged care service providers and has consulted them and key stakeholders in preparing this submission. The latter included the Commissioner for Senior Victorians, Elder Rights Advocacy, the Ethnic Communities Council of Victoria, the Council of the Ageing and former VMC Commissioners.

4. Of Victoria's 5.3 million people, 26.2 % were born overseas in more than 200 countries and nearly half of all Victorians, 46.8 %, were born overseas or had at least one parent who was born overseas. In Victoria, 23% of people spoke a language other than English at home in 2011. This indicates how culturally diverse Victoria's population is and the degree to which different ethnic groups and nationalities are retaining their language[2].

5. Due to pre 2000 AD migration patterns, and less significantly post 2000 refugee intakes, the cohort of culturally diverse older community members (CaLD elders) now comprises a significant proportion of older Victorians. The VMC notes that CaLD elders have a low rate of aged care services take-up, and while this is partially due to some cultural factors, a significant proportion is due to a lack of agency, awareness and understanding of services available to them, and a lack of culturally sensitive and culturally appropriate services.

6. The VMC is concerned that the concept and language of "market based" is not representative of the nature of interaction for a majority of CaLD elders who are vulnerable and do not have family or other support persons who can assist them to understand and navigate the aged care system. These CaLD elders do not have agency, awareness and understanding of the services available and the differences in services, and therefore lack the capacity to exercise informed choice or operate within a "Market based model". The VMC strongly suggests that the model should be "(consumer) needs based" rather than "market based".

7. The VMC supports the objectives of the reforms as outlined in section 2.3 dot points one to five. However, the VMC is concerned that these objectives will not be met with respect to CaLD elders unless the reform processes are designed taking into account the following factors that impact on their agency, awareness, understanding and ability to make informed decisions about the services that best address their needs.

[2] http://profile.id.com.au/australia/language?WebID=110 (Accessed 21 February 2017).

Pre-arrival factors

- Mistreatment by overseas government agencies and local authorities resulting in a lack of confidence and trust.
- Some CaLD elders may have originated from cultures where fear of authority is the norm.
- Fear of reprisal if they raise concern or issues with government agencies or service providers.
- Some with limited education.
- Equivalent aged care services and options may not have existed in country of origin (causing a lack of awareness/understanding).

Cultural

- Stigma and shame (about not coping), and the "stoic" nature of older Australians (believe they can cope and not wanting to burden the system).
- Dementia can be a "taboo" topic within some culturally diverse communities.
- Misunderstanding of what services and different plans can offer or cost.
- Traditional expectation that family (extended) or community will support them when they become aged.

English language skills and education levels

- Limited English language and literacy skills (including in their native tongue) and limited financial literacy.
- Lack of understanding of the MyAged Care system and Home Care Packages, and related services.
- Limited education levels – traditionally entered workforce earlier (e.g. in 1970 only 3% of the population had a university degree, this rose to just over 8% in 1989 and to almost 37% in 2012[3]).
- Deterioration or loss of English language skills and reversion to native language[4] or dialect as they age.

8. **Effective implementation factors for multicultural communities**

The VMC suggests that factors which will mitigate the above barriers and assist the effectiveness of the proposals include:

- Intercultural awareness/sensitivity training for MyAged Care and service provider staff.
- Compulsory quality intercultural awareness and language skills training of aged care staff – including annual professional development requirements.
- National community awareness education (such as using ethnic media, radio and TV) covering access, choices, rights, responsibilities, available supports and resources, and including extensive multi-media campaigns reaching all sections of the mainstream and culturally diverse community, and an Australia Aged Care at Home Awareness day (incorporate into "Seniors Week").

[3] Universities Australia, Equity and Participation https://www.universitiesaustralia.edu.au/uni-participation-quality/Equity-and-Participation#.WK60qzt97ic (Accessed 21 February 2017).

[4] University of Essex, Language Attrition amongst the elderly - https://languageattrition.org/among-the-elderly/ (Accessed 21 February 2017).

- Information awareness and ongoing education campaigns for culturally diverse seniors to mitigate the barriers they face in understanding and accessing services and appropriate home care program package levels.
- Ensure My Aged Care staff, carers and service providers are aware of their roles and responsibilities, the challenges and complexity associated with looking after culturally diverse elders (for example; the importance of their parents being connected socially to members of their own community and not scheduling contact or visits on community activity/meeting days), particularly regarding services and options which may be foreign to the elder person.
- Availability of translated materials.
- The use of terms (oral and written) which have meaning and context for CaLD elders.
- Use of pictorial literature in the form of CaLD storyboards[5] for people with low literacy levels.
- Access and use of qualified interpreters for all interactions with CaLD elders.
- Seniors and culturally friendly design of IT information/instructions, forms and systems.

9. **Specific enablers**

The VMC suggests consideration of the following enablers.

- Recruit specialist elder workers (i.e. as per "systems navigators/wranglers as referenced in 4.8.2 of the Discussion Paper) to support culturally diverse seniors to guide them through the process and access the level of services they need.
- Provide specialist intercultural awareness training to service providers, aged care workers, carers and volunteers.
- A national data collection and management strategy to change the way that service providers, aged care facilities and government collect information to develop new capabilities to analyse data to protect at risk culturally diverse seniors and ensure they are receiving aged care tailored to their needs and resources.
- Provision of adequate "new funding" to enable all service providers, particularly aged care facility operators, to implement awareness and intercultural training and other initiative.
- Provision and allocation of funding necessary to ensure rural and remote CaLD elders have the same aged care services' access and choice levels as elders in metropolitan areas.

10. The VMC is aware that My Aged Care Website functionality needs to be enhanced regarding:

- Clients disappearing from My Aged Care and packages ceasing but still receiving services through a home care package.
- The referrals process through My Aged Care has been difficult to navigate for clients who are only wanting to attend a social support group or carer wanting respite.
- My Aged Care service provider portal issues delaying access and services.
- Clients ceasing on My Aged Care while they are still in the program and receiving services, creating additional work for service providers.

[5] City of Moreland. The series of CALD-Com storyboard themes is available at: http://www.moreland.vic.gov.au/community-care/multicultural-services/cald-com-storyboards-and-videos/download-caldcom/

- Letters sent to clients in relation to their packages have caused a great deal of confusion, due to the wording implying they have been approved for a package (i.e. CaLD elders have understood this to mean they can access a package.
- CaLD elders have required considerable assistance to link to My Aged Care. Adequate time and assistance is vital to ensure CaLD elders can understand and navigate the system and make informed choices. Even with substantial additional support, assistance and advocacy, many will face significant challenges.

11. The VMC is also concerned about waiting lists, delays in people being able to access aged care and a lack of transparency regarding the waiting list system. The waiting list has become a bottleneck and this is a fundamental challenge for all older Australians requiring access to aged care services. The system needs to be reviewed, streamlined (simplified) and adequately resourced and funded to provide the level of access and services required by older Australians.

Section 3. What type of care at home program do we want in the future?

3.1 Policy objectives

Question
Are there any other key policy objectives that should be considered in a future care at home program?

Refer to page 9 of the discussion paper

1. A VMC policy objective is to ensure that programs are designed so that they take into account he differences and needs of culturally diverse communities. Our aged community members are not a homogenous group, having a diversity of language, culture and migration experience. This should also be taken in to account when developing quality assurance processes. The VMC strongly recommends an independent advocate and complaints process as part of a well-supported quality assurance process to protect all older Australians receiving care at home.
2. A critical component of the above should include the retention of experienced and reliable service providers that have a record of understanding and providing services that address the different needs of CaLD and mainstream elders.
3. To achieve the key policy objectives at 3.1 the VMC recommends that following be considered and addressed:
   - More information to clients about providers, how to access the quality providers, and a detailed list of service types and charges per unit of service.
   - The current potential cohort of consumers appears to have a low level of understanding of the current system, and would not be in a position to learn about the reforms (can be addressed by VMC enablers at 2.3 response).
   - MyAged Care is still not well understood by the average potential care user and carers, and this is made more difficult if English is not a person's first/preferred language.
   - The system must be adequately resourced and funded.
   - That the aged entry point for CaLD elders be subject to review (lower age limit) cognisant that some CaLD elders experience more health issues and premature ageing due to their lived experiences of deprivation, torture, trauma and extreme grief. This aligns with government funded Aged Care services, including residential and home care, available to Aboriginal and Torres Strait Islander persons aged 50 years or older. These services are on a permanent or short-term basis and respite

care on either an emergency or planned basis, and that these services are provided in remote and very remote areas. The VMC recommends that similar provisions be made for vulnerable CaLD elders meeting specific conditions as described above.

- Continue to provide choice for clients and carers, clients will benefit from interface between HCP and CHSP programs for example, Social Support and HCP. Many clients have been disadvantaged as their package is charged full cost recovery for social support groups[6] they have been attending for many years. Then the package on level 2 cannot sustain full cost recovery so they don't get to enjoy the social aspect they always did.
- The Respite interface with HCP should also be included in the Social Support Group as they both contribute to clients and carers mental and physical wellbeing.
- Retain current state specific programs that are designed to provide support to diverse and vulnerable groups.
- There is no clear information if programs that are designed to support people who are experiencing barriers in accessing services due to diversity will be available and funded after 2019/20 (for example, in Victoria: Access and Support or Specialised Support Services).
- CaLD elders, people living with dementia, socially isolated seniors, people with no support networks etc. need more support to access and navigate the service system. Without any additional assistance there is significant risk that these people will not be able access critical services.
- Concern about individualised budgets for clients on CHSP services and whether they have adequate financial literacy or supports. The VMC notes that block funding provides a certain level of flexibility and can meet clients' needs, and suggests that service providers and older Australian's be consulted to determine the best funding model (s).
- Transition: a balanced level of change and pace of introducing and implementing the reforms. Allow time for organisations and clients to adjust to the change, and sufficient time to analyse the impact of the changes (step by step) on service provision, clients, their families and carers. There should be a process to allow for consumer and provider feedback and to amend the system in a timely manner to reflect the needs of older Australians.

Section 4. Reform options

4.2 An integrated assessment model

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

Refer to page 12 of the discussion paper

1. CaLD elders struggle with the interaction with MyAged Care for a variety of reasons including, language and cultural issues, inexperienced call centre staff, call centre staff case management throughput targets, inappropriate screening and assessment tools, and the system itself.
2. The VMC notes the commitment to clearly separating assessment and service delivery, but stresses that the impact on the client must be a primary consideration.

[6] These groups are considered absolutely vital to protect against social isolation, ensure connectedness with community, and for the maintenance of physical and mental well-being.

3. Key challenges include understanding the lived experience of CaLD elders and building the capacity of service providers to provide services that consider the lived experience of different faiths and cultures. Further matters that must be considered and addressed include:

    - Funding culturally aware MyAged Care staff and service providers to support and guide and guide CaLD elders through the process.
    - There is a clear case for a supported or assisted model of assessment for CaLD elder to ensure they can navigate the system and enjoy equal access. While a universal assessment pathway may be intended to promote equity, it may in fact deliver inequity for CaLD elders. The current pathway has in fact created a substantive equality – the policies and practices put in place to suit the majority of clients may appear to be non-discriminatory but they do not address the specific needs of certain groups of people. In effect they are indirectly discriminatory, creating systemic discrimination. As such, they need to be reviewed and more flexible arrangements implemented.
    - Face to face assessment is more appropriate for a majority of CaLD elders and should include the use of suitably qualified interpreters.
    - Standardise the requirement criteria of the different practices of the programs and care types. This will facilitate a better understanding and informed choice.
    - With regard to reducing the funding budget for Residential Age Care (RAC) in order to increase the funding budget for Home Care Packages, this is not considered realistic. There is an equal high level need for RAC and for Home Care Packages.
    - The telephone assessment by My Aged Care must be simplified, especially for non-English speaking clients – the current process can take up to an hour to complete the questions. CaLD elders experience anxiety and confusion during long telephone calls that may be for something as simple as wanting to attend a social support group that their neighbours attend.

4. It is important to separate the assessors from service providers. Assessment should be completed by assessors who have no affiliation with any service providers.

4.3.1 New higher level home care package | 4.3.2 Changing the current mix of home care packages

Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

Refer to pages 12 – 14 of the discussion paper

1. The current Home Care Package structure should be more flexible in respect of funding levels and service catalogue, and more responsive to client needs.
2. There is a clear need to assess system flexibility from the client's perspective, i.e. their level of care needs, and respond to that not simply from a budget/cost perspective.
3. Notwithstanding funding implications, the levels of service to CaLD elders must be ensured and supported with an independent advocate and complaints process, and an independent and well supported service quality assurance process to protect all older Australians receiving care at home.

4.4.1 Changing the current mix of individualised and block funding

Question
Which types of services might be best suited to different funding models, and why?

Refer to pages 14 – 15 of the discussion paper

1. It is noted that priorities of care from a service provider's point of view are not always the same as that of the consumer. This is evidenced by the level of complaints by care recipients regarding the current system. The focus should always be on the needs of older Australians.
2. Whatever the services and funding models are, they must be flexible and have the capacity to adjust to the changing needs of the individuals, not merely budget.

Question
What would be the impact on consumers and providers of moving to more individualised funding?

Refer to pages 14 – 15 of the discussion paper

1. CaLD elders may feel a greater sense of control but issues of financial literacy and understanding how decisions may impact on their ability to change or access additional services needs to be considered.
2. Service providers have advised the VMC that they would prefer block funding to provide certainty, to reduce additional administrative costs and to protect CaLD elders from exploitation.

Question
Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

1. Vouchers may be a preferred option for some CaLD elders. If implemented there would need to processes in place that allow easy and quick replacement of lost or stolen vouchers.

4.5.1 Refocussing assessment and referral for services

Questions
Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed?
If so, what considerations need to be taken into account with this approach?

Refer to page 16 of the discussion paper

1. The VMC supports short term restorative care so long as providers have the capacity to change it (quickly) to longer term care to address changing client needs.

Question
How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

1. The journey requires care and support plans which are focused on individual client needs and goals, and a service response that is responsive to those needs and goals, not a service response limited by the catalogue of services which are approved for funding.
2. Wellness and independence can also be enhanced through promotion of self-help wherever possible through education, particularly face to face but in some cases online, virtual help and advice, community/group learning and activities, and promotion of literacy regarding health, system and digital (see 2.3 VMC Effective Implementation factors).

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Questions
How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?
For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Refer to pages 16 - 17 of the discussion paper

1. The VMC suggests the value of goal centred planning which better aligns the personal needs (goals) of clients with service provision. To achieve this there is a need for some greater flexibility around home care package composition, and the range and types of service provision that will be funded.

Question
How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

1. In the same way that consumer directed care seeks to put consumers at the heart of the system, the system itself must be designed and structured from a consumer needs perspective. There is an inevitable tension between allowing more leeway in the creation and content of service and support packages and program management constraints to deliver budgetary, risk management and equity outcomes. However, this need not be at the expense or detriment of each other as providing consumers even more control doesn't necessarily result in loss of control of the program, cost blowouts or increased risks/liability.
2. In the case of CaLD elders, they have unique needs and require service enhancements that are directly related to their CaLD background and life journey. They require a tailored approach as they don't necessarily or neatly fit into a limited service catalogue.

4.6.2 Accessing services under different programs

Question
Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Refer to page 17 of the discussion paper

1. There is a need for more information and consultation with consumers, particularly CaLD elders. The VMC has been advised of instances where advice provided by MyAged Care is inconsistent with the guidelines, for example, MyAged Care call centre staff advising that CaLD elders can accept a level 4 package and still keep CHSP services.

Questions
Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

Refer to page 17 of the discussion paper

1. Yes, there is a need to more clearly define or limit the circumstances in which a person receiving HCP can access additional support through CHSP. This should be done at the earliest opportunity/engagement with the older Australian.

4.8.1 Supporting specific population groups

Question
How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

Refer to page 19 of the discussion paper

1. For CaLD elders, more funding for interpreting and translating services is essential to ensure their needs are comprehensively understood and addressed. The funding should support system navigation and advocacy services to ensure a more effective response to individual clients and families.
2. Provide adequate and ongoing funding to cater for increased numbers of CaLD elders requiring aged care. The costs of providing interpreters and other supports should not be levied against CaLD elders but treated as an integral component of government funding.
3. Make the system simpler to navigate using feedback from CaLD elders as a base for designing a simpler system. Frail older people, particularly those suffering any degree of cognitive decline or onset of dementia, are severely challenged to understand and accurately assess their needs, and then determine which components of packages will best meet their needs. Particularly, when there may be an "under allocation" of support available from the package.
4. Consideration should be given to increasing funding as the care needs of individuals increase. The four level package creates, by its design, barriers to access. Consideration should be given to a more fluid model which enables better and quicker access to packages, and access to package components that better match client needs regardless of where they sit within the model.

4.8.2 Supporting informed choice for consumers who may require additional support

Question
What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

Refer to page 19 of the discussion paper

1. Greater use of technology can be a support to CaLD communities. This could include visual - audio information aids, online content, passive monitoring and remote data collection. Benefits could include:
    - More regular and timely communication.
    - Improved health, system and digital literacy.
    - Increasing connection with individuals and communities.
    - Improved safety and security in their homes.
    - Improved monitoring chronic conditions.
    - Improved understanding and awareness.
2. Other areas for potential specific support are CaLD service providers, including assistance with workforce development and retention as well as a common marketing platform which specifically promotes quality CaLD service providers.
3. Further, including an interpreting and translating financial supplement for home care packages will provide access to these services without reducing the amount of their package. CaLD elders often limit contact with case managers as they need the package to pay for core services. This can leave them vulnerable and unable to make informed decisions about their care.
4. Provision or referral to Chaplaincy type support will assist and demonstrate an understanding of customs, faiths and traditions. This is significant given positive impacts of spirituality on physical and mental health.

4.10 Other suggestions for reform

Question
Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

Refer to page 20 of the discussion paper

1. The VMC strongly believes that there should be increased care at home services accompanied by a strong commitment from the Commonwealth Government to introduce an effective quality assurance regime. This must be more than a mere audit of the providers' possession of physical equipment/facilities and operations protocols.

2. All individual elders who are clients of in home care services, but especially CaLD elders are at risk of being rendered voiceless regarding inadequate or inappropriate services provided to them. Providers must be held directly accountable to the Commonwealth for the adequacy and appropriateness of the services they provide. While the proposed consumer-centred and market-driven model allows individual clients the capacity to hold the providers to account, this is capacity is not a reality for CaLD elders. The VMC suggests that a strong audit mechanism for quality of service delivered be built into any reform.

Section 5. Major structural reform

5.2 What would be needed to give effect to these structural reforms?

Question
Are there other structural reforms that could be pursued in the longer-term?

Refer to page 21 of the discussion paper

1. The VMC supports the introduction and use of new technology platforms that can improve system access, support and enhance service delivery, reduce service provision costs, improve data collection and the range of data collected.
2. CaLD communities would benefit from assistance being provided to existing CaLD service providers who can demonstrate a commitment and a capacity to embrace and work with new technology platforms.

Section 6. Broader aged care reform

6.1.1 Informal carers

Question
How might we better recognise and support informal carers of older people through future care at home reforms?

Refer to page 22 of the discussion paper

1. Consider the impacts of loved ones caring for their elderly on their ability to work parent maintain children at school and sport. Many people of CaLD backgrounds consider it a family duty and honour to look after their elderly and sick. Their actions as carers save the government an enormous amount of expenditure. There should be a system that formally acknowledges, celebrates and promotes the commitment and contributions of carers. For example, a state based awards system in each state and territory.
2. Respite support and nominal funding for carers should be provided i.e. similar to that available to long term foster carers**.**

6.1.2 Technology and innovation

Question
How can we best encourage innovation and technology in supporting older Australians to remain living at home?

Refer to page 22 of the discussion paper

1. The VMC recommends the provision of easily accessible/usable communication technology, including funding support, as a means of accessing and understanding MyAged Care and their options to receive care at home. This must be supported with digital literacy training, for example, the Victorian Tech Savvy Seniors program tailored for CaLD elders.

Question
What are the existing barriers, and how could they be overcome?

Refer to page 22 of the discussion paper

1. Refer to issues identified in response at 2.3.

6.1.3 Rural and Remote areas

Question
How can we address the unique challenges associated with service delivery in rural and remote areas?

Refer to page 22 of the discussion paper

1. Provide increased funding and resources to ensure the availability, access and range of service options available in metropolitan areas are available in rural and remote areas.

Question
What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

1. The government should provide a distance based transport subsidy to rural and remote older Australians so they can access necessary assessment and services without incurring costs. This will address inherent inequities associated with rural and remote access.

2. Promoting, but not exploiting, community support as practiced in CaLD communities through extended family member and community assistance. See response at 6.1.1.

6.1.4 Regulation

Question
How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

Refer to page 23 of the discussion paper

1. Regulation for innovation should not be reduced if there is any risk of reducing essential safeguards. Adequate oversight and monitoring must be put in place including advocacy and complaints processes.

6.1.5 Aged care and health systems

Question
What are some examples of current gaps or duplication across the aged care and health systems, and how could these be addressed?

Refer to page 23 of the discussion paper

1. No response.

Any further comments?

Other comments

Do you have any general comments or feedback?

1. The use of audit of facility standards and operations protocols as a proxy for quality of services has been the practice in the audit of residential aged care for many years. It has been marred by some spectacular failures. The risk of failure for in home care is considerably greater due to the greater asymmetry between the clients and the providers. This must be addressed as part of any reform proposed and include measures listed in response 1 of section 3.1 and 4.10.