

# Integrated care at home for older Australians

Submission to the Future Reform

integrated care at home discussion paper

September 2017



## About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

This submission was prepared for VCOSS by Brooke McKail with input from members.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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# Recommendations

1. Include additional policy objectives around 'social inclusion and connectedness' and 'outreach to vulnerable people.'
2. Develop a well-resourced, integrated assessment model for the future care at home program that can:
  - a. minimise waiting times
  - b. reach out to engage vulnerable consumers
  - c. support people through the assessment process
  - d. ensure skilled staff make quality assessments
  - e. embed culturally responsive practice.
3. Consider the development of a higher level home care package for people with high care needs who choose not to enter residential aged care.
4. Cease rationing of home care packages and adopt a more flexible approach to the supply of packages, based on all older people getting the support and care they need.
5. Consider introducing a package between levels 2 and 3, to replace the under-utilised level 1 package.
6. Publish information on unmet demand and waiting times for home care packages.
7. Maintain a mixed model of funding with individual packages and block funding where appropriate.
8. Directly fund organisations to provide social inclusion programs
9. Consider alternative funding models to provide equitable access to care for people in rural and regional areas
10. Provide everyone with access to case management services, outside of package budgets
11. Exclude vulnerable people from reductions in their home package while they are in respite care
12. Allow organisations flexibility to determine when to charge vulnerable people out-of-pocket fees.
13. Develop a clear financial hardship process for where financial disadvantage may be a barrier to participation in home care.
14. Provide funding for individual advocacy and services to help people navigate the system.
15. Identify and assess carers' needs independently and ensure the assessment model allows for referrals to specialist carer support services.
16. Clarify responsibility and processes for emergency planning for vulnerable older people living at home.

# Introduction

VCOSS welcomes the opportunity to provide input to the development of the integrated care at home program to support older Australians. VCOSS strongly supports increasing consumer choice and empowering older people to have greater control over the services they access. But access and outcomes must be equitable for everyone, especially vulnerable older people. This consultation is an opportunity to examine the progress of reforms to home support and home care packages until now, so future reforms meet the every older person's needs, including those living on low-incomes.

Participation in the new home care system relies heavily on people having adequate levels of literacy; understanding the system; identifying their needs and goals; having the will and skills to exercise choice in managing their care and the confidence to self-advocate. For people who meet this description, the system is likely to deliver increased independence, choice and power. If they are unhappy with the services provided to them, they can exercise their power to move providers, with the knowledge their financial resources and social supports will assist them through the transition.

But for many people the experience is likely to be very different. VCOSS members work with the most vulnerable older Victorians. Many are homeless, with poor physical or mental health, backgrounds of abuse and are living on very low incomes. They are often completely without family or other support to help them navigate the system or provide a safety net if the system fails them.

The integrated care at home system must consider the needs of this group of vulnerable older people at every point. This will require outreach by trusted providers to get them in the door. It will need information, advocacy and support to help them through the planning process and to make informed choices about their care. It will need to ensure that out-of-pocket costs and individualised budgets do not discourage them from seeking help at all, or make it difficult to access programs that reduce social isolation and target loneliness.

# Home care in Victoria

The home care system in Victoria is facing significant and rapid change. After more than 30 years of relative stability, the Home and Community Care (HACC) program is now transitioning to being solely funded and managed by the Commonwealth Government.

This brings with it a period of upheaval and uncertainty for organisations, as they not only adjust to a new funding body with new program guidelines and requirements, but also move from block funding to an individualised funding model. New providers may enter the increasingly competitive market, including from the private sector. The workforce may need to develop new skills in marketing, planning, and information technology.

Before the reforms to home care, more than 450 organisations provided home and community care services in Victoria. Local government, community health services, Aboriginal health services and non-government organisations, as well as district nursing services, provided the majority of HACC services.

It is important the future home care system build on the strengths and experience of Victoria's existing home care system and learns from its ability to engage with the hardest to reach Victorians.

Several features of Victoria's previous HACC system were considered nation-leading. Organisations highlight the Access and Support programs which helps people with complex needs access home care services, through providing information about the types of services available, helping people and building their confidence in using services and collaborating with HACC agencies to improve care and reduce access barriers. Victoria's system also invested more than any other state in home nursing and allied health, and committed to a wellness and reablement framework that placed people's individual goals and preferences at the centre of the system.

Local governments contributed additional funding and cross-subsidised HACC programs with other community services to provide integrated supports to older people living at home. Local government's local knowledge, broader role in planning, positive ageing, recreation, emergency management and social inclusion all enhanced links between HACC and other services. Non-government organisations and community health services added value by integrating home care services with other community and social inclusion programs, that build community capital and keep people connected to community and peers.

With some councils and organisations considering withdrawing from the provision of home care and other aged care, many of these unique value-add contributions risk being lost.

# Policy objectives

## Recommendation:

- Include additional policy objectives around ‘social inclusion and connectedness’ and ‘outreach to vulnerable people.’

VCOSS supports the list of policy objectives suggested in the discussion paper. In addition, we suggest the changes highlighted in *italics*:

We want a program that:

- Delivers high quality support and services to those who need it, when they need it
- Provides the greatest possible choice and control for consumers
- Encourages independence and wellness as standard practice that is integrated into assessment practices and service delivery
- Is accessible and easy to navigate for the wide diversity of consumers
- Is affordable for consumers, *with an equitable fee structure*, and financially sustainable for providers and government
- ***Enhances social inclusion and connectedness***
- Is safe for consumers and enhances their quality of life
- Recognises, embraces and is responsive to diversity
- ***Reaches out to support vulnerable people through the system***
- Minimises red tape and unnecessary regulation

Building on the strengths of the existing programs, we also want to:

- Continue to support volunteers and social connectedness in communities
- Encourage innovation and increased use of technology, ***while remaining accessible and user-friendly for all consumers***
- Support the sector ***to attract and retain a high quality workforce and*** develop the skills and capacity to deliver quality care
- Build stronger connections between the aged care, health and disability systems.

# Reform options

## An integrated assessment model

### Recommendation

Develop a well-resourced, integrated assessment model for the future care at home program that can:

- minimise waiting times
- reach out to engage vulnerable consumers
- support people through the assessment process
- ensure skilled staff make quality assessments
- embed culturally responsive practice.

The discussion paper proposes combining the Home Care Packages Program and the Community Home Support Program (CHSP).

**Community Home Support Program:** entry level support to assist older people to remain living at home. Assessed by Regional Assessment Services (RAS). Block funding to service providers.

**Home Care Packages Program:** coordinated packages of care to support people with more complex needs to remain living at home. Assessed by Aged Care Assessment Services (ACAS). Individualised budget for each consumer.

In general, VCOSS supports designing a well-resourced, integrated assessment model for a future integrated care at home program that encompasses home support and home care packages. This design should be undertaken in partnership with older people, their families and carers.

Integrated assessment would be less confusing for older people seeking to access the system or transitioning between different types of care. At the moment, many people struggle to understand the different entry points and assessments for the CHSP, home care packages and residential aged care systems. VCOSS members report older people are confused by the letters they receive regarding their assessment and package.

The integrated assessment model must be timely, simple and easy to understand for consumers. Key features should include:

### Minimal waiting times

Integrating the two assessment processes should not result in additional delays, especially for people requiring lower level home support. Many people now wait weeks or even months for their

assessment to take place, before being placed on an even longer waiting list for their package. It is not uncommon for people to disengage from the assessment process when they are forced to wait so long for support.

### **Outreach to engage vulnerable consumers**

The integrated assessment model must support access for vulnerable consumers. Under the individualised funding model, organisations have limited capacity to seek out vulnerable older people and support them to follow through their assessment.

Assertive outreach can help identify and reach isolated people who would not otherwise engage. Outreach provides a soft-entry point for people less likely to engage or follow through after initial contact, including Aboriginal people, culturally and linguistically diverse (CALD) people and people who are homeless.

VCOSS members spoke highly of the *Access and Support Program*, developed by the Victorian Government in partnership with the HACC sector. While this program has had funding extended to 2019, VCOSS members expressed concern about the future of outreach capacity after the transition period ends.

### **Support for people through the assessment process**

The integrated assessment model should include funding to reach out to vulnerable groups to support them through the assessment process. Under the existing My Aged Care (MAC) assessment system, people are dropping out of the process for having no fixed address or missing phone calls. This disproportionately impacts people with complex needs, and sometimes chaotic lives, including people who are homeless, escaping family violence or have mental illness.

Current assessment processes rely heavily on digital access and skills. This is a barrier for people without a computer or home internet, or with limited digital literacy skills. Many people prefer local, face-to-face assessments. These assessments, with understanding of local context and existing supports, should be maintained in an integrated model.

### **Skilled staff making quality assessments**

VCOSS supports a wellness and reablement approach that includes focusing on the health and wellbeing needs of older people and supporting them to maintain and regain independence where possible.

Reablement is based on an understanding of the individual, and involves working closely with them to develop personalised strategies. Assessment staff will need to be equipped to work with older people to help them identify strategies for reablement. Training in establishing goals in collaboration with consumers would also be of benefit.

VCOSS members note that the integrated home care program could build on the *Active Service* model of practice that has been in use for several years in Victoria.

Older people often experience stigma, making them reluctant to talk about their mental health. Adequate knowledge of psychosocial disability and recovery approaches and expertise in working with people with mental illness is crucial to developing meaningful plans.

### **Culturally responsive practice**

The proportion of older Australians from CALD backgrounds is growing. By 2021, every third person aged 65 and over will be from a CALD background.<sup>1</sup> A significant proportion of older people from CALD backgrounds have poor English language proficiency due to limited formal English language education. Some people revert to their first language as they age.<sup>2</sup> Language and cultural issues can present significant barriers for people needing aged care.

VCOSS members advise people calling the MAC phone service cannot reliably speak to someone in their own language. As a result, people feel misunderstood or not supported by MAC staff. Call centre staff are reportedly not routinely engaging telephone interpreters for clear communication. My Aged Care needs to recruit bilingual staff, improve cultural training for all assessment and call centre staff and develop clear guidelines for interpreter use so the integrated assessment model meets the CALD people's needs.

Aboriginal people are also at increased risk of disengaging from the aged care system. For example, Aboriginal organisations report assessments are ineffective if Aboriginal people do not feel they are culturally safe, as they will not share information about their health or capacity to live independently. However, cultural safety training is not mandatory for MAC staff, ACAS or RAS assessors.

Aboriginal community controlled organisations (ACCOs) regularly attend assessment and planning meetings with Aboriginal people, to support them through the process and 'interpret' jargon. This only remains possible through the continued funding of the *Access and Support Program* and CHSP block funding. Ongoing funding for ACCOs to continue supporting vulnerable older people through the assessment and planning process is needed.

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<sup>1</sup> Federation of Ethnic Communities Council of Australia, *Ageing and Aged Care*, <http://fecca.org.au/www/ageing-and-aged-care/>  
<sup>2</sup> Federation of Ethnic Communities Council of Australia, *Ageing and Aged Care*, <http://fecca.org.au/www/ageing-and-aged-care/>

## Better meeting consumer demand

### Consider a higher level home care package

#### Recommendation

- Consider the development of a higher level home care package for people with high care needs who choose not to enter residential aged care.

The discussion paper suggests a new home care package level, higher than the current level 4 could be introduced. The package could be priced up to \$60,000 per annum, which is slightly less than the average cost of a residential aged care place.

VCOSS does not support funding a higher level package at the expense of other packages, or by reducing the number of residential aged care places available.

VCOSS members provided mixed feedback on the suggestion of a higher level home care package. Specifically, some members identified a group of people who live on low incomes that are reluctant to enter residential aged care for financial and quality of life reasons. With most of their aged pension going to the residential facility, and no other income or savings, they feel their life choices are too limited by entering residential care. People in this situation could prefer to stay in their homes with a higher level of support provided by a level 5 package.

This option is likely to be reasonably low cost to government, as it will support people who would otherwise require residential care, but provide people with more choice about the type of support they would like. Some VCOSS members suggest additional research is required on the demand for this level of package, and how to make sure it is appropriately targeted to people with the highest need.

### Adopt a flexible approach to the mix of home care packages

#### Recommendation

- Cease rationing of home care and adopt a more flexible approach to the supply of home packages, based on all older people getting the support and care they need.

VCOSS does not support the rationing or ongoing control of packages. Instead, we support a more flexible and demand based approach to the supply of home care packages, where all older people can get the support and care they require, based on assessed need.

Requiring future reforms to be funded within the existing aged care funding envelope, as the discussion paper does, is unnecessarily limiting. If the existing system is not meeting demand, additional funds will need to be identified by the government. This is likely to result in savings in other parts of the system, including reduced hospital admissions or shortened hospital stays.

VCOSS members report significant unmet demand for home care packages. In particular there are long waiting lists for level 3 and 4 packages. Members in some areas also report waiting lists for level 2 packages, which may be a result of lower level packages being used as an interim measure while people wait for higher levels of care.

## Introduce a new package level intermediate between 2 and 3

### Recommendation

- Consider introducing a package between levels 2 and 3, to replace the underutilised level 1 package.

There is relatively low up-take of level 1 packages (only 2.9 per cent of all packages). VCOSS members suggest that the package level does not provide adequate service levels to justify the cost to providers and consumers of developing an individualised plan and purchasing services. Some people are choosing to continue receiving home support, instead of moving to a level 1 package.

VCOSS members identified the need for an additional package between levels 2 and 3. There is high demand in this area, with many people on level 2 packages finding it does not meet their support needs. This could replace the underutilised level 1 package.

## Accurately measure and report demand

### Recommendation

- Publish information on unmet demand and waiting times for home care packages.

More information is required on unmet demand for home care packages. Providers no longer have an accurate measure of how many people are waiting for a package. We understand a centralised waiting list is in development. Information about this waiting list, broken down by region and cohort, would assist providers to understand demand in their areas and plan their service delivery appropriately.

VCOSS members also report that some people have rejected or withdrawn their application for packages for financial reasons, including the requirement to make a contribution or pay a daily fee. Inability to take up packages should not be confused with a reduced demand for packages. MAC staff should also follow up where applications have been withdrawn to identify and record reasons why people have done so.

## Expand consumer choice and flexibility

### Recommendation:

- Maintain a mixed model of funding with individual packages and block funding where appropriate.

The discussion paper notes that care at home services are funded through:

- Individual home care packages
- Block funding for the community home support program.

It states the Aged Care Roadmap's 'key destination' is an integrated care at home program, combining both home care packages and CHSP comprised predominantly of individualised funding that follows the consumer.

VCOSS recommends caution in adopting a starting position that more services, including entry-level home support services, should move towards individualised funding.

In its submission to the Productivity Commission Inquiry into Competition in Human Services, ACOSS said:

... it cannot be assumed that competition reforms will universally improve efficiency or service quality.

Theoretically, user choice allows a service user to 'vote with their feet', and in a competitive market this should lead to improved service provision as providers compete for service users... However, in reality, user choice does not always improve quality, especially in human services. Effective user choice requires users to be able to choose, and in human services this may not be a realistic assumption.<sup>3</sup>

While there are many benefits to individualised funding, including improved choice for people who are able to choose, market mechanisms struggle to deliver the same improvements for people who are highly vulnerable.

VCOSS recommends retaining the mixed model of funding that continues to provide block funding to certain types of services that support vulnerable people to engage in the system and access appropriate supports.

### The unintended risks of individualised funding

While many consumers benefit from the choice and control that individual packages can provide, vulnerable older people are most likely to find the process difficult or be disadvantaged. Some of the risks identified by the community sector for vulnerable consumers, include:

- Providers may avoid vulnerable consumers, or people with highly complex needs, because they will be more costly or difficult to support.

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<sup>3</sup> ACOSS, *Submission to the Productivity Commission's Competition in Human Services Issues paper*, August 2016.

- Consumers are required to make informed choices about their care; this assumes a level of literacy and financial literacy that not all older people have. It can also be difficult for people with cognitive disabilities or mental illness, or people with limited family or other natural support.
- People who need intensive case management are struggling to stretch their package to meet their full support needs. This is often people with no carer, and who do not have capacity to self-manage their plan and care.
- Packages can be depleted prior to the end of the funding period, leaving people unable to afford services that help them maintain their safety, independence and quality of life.

Individualised funding also places organisations in competition with each other to attract clients. While this can act as an incentive to providers to improve service offerings and affordability, it can also act as a disincentive to collaboration between providers. Many Victorian aged care providers have long histories of working together through referral networks, resource sharing and care coordination. This social capital is a valuable addition to the community and risks being diminished by expansion of competition based funding models.

VCOSS members also voiced concerns about a lack of choice in providers, if smaller providers are pushed out of the market or choose to exit aged care for sustainability reasons (for example, in rural areas). They have also received reports of consumers receiving lower quality of services from new providers without history or experience in aged care or consumers being charged high administrative costs by unscrupulous providers, demonstrating the need for appropriate safeguards to be in place.

#### **Case study: Peter's story<sup>4</sup>**

Peter is 75 years old, lives alone and has numerous health problems. Peter struggles to balance medical and household costs, but his health issues have made it more difficult. He says he doesn't worry, "if I've got some [money]."

Peter feels more financially vulnerable since he "got pushed into a Home Care scheme." He is allocated up to \$1200 of assistance services each month and receives four hours each of cleaning and shopping, but the hourly charges are high and there is little or no allowance remaining to cover other assistance.

He has stopped using his Home Care provider for transport to medical appointments and cancelled the gardening. He used to use taxi vouchers and get help with visits to the shops and home maintenance via the local council and/or hospital. He has been told he can no longer do this.

*"I'm going to miss all of that. The costs are not going to fit in the [\$1200] Home Care allowance... see all I can afford with this mob is the shopping and the cleaning, and then I've got to save what I can in case something goes wrong..."*

<sup>4</sup> Adapted from VCOSS, *Power Struggles; Everyday battles to stay connected*, 2017, p. 26.

## Alternatives to individualised funding for identified service types

Consideration should be given to continuing to directly fund organisations for services noted in the discussion paper, including high volume/low cost services, services dependent on volunteers and group based services.

Block funding has several benefits, including:

- Enables providers to provide short-term and often immediate assistance to large numbers of people
- Supports established relationships and trust between providers and consumers
- Harnesses the existing social capital built by community organisations, including volunteers and resource sharing
- Can provide a base level of support to people waiting for an available package.

Other funding models and strategies may also need to be considered to deliver equity of access and outcomes for older people.

## Fund social inclusion programs

### Recommendation

- Directly fund organisations to provide social inclusion programs

Loneliness and social isolation are significant health and mental health risks for older people. Some VCOSS members report that the introduction of individual packages has reduced participation in group and social inclusion programs that reduce loneliness. With the full cost recovery of participation and transport now having to be met from a person's package, some older people are finding it difficult to afford. VCOSS members report that past funding arrangements allowed for subsidisation that made it easier for people to participate.

Block funding should be maintained for social inclusion and group programs that address isolation and loneliness.

## Provide equitable access to care in rural and regional areas

### Recommendation

- Consider alternative funding models to provide equitable access to care for people in rural and regional areas

As a market-based system, home care packages depend on a viable level of supply and demand for adequate service coverage and provider diversity. In rural and regional areas, and some outer urban areas, VCOSS members report there are not enough local services to provide people with the funded supports, let alone choice of providers. In these cases, people must travel to services, or pay extra for service staff to travel.

The NDIS is struggling with similar issues. For example, an intermediate NDIS evaluation found NDIS participants living in rural or remote areas are 15 per cent more likely to experience unmet demand for supports, compared with participants living in metropolitan areas.<sup>5</sup>

Alternative funding arrangements may be needed to intervene where markets are thin, including in rural and regional areas. Depending on the circumstances, this could include block funding of core services, guaranteeing a minimum level of service, ensuring pricing reflects the true cost of service delivery in regional areas (including travel costs) or considering a rural/regional loading to help organisations build capacity.

### Fund case management

#### Recommendation

- Provide everyone with access to case management services, outside of package budgets

Many of the older people helped by VCOSS members are extremely vulnerable. They are often without family or carers, and can easily be overwhelmed by the complexities of navigating the aged care system. A Brotherhood of St Laurence research study found that without significant case management support, many of their service users did not have the ability to engage actively with the choices and controls available through the individual package system.<sup>6</sup>

HACC providers previously were able to assist people with case management, but are no longer able to provide this service under the CHSP model. Case management is available within the home care packages program, but many people are finding it too expensive, and are unable to stretch their package to cover it.

Case management should be available to all older people who need it in the new integrated care program. This should be part of the planning process, but may require separate funding to the person's package, so people are not required to sacrifice other types of support to afford case management.

### Make respite care affordable for vulnerable people

#### Recommendation

- Exclude vulnerable people from reductions in their home package while they are in respite care

Respite care is an important option when a carer becomes unwell, has other commitments or needs a break. Some vulnerable older people can also benefit from a short stay in residential aged

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<sup>5</sup> K Mavromaras, M Moskos, S Mahuteau, *Evaluation of the NDIS, Intermediate Report*, National Institute of Labour Studies, Flinders University, Adelaide, September 2016, p.31.

<sup>6</sup> B Simons, H Kimberley, N McColl Jones, *Adjusting to Consumer Directed Care: the experience of Brotherhood of ST Laurence community aged care service users*, Brotherhood of St Laurence, 2016.

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care, if they need a break from meeting their own basic needs at home, and to foster social connectedness.

Providers report that many vulnerable older people are not accessing respite services because they cannot afford to. People must pay a daily fee for residential respite care, up to a maximum of 85 per cent of the single aged care pension. Their home care package is also reduced if the respite stay exceeds 28 days. This rate leaves someone with no income other than the pension with very little to pay their rent and bills. They risk coming back home from respite to rental arrears or disconnected utilities.

Vulnerable consumers could be excluded from the reduction in their home care package while they are in respite.

VCOSS members also reported difficulties planning and staffing respite care services without funding certainty.

## A fair fee policy

### Recommendation:

- Allow organisations flexibility to determine when to charge vulnerable people out-of-pocket fees.
- Develop a clear financial hardship process for whom financial disadvantage may be a barrier to participation.

Under the Client Contribution Framework, older people can be asked to make a contribution to their care costs 'when they can afford to do so'. Contributions are generally a basic daily fee, calculated on the basis of 17.5 per cent of the single Aged Pension, or an income tested care fee if the older person has an income higher than about \$25,000 per annum.

VCOSS is concerned that requiring consumer contributions from low-income and disadvantaged older people will act as a disincentive to them engaging in the system. VCOSS members report that out-of-pocket costs have dissuaded some people from taking up care they need. Many older people have tightly balanced budgets, and these contributions can require them to sacrifice other expenditure, like food, social outings, home repairs or energy bills.

For example, Aboriginal organisations report that the majority of the people accessing their services are living on low-incomes, as are their families. They often use aged pension income to support families, including children and grandchildren. One organisation warned Aboriginal Elders will refuse service rather than sacrifice the support they provide to grandchildren.

Contributions can also discourage people from moving from the CHSP to a home care package. As well as preventing people receiving the level of care they need, this distorts our understanding of the full demand for different levels of care.

VCOSS members reported that they exercise significant flexibility in determining when to require contributions. Maintaining this flexibility is important. VCOSS does not support introduction of a mandatory fee framework across the integrated care program. If such a framework is to be developed, it would need to include:

- A clear financial hardship process. Applications to waive fees on the basis of hardship are currently complex and time consuming.
- Discretion around waiving fees if not doing so will pose an unreasonable barrier to vulnerable older people accessing services.

# Broader Reform

## Funding for independent advocacy

### Recommendations

- Provide funding for individual advocacy and services to help people navigate the system.

Independent advocacy for older people can help people access and navigate the system, identify their goals and make choices about their care. It can also help people request a review or make a complaint if their needs have not been met, or their rights infringed. Advocacy is likely to be particularly important for people without family or carer support.

VCOSS also supports the call, highlighted in the discussion paper, for 'system navigators' to walk alongside consumers to support formulation of goals and identify appropriate providers and 'system wranglers' to work across services and systems to promote coordinated care for people with complex needs. These roles are likely to be particularly helpful for people who are vulnerable, experience multiple disadvantages, and who are less comfortable with engaging over the phone or internet.

Advocacy may need to be targeted at high needs groups, including Aboriginal and Torres Strait Islander people, people from CALD backgrounds, LGBTI people and people with mental illness.

## Support for informal carers

### Recommendations

- Identify and assess carers' needs independently and ensure the assessment model allows for referrals to specialist carer support services.

The needs of carers must be recognised in the development of the integrated care at home program. Carers provide invaluable support to older Australians, often at the expense of their own health and wellbeing. To support carers' health and wellbeing, they need access to appropriate levels of carer specific supports and services.

The existing system is not meeting the needs of carers. Many carers are not being included in assessments, and options for referring to carer supports are limited. Carers can only register through MAC if they are over 65 years of age and have their own care and support needs. As a result, the majority of carers are not being assessed as having any needs in their own right, or referred to specialist carer supports.

Carers' needs should be assessed independently of the needs of the person they care for. The integrated assessment model should include options for referring to specialist carer supports, including health care, peer group support, counselling, respite and advocacy.

## Planning for emergencies

### Recommendation:

- Clarify responsibility and processes for emergency planning for vulnerable older people living at home

The 2009 Bushfire Royal Commission found that of the 173 people who died as a result of the fire, 44 per cent were found to be more vulnerable to bushfire because of age, ill health or a combination of both. Following a series of recommendations by the Royal Commission, the Victorian Government developed a *Vulnerable People in Emergencies Policy* designed to improve the safety of vulnerable people in emergencies through supporting:

- emergency planning with and for vulnerable people;
- developing local lists of facilities where vulnerable people may be located; and
- developing local lists of vulnerable people (Vulnerable Persons Registers) who may need consideration (tailored advice of a recommendation to evacuate) in an emergency, and make these lists available to those with responsibility for helping vulnerable residents evacuate.<sup>7</sup>

Agencies funded to provide personal care, support and case management services to people living in the community have a key role in relation to the safety and welfare of clients. This includes home care providers.

All service providers funded by the Victorian Department of Health and Human Services (DHHS), are required to plan for a wide range of emergencies which may impact on their clients.<sup>8</sup>

The *Vulnerable People in Emergencies Policy* states:

*Funded agencies have a responsibility to encourage and, where necessary, support clients (who meet the definition of a vulnerable person) to undertake personal emergency planning.*

*These agencies know, assess and provide assistance and care to vulnerable people through their services and can have an important role in helping support emergency preparation and resilience, including facilitating people to identify and develop their own personal and community support networks.*

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<sup>7</sup> Victorian Department of Health and Human Services, *Vulnerable people in emergencies policy*, May 2015

<sup>8</sup> Victorian Department of Health and Human Services, *Emergency preparedness policy for clients and services*, October 2016

Concerns have been raised by VCOSS members and others about where the responsibility for emergency planning will lie as the responsibility for aged care programs moves to the Commonwealth.

## Addressing the digital divide

VCOSS supports the intention to give additional choice to older people about their care and the providers they prefer. However, while modernising the ICT systems will improve access and usability for some older people, the reality is many will not benefit. The digital divide means access to IT capability and the skills to use it are not evenly spread across the country. Rural and regional Victorians, people with disability or on low incomes are more likely to be “digitally excluded”, including by having limited access to the internet, lower digital literacy and facing cost barriers to technology.<sup>9</sup>

In 2013, the VicHealth Indicators Survey found that 30 per cent of people between the ages of 65 and 74 and 57 per cent of people aged over 75 did not have internet at home.

Similarly, less than half of people earning less than \$39,000 per annum have internet access at home.<sup>10</sup>

The discussion paper provides an example of older people being able to ‘find, compare, book, pay for care and manage their account online.’ This example assumes a level of computer literacy that many disadvantaged older people will simply not have. Funding case management, advocacy and system navigation positions, as described above, is one way to help vulnerable older people with lower levels of digital literacy.

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<sup>9</sup> J Thomas, J Barraket, C Wilson, S Ewing, T MacDonald, J Tucker and E Rennie, *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2017*, RMIT University for Telstra, Melbourne, 2017.

<sup>10</sup> Victorian Health Promotion Foundation, *Technology and older people: finding from the VicHealth Indicators Survey*, October 2013.

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