AGED CARE PROGRAM REDESIGN: SERVICE FOR THE FUTURE

Design Questions

1. What are your views on the principles for a new system, set out on page 4 of this paper?

It is a positive move towards a more flexible and equitable system based on values and philosophy rather than market forces. Whilst three streams have been created according to needs, it is important to follow up on outcomes when services are rendered, which is the flaw in the current system. Feedback needs to be sought from clients to know whether the services are working for them. This is especially relevant for people from diverse backgrounds where communication challenges exist, and for people with complex issues such mental health and decline in cognitive capacity. This system needs to be trialled, monitored, and feedback needs to be sought and incorporated from community members and service providers to continuously improve the system.

2. How could we ensure that any redesign of the aged care system makes it simpler for older people to find and receive the care and supports that they need?
In your response, you may wish to consider the following:
• In what ways could the aged care system be made easier to access and navigate?

Communicating information through media that is relevant to the older generation is essential, media channels such as television, radio, newspapers, public libraries and structured education sessions.

Whilst technology is advancing quickly, we need to maintain appropriate communication channels to ensure people who have not transitioned to these advanced media platforms are not at a disadvantage. Many older people still prefer to have face-face conversations about their health needs. A suggestion will be to have face- face intake interviews and six monthly follow-up reviews.

In addition, seniors, especially those from CALD, Aboriginal or Torres Strait Islander heritage have cultural and language issues. This means face to face interaction with a trained staff member is far more effective and appropriate to their needs than the current system of online and telephone only.

Implementing a model with staff that clients can access, such as the Commonwealth Carelink model of the 2000s, where clients could gain assistance at GP clinics, shopfronts and chemists. This would also benefit clients with hearing issues.

• What information, services or structures are needed to support older people to make informed choices about aged care, and to have appropriate control over the services they receive?

Some ideas include:
- *An initial letter to be sent to all older people explaining the new model.*
- *Communicating changes face-face utilising local agencies, specialised agencies like Multicultural Advisory services, Aboriginal and Torres Strait Islander services, LGBTIQAP+ services, rural and remote services, Dementia Advisory services and Mental health agencies*
- *Consultation with community members about their health needs*

3. *Information, assessment and system navigation.* What is the best model for delivery of the services at the entry point to the aged care system—considering the importance of the first contact that older people have with the system? This includes looking at services provided by phone and website as well as face-to-face services.

In your response, you may wish to consider the following:
• How could face-to-face services most benefit those older people at the entry point to aged care (or when changing programs)? What should those services include? Who should they be directed to? Where should they be located and who should provide them?

Entry point can be the most stressful point in the process as most older people may not understand the system or may not have sufficient information. Face to face services are most beneficial in this initial step. This should include intake and needs assessment. Agencies should be located locally so staff are easily accessible and if people choose to meet them at the office, that should be facilitated. Local service providers should provide the services instead of being outsourced to agencies located nationally.

As it may be other members of the family who initially make the first enquiry, the entry point should also provide information for family members eg. Spouses, adult children, on what they can they expect and how they can support their loved one.

The use of interpreters and cross cultural training for staff is highly recommended.

• What model of system navigation is most appropriate for aged care? How would that model change as older people's care needs increase or if they move into permanent residential aged care?

Clear and consistent information needs to be provided throughout the process of a persons' care. When needs change or become higher, older people should have the information they need to know what their rights and entitlements are. They need to feel empowered enough to inform their current service provider of their changing needs who would then assist in facilitating the transition to receiving a higher level of care package. The transition should be smooth without having to go through confusing paperwork and channels.
Empowerment is gained through clear, consistent communication.

The use of interpreters and cross cultural training for staff is highly recommended.

• How could the role of a system navigator relate to that of a care coordinator or case manager? What are the benefits of these functions being performed by the same person independent of the service provider? Would there *be any drawbacks to that model?*

Utilising fewer people help build relationships and being able to go to the same person ensures continuity. However, there needs to be flexibility to ensure that there is no rigidity and personality clashes by only having one person in the role. Ideally a system navigator and a case manager could work together. Also, there should be less frequent staff changes in order to avoid time spent in handing over or repeating facts of the case.

4. *Entry-level support stream.* People maintain their homes and gardens, do laundry, cook meals, get themselves to appointments and attend social engagements across their whole adult lives—some people may choose to pay others to do these things—but mostly they handle them with little assistance. As people age and need support with everyday living activities, how should Government support people to meet these domestic and social needs? In your response, you may wish to consider the following:

• Should these supports be made available to everyone (or just those that cannot purchase assistance)?

As not everyone will seek assistance, these supports should be a choice made available to everyone. Generally, only those who need assistance will access these services as the majority of older people prefer to be independent. This is also to ensure that people are able to access services at any time when their care needs change.

• What are the most important early supports for people in their homes and communities? What evidence is available on how these supports prevent or delay a move to permanent residential aged

care (or support older people's wellbeing, health and functioning)?

Some essential supports to consider would include:
- *Emotional and Social Support:*
  People who live alone need to be supported by community visitor scheme type programs so they don't become isolated.
  Access to counsellors (also culture specific)
- *Modification and assistive technology for mobility and safety.*
- *Decentralised exercise facilities nearer to older people's home so they don't have to travel far.*
- *Free entry to pools and exercise facilities to facilitate health needs*

• Are there some supports that need increased funding? Are there new or innovative approaches that should be recommended for inclusion in this stream?

- *Residential care facilities should be more flexible*
- *Better access to psychological services at community and at residential care facilities for emotional support*
- *Intergenerational programs such as day care programs and outings*
  https://blogs.griffith.edu.au/business-school-research/department/business-strategy-innovation/2019/05/10/intergenerational-care-successful-trials-deliver-wellbeing-between-the-generations/

• What are the advantages and disadvantages of block funding, providing cash or a 'debit' card with a fixed annual budget to eligible people or a mixed funding model (combining block funding with other approaches)

- *A mixed funding approach will allow for flexibility*
- *Advantages are independence, ability to quickly access necessary services, accountability*
- *Disadvantages could be inability of the client to manage funds (eg dementia) possibility of elder abuse, added level of responsibility and anxiety for client*

5. Investment stream. The benefits from regular and planned respite, reablement and restorative care are well documented, but the services are in short supply. What incentives, including additional funding, could be introduced to encourage providers to offer greater and more flexible options, including major home modifications and assistive technologies, which meet the needs of the older person, carer and caring relationship?

In your response, you may wish to consider the following:

• How could existing restorative and respite care, as well as home modifications and assistive technologies, be reoriented so that they are proactive and preventative?

- *The current assessment process takes too long, leaving clients in circumstances with potential risk*
- *For clients leaving hospital, an ACAT/needs assessment should take place before they are discharged and a home visit to assess modification needs within 7 days of discharge date needs to followed through.*
- *The actual process with ACAT is challenging for most people let alone CALD consumers or someone with Dementia, a simplified process is required.*
- *Encourage and support consumers to show the benefit of early ACAT assessment (instead of placing barriers to when someone should have an assessment)*
- *Provide additional emotional support, particularly to CALD consumers who require the use of interpreters (culturally and linguistic appropriate counsellors).*

- *Ensure follow up with client so they understand necessary modifications and receive funding/access to modifications.*
- *Support early education with regards to home modification (all providers should participate)*

• What are the most important aged care interventions for people experiencing a crisis or sudden change in their circumstances?

- This is highly dependent on the needs of the client – 'crisis' covers many scenarios.
- The most important aspect of intervention is speed and accuracy of assessment of client needs
- The importance of interventions depend on the client needs, but for many, assistance with home maintenance and cleaning, personal care and ensuring their home environment are key
- Physical care needs and psychological care needs may be equally important
- Trained staff to who can act quickly

What evidence is available on how these interventions prevent or delay a move to higher level packaged care or permanent residential aged care (or support older peoples' wellbeing, health and functioning)?

- *Studies have shown older people living independently usually live better and longer*
- *Anecdotal evidence from networks, CALD consumers, Commonwealth Respite and Carelink Centres and Carers Queensland.*

• Are there specific interventions that need increased funding? Are there new or innovative approaches that should be recommended for inclusion in this stream?

- *Ensuring more service providers know about innovations such as https://mips.org.au/ Multicultural Interactive Planning Solutions and are able to help clients plan and assess their own home modification needs as a preventative measure*
- *Add a Mechanism for a consumer's MIPS plan to go straight to assessor / Home Mods Program to ensure the modifications can take place in a timely manner.*

6. Care stream. As people's needs increase and go beyond what can be managed with entry-level support or with their carer, they may need care services— personal care, as well as nursing and allied health. What are the advantages and disadvantages of developing a care stream, independent of setting? In your response, you may wish to consider the following:

• How could existing provision of personal care, as well as nursing and allied health, be reoriented so that they are focused on individual needs, and not on whether the older person is at home or in a residential facility?

- *Assessment of client needs could be routine / more regular*
- *Addition of a simple tool for home care workers or carers to request an assessment if they notice needs may be changing*
- *Staff can identify early if an ACAT assessment is required*
- *Ongoing education including cross cultural training*
- *Including family if and where appropriate to discuss the*

• Is the concept of 'reasonable and necessary' as used in the National Disability Insurance Scheme applicable to the level of support that could be funded under this stream?

- *The same concept could apply, taking into account the complexity of aged care and that clients could have both disability and aged care needs*
- *Opportunity for aged care staff to change their thinking*

• What should be the eligibility or threshold for accessing this stream?

- *It should be automatic for all clients*

• What are the advantages and disadvantages of block funding, providing cash or a 'debit' card with a fixed annual budget to older people or a mixed model (combining block funding with other approaches) for this stream?

- *Advantages are independence, ability to quickly access necessary services, accountability*
- *Disadvantages could be inability of the client to manage funds (eg dementia) possibility of elder abuse, added level of responsibility and anxiety for client*

7. Specialist and in reach services. How could the aged care and health systems work together to deliver care which better meets the complex health needs of older people, including dementia care as well as palliative and end of life care? What are the best models for these forms of care? In your response, you may wish to consider the following:

• What would be required to support in reach of multidisciplinary health teams from the health system in the care of older people with high needs?

- *A universal system which would allow staff to quickly see what the client's needs were and what is already in place for the client*
- *Ability for staff to link consumers to the information and support they need, from accessing services for daily living to end of life*

What other services could be used (24/7 on-call services, embedded escalation to specialists, access to relevant ageing specialists, telehealth or other technological advances)?

• What is needed to ensure greater uptake of in reach health services (such as specialist palliative care) and aged care specific services (such as Severe Behaviour Response Teams and Dementia Behaviour Management Advisory Services)?

- *Better education of community and health care staff about what services are available and how to access them*
- *Better communication between health professionals and care staff*
- *A shared understanding*
- *Greater information and communication to the families explaining the support available, and what support the family can offer*

8. Designing for diversity. Caring for people with diverse needs and in all parts of Australia has to be core business—not an afterthought. How should the design of the future aged care system take into account the needs of diverse groups and in regional and remote locations? In your response, you may wish to consider the following:

• What role can the following interventions play: appropriate pricing to meet the differential costs of service provision where they exist; removing communication and other barriers; enhancing the understanding of the role of intersectionality, culturally safe care and of trauma informed care; flexible service models; and increasing accountability of the system?

- *Pricing of services may be higher in remote locations and this could be offset by appropriate supporting funding to ensure equity*
- *Add education for professionals in intersectionality, diversity and inclusion and cultural awareness as part of their qualifications and training*
- *Support cultural training of staff and raise funding to culturally specific services to ensure culturally safe care*
- *Ensure Cross Cultural Training is mandatory*

• What interventions are required to meet the challenges of ensuring access to aged care in regional and remote areas? Are different funding models required? What role is there for technology in improving access? What other supports or interventions would be useful?

- *Different funding models may be required to ensure people in rural/remote areas are equitably accessing services and not disadvantaged.*
- *A system which allows professionals to access client records to use services more effectively would save time and resources*
- *Supports such as effective information to clients/potential clients eg community radio campaigns, work with Home Nursing, GPs to disseminate information etc would help people to access services.*
- *Increase all areas of professional development training in rural and remote regions*
- *A radio program/podcast designed specifically for care providers would allow information to be provided in an informative, engaging (interview style) way. Historic podcasts/programs can be accessed at any time and these can be played in the work place. Aged care providers, health professionals and staff from all departments could contribute, offering information, case studies and industry updates.*
- *A radio program/podcast designed specifically for consumers (including CALD) would allow information to be provided in an informative, engaging (interview style) way. Historic podcasts/programs can be accessed at any time. Health professionals, government departments, aged care service providers and others could all contribute to ensure relevant and up to date information is being offered. This could potentially be offered in multiple languages.*