



Department of Social Services
Review of Commonwealth
Aged Care Advocacy Services

Options Paper

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List of abbreviations

Abbreviation	Definition
AHA	Australian Healthcare Associates
CDC	Consumer-Directed Care
CHSP	Commonwealth Home Support Programme
DSS	Department of Social Services
HACC	Home and Community Care
HCP	Home Care Package
NACAP	National Aged Care Advocacy Programme
NDAP	National Disability Advocacy Program

1. Introduction

1.1 Introduction

Australian Healthcare Associates (AHA) were engaged in February 2015 by the Department of Social Services (DSS) to undertake a review of Commonwealth Aged Care Advocacy Services (the review).

The aim of the Review is to inform the future service delivery model for an end-to-end individual advocacy programme that can best support consumers to:

- Effectively interact with the aged care system
- Better transition between service types
- Be empowered to apply informed decision making and actively exercise choice.

This options paper has been developed as part of the Review process.

It should be noted that, for the purpose of the review the term 'end-to-end' has been adopted to demonstrate that the future aged care advocacy programme will be accessible to consumers across the spectrum of Commonwealth aged care services.

1.1.1 Current Commonwealth aged care advocacy

The Australian Government currently funds individual advocacy services for aged care consumers through :

- the National Aged Care Advocacy Programme (NACAP)
- the Commonwealth Home Support Programme (CHSP).

NACAP services are provided by a single independent organisation in each state/territory (with the exception of the Northern Territory, where there are two NACAP providers).

It should be noted that from 1 July 2015, the Commonwealth Home and Community Care (HACC) Programme transitioned to the CHSP.

While the two programmes operate separately, the core focus of providing individual advocacy support is consistent across both programmes, however to a certain extent, the delivery varies across programmes and jurisdictions. The implementation of a single end to end programme will enhance consistency and define advocacy service delivery across the aged care spectrum.

1.2 Purpose

This options paper has been developed to explore and seek stakeholder feedback on a range of service delivery options for a nationally consistent, end-to-end aged care advocacy service focused on individual support. It is being circulated to all informants who participated in the initial round of consultations and provides an opportunity for further input to the review process.

1. Introduction

Please note that the scope of this review is focussed on existing aged care advocacy services and models of advocacy that focus on individual support. While this paper considers other types of advocacy for the purpose of defining individual advocacy in the aged care setting, it should be noted that systemic advocacy is out of scope for a future aged care advocacy programme.

1.3 Have your say

Discussion questions are listed at the end of each section of the options paper. Please respond to these questions using the feedback form that accompanies this paper. Note that not all questions may be relevant to all stakeholders.

Please email your responses to advocacy@ahaconsulting.com.au

The closing date for submissions is **4 September 2015**

If you have any questions about the options paper or the feedback process, please contact:

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2. Future options

2.1 Definitions of advocacy

The following definitions are proposed to guide the delivery of a nationally consistent end-to-end aged care advocacy service that is focussed on individual support:

Advocacy is the process of supporting an individual so that their voice is heard.¹

Aged care advocacy services can be defined as independent and confidential services delivered for the benefit of people receiving Commonwealth subsidised aged care services to support them to understand and uphold their rights and participate in decisions affecting their care.

Individual aged care advocacy supports consumers or potential consumers of aged care services (and their relatives and carers) receiving Commonwealth subsidised aged care services by:

- Supporting consumers to speak out on their own behalf (self-advocacy)
- Speaking for the consumer to aged care service providers and other agencies
- Referring the consumer to other agencies where needed.

Individual advocacy is generally provided as one-to-one, short-term support to address a specific issue(s) identified by a consumer and/or their carer.

Systemic advocacy focuses on influencing and changing systems – including government laws and policies, departmental procedures, community and other service practices – which may be adversely affecting people and their families.²

Note: Although systemic advocacy is not the subject of this review, there is a strong view among stakeholders interviewed and in the literature; (see for example Pearson and Hill³) that a mechanism through which individual issues can be fed into the systems/policy level is an essential component of a well-functioning individual advocacy system.

Discussion question:

2.1.1 Do these definitions accurately describe advocacy in the context of a national end-to-end aged care advocacy service focussed on individual and independent support?

¹ QADA, What is Advocacy? < <http://www.qada.org.au/about-qada/what-advocacy> > Viewed 27 May 2015

² Adapted from Tasmanian Government Department of Health and Human Services 2007, *The Role of Advocacy Services in the Tasmanian Disability Sector: An Information Booklet*, 9780980518894, Tasmanian Government - Department of Health & Human Services, Hobart, < <https://books.google.com.au/books?id=mtXOoAEACAAJ> >.

³ Pearson, J & Hill, S 2009, *Research of the Models of Advocacy Funded under the National Disability Advocacy Program*, Jenny Pearson & Associates Pty Ltd for the Department of Families, Housing, Community Services and Indigenous Affairs.

2. Future options

2.2 Development of a national framework

The development of a national service delivery framework has been identified as a potential option for guiding a nationally consistent approach to delivering aged care advocacy. The framework would potentially include:

- Agreed definitions for advocacy
- The guiding principles for the provision of advocacy
- The objectives and aims of the programme
- Clear expectations for service and client outcomes (Standards and/or practice implications)
- Quality assurance and reporting requirements for service providers
- Mechanisms for sharing information, training and resources between services
- Formalised networks with relevant areas of DSS and the Aged Care Complaints Scheme.

Discussion questions:

- 2.2.1 Would you agree that a National Framework would effectively support the delivery of an end-to-end aged care advocacy programme?
- 2.2.2 What other considerations should be given to developing a framework?

2.3 Service delivery principles and priorities for an end-to-end aged care advocacy service model

Key principles and priorities consistently identified by stakeholders as supporting the delivery of high quality and effective aged care advocacy services include:

- Advocacy services are independent of service delivery and free of any perceived conflict of interest
- Advocacy services ensure consumers are placed at the centre of process
- Advocacy services aim to ensure that the rights of consumers in receiving consumer directed care (CDC) services are supported, and that consumers can be empowered to exercise informed choice and self-advocate. This is particularly important for consumers who are experiencing cognitive decline
- Advocacy services focus on ensuring access to services for people with diverse needs groups and those who may face barriers to accessing services (i.e. 'go to where they go; don't expect them to come to you')
- Advocacy services embed a strong emphasis on proactive/preventative advocacy support by strengthening and building the capacity of consumers as well as educating and building the capacity of services providers to uphold the rights of consumers
- Advocacy services use proven and tested practices and are delivered to a high standard by a competent and skilled workforce
- Advocacy services contribute to other quality assurance mechanisms within the aged care system through analysis of the systemic trends which emerge through individual advocacy work

2. Future options

- Advocacy services have strong governance and management systems which ensure services are organised for safety, effectiveness and efficiency
- Advocacy services maintain constructive positive relationships with key stakeholders which, while recognising the independence of the programme, allows for collaborative approaches to improving quality of life and quality of care for aged care recipients.

Discussion questions:

- 2.3.1 Do these principles represent good practice for the programme?
- 2.3.2 Are there other principles or key priorities that are critical to the success of an end-to-end aged care advocacy service delivery model?

2.4 Objectives and service scope

The following objectives are identified as framing the core elements of an effective aged care advocacy programme:

1. Assist people receiving all Commonwealth aged care services or their representatives to resolve problems or complaints in relation to aged care services, through the provision of individual advocacy
2. Support people receiving aged care services to be involved in decisions that affect their life, and empowering them to exercise their rights and increased choice
3. Provide people receiving aged care services with information and advice about their rights and responsibilities
4. Promote the rights of people receiving aged care services to aged care providers
5. Support consumers to address issues that impact their ability to live in their own homes, with the aim of preventing premature admission to aged care facilities. Consumers who are experiencing cognitive decline receive particular focus, so that they are provided the care they want/need to support their ability to remain at home, if they wish to do so.
6. Promote and support consumers to achieve their restorative wellness and reablement goals
7. Proactively assist consumers as they move through the aged care system to make decisions about how, where and from whom they receive care, and to understand the financial implications of these options
8. Be accessible to all consumers of Commonwealth funded aged care services and their representatives
9. Ensure open and constructive communication, consultation and feedback mechanisms and clear points of contact.

Discussion questions:

- 2.4.1 Are these objectives appropriate for an end-to-end aged care advocacy model?
- 2.4.2 Are there other objectives that should be included?

2. Future options

2.5 Outcomes sought

Stakeholders have proposed that an aged care advocacy system should achieve the following outcomes:

- The rights of all aged care consumers are prioritised and upheld
- Consumers have their aged care needs met and satisfied with the advocacy services received
- Consumers are empowered to participate in decisions about their care, exercise choice and are supported in reaching their wellbeing and reablement goals
- Service providers understand their obligations and responsibilities, as well as the rights of consumers, in relation to aged care service provision
- Quality of aged care service provision is enhanced.

Discussion questions:

- 2.5.1 Are there other outcomes that an end-to-end aged care advocacy service should aim to achieve?
- 2.5.2 Can these outcomes be effectively measured?

2.6 Eligible client populations

It is proposed that eligibility for a future end-to-end aged care advocacy service include all consumers (as well as their representatives) of Commonwealth funded aged care services, as well as people who are seeking to receive aged care services but are yet to enter the system.

Discussion question:

- 2.6.1 Are there any anticipated problems with how eligibility is defined above?

2. Future options

2.7 Service structure

Number of funded organisations and geographical spread

The following options are proposed in order to further explore stakeholder views on how a future aged care advocacy programme could be structured – noting that there are inherent trade-offs and benefits for each option in relation to efficiency, national consistency, access and flexibility to respond to local needs.

- Option 1:** Establish a single, national, centralised aged care advocacy service with jurisdiction-based offices. This could potentially drive greater efficiency and consistency but could compromise the ability to develop flexible approaches tailored to local need.
- Option 2:** Retain the existing structure of nine separate jurisdiction-based organisations, and additional independent providers organised around special needs groups or specialist intervention.
- Option 3:** Expand the number of advocacy service providers by funding smaller, regionally-based providers (similar to the model used in the National Disability Advocacy Program (NDAP)). Population figures and remoteness variables would be considered in determining the number of providers. Such an approach may enable delivery of more localised services (and possibly better coverage of rural/remote areas), but with potential loss of national programme consistency, and possibly at higher cost. Stakeholders also indicated that quality assurance, reporting and administrative processes may carry a higher relative burden for smaller providers with fewer staff.

Discussion questions:

- 2.7.1 Bearing in mind the trade-offs and benefits of each option in relation to efficiency, national consistency, access and flexibility to respond to local needs, which option is preferred or seen as achieving the most robust model?
- 2.7.2 In the preferred option, how can the trade-offs be minimised?
- 2.7.3 Are there other options to consider?

2.8 Funding considerations

Consistent with the definitions provided in Section 2.1, it is suggested that funding for aged care advocacy should be reserved for those services providing individual, independent advocacy.

The funding model for the advocacy programme should be explicit, and account for the costs associated with delivering advocacy services to rural/remote consumers and people from other special needs groups.

Discussion question:

- 2.8.1 What factors should be considered in developing a funding model for the advocacy programme?

2. Future options

Ensuring access and appropriateness for people from special needs groups

Ideas to ensure appropriate and accessible services to people from special needs groups are listed below.

These ideas are complementary rather than mutually exclusive, and services would ideally include most or all as part of advocacy service provision:

- Providing mandatory training for advocates on issues relating to special needs groups
- Including advocates with expertise in or affiliations with special needs groups on staff
- Delivering specific models of advocacy support to people from special needs groups (e.g. the Supported Decision Making model for people with dementia piloted by Advocacy Tasmania)
- Ensuring that advocacy service providers have ready access to interpreters (including funding/access to government-funded interpreter scheme)
- Supporting mechanisms for ‘warm referral’/‘supported referral’ of special needs consumers to advocacy services, including:
 - Special needs groups speaking to the advocacy service on the consumer’s behalf and providing preliminary information (with the consumer’s consent)
 - Special needs groups following up with the consumer to ensure satisfactory outcomes have been achieved
- Warm referral is acknowledged as essential to enabling consumers who are reluctant to engaging with services to do so
- Targeting efforts to engage face-to-face with people from special needs groups, either via peak bodies or at community events
- Formalising brokerage arrangements to facilitate referral of people from special needs groups who require independent advocacy:
 - By advocacy services to specialist organisations (e.g. referral of clients with dementia to Alzheimers Australia)
 - To advocacy services for independent advocacy (e.g. the model used by Partners 4 Health (Qld) through which CHSP clients received advocacy brokered through a specialised advocacy services)

Discussion questions:

- 2.8.2 Are there other options to facilitate more effective access by special needs groups that should be considered?
- 2.8.3 Within special needs groups there are people who are more vulnerable than others. It could be argued that the particularly vulnerable are less likely to seek assistance and more likely to require it. What additional strategies could be put in place to identify those who are truly vulnerable?

2. Future options

2.9 Interface with other services

In order to deliver quality, consumer-focussed advocacy services, advocacy providers reported the importance of developing and maintaining a range of stakeholder relationships, through formal or informal arrangements. These include but are not limited to:

- Aged care service providers
- Peak bodies representing aged care consumers and the interests of special needs groups
- The Aged Care Complaints Scheme*
- Regional Assessment Services and My Aged Care
- Relevant DSS branches
- Specialist service providers in a range of other areas including those relating to housing, healthcare, legal services and financial services.

** From 1 January 2016, responsibility for the Aged Care Complaints Scheme will transfer to the Aged Care Commissioner. This transfer is increasing the independence of the aged care complaints handling mechanism and build sector confidence in the complaints process.*

Interface with Disability Advocacy Services

The shared consumer rights-based ethos of both the NDAP and aged care advocacy programmes is acknowledged. Additionally it is noted that the aged care sector is building on the learnings of the disability sector in relation to consumer choice and empowerment. This review is seeking to further explore the extent to which the strengths of the NDAP could be applied to aged care advocacy, and vice versa.

Discussion questions:

- 2.9.1 Are there any strengths of the NDAP that could be considered in a future aged care advocacy model or conversely from aged care advocacy with the NDAP?
- 2.9.2 Are there synergies and improved interactions between the existing programmes that should be considered?

2.10 Summary and next steps

This options paper has considered a range of stakeholder priorities for a nationally consistent end-to-end aged care advocacy model. It has presented a range of options for consideration in the development of a future model, and seeks stakeholder views on these options. It is important to note that many components of such a model already exist, and that the achievements of the existing advocacy service providers over the past 25 years are recognised.

Stakeholder responses to this options paper will be analysed and incorporated into a final report to be provided to DSS.

AHA thanks all stakeholders for their contribution to this review.