

## Review of Commonwealth Aged Care Advocacy Services

# Options Paper Feedback Form

## 1 Introduction

The 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 focussed 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.

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 the options 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.

## Have your say

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

Please email your responses to [advocacy@ahaconsulting.com.au](mailto: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 **Jill Waddell** or **Tracey Higlett** at Australian Healthcare Associates:

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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.

## 2 Future Options

### 2.1 Definitions of advocacy

**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?

Advocates in carrying out their roles of advocacy, identify problems and see the failures in care and services. These outcomes and findings are a basis for system advocacy and should not be artificially separated. For example, by working closely together, the roles of advocacy, complaints handling, oversight, data collection and advising, can all feed off each other and form an accurate assessment of the services being provided. System advocacy follows.

Integration of all oversight and support activities would empower individual advocacy, create a strong basis for system advocacy and inform regulation. It empowers consumers and by acting with them has the potential to create an effective customer and so counter the risk of market failure - a growing problem in all markets where customers are vulnerable or powerless. A definition of advocacy should refer to its relationship with other oversight processes and its greater role in the community.

The fragmentation of services protecting the vulnerable in our community limits the efficacy of individual advocacy. These services should be supporting each other at the coalface in each community.

### 2.2 Development of a national framework

**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?

2.2.1 Communities and services differ widely in their attitudes and in the sort of advocacy they might require. Local communities are more effective in developing and managing advocacy services. A National framework would be counterproductive if it sought to enforce conformity. A national entity on which local advocacy groups were represented that offered advice and supported local advocacy would be useful.

2.2.2 ACC would support an integrated service, but the integration and cooperation should occur in the community with national and state groups supporting the face-to-face activities in the local community. 21st century thinking sees a bottom-up community operated representational structure rather than a top-down bureaucratised one as the most effective for community services.

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

### 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?

It is not clear to us what an end-to-end model is. Aged care is a diverse activity carried out in diverse communities by diverse people. Too much central structure and organisation inhibits local community empowerment, local engagement and innovative solutions. Government and central advocacy groups would be most effective as mentors supporting and advising local services as they respond to local needs and develop management systems that meet their objectives.

**Power imbalance:** A close relationship between individuals and powerful credible organisations usually leads to the individual adopting the thinking, cultural attitudes and logic of the organisation. Too close a relationship with providers can seriously erode the capacity to criticise and advocate. It has created serious issues in oversight bodies globally, particularly those run by governments and/or politicians that have a close relationship with providers. Our assessment that this was happening in the complaints system was confirmed by the 2009 *Walton Aged Care Complaints Scheme Review*. Accreditation bodies face a similar problem because of their close relationship with the industry. This was mentioned in their submission to the Productivity Commission.

The range of providers entering the CDC marketplace extends from community focused not-for-profit to large multinational corporations with a very strong focus on profitability. Some of the views of these new impressive sounding providers will be markedly different to those of the community. Typically they ridicule their critics and it is difficult to maintain alternative arguments.

**Funding:** Funding, whether from governments or from businesses, can be a strong impediment to advocacy when this challenges government policy or impacts on the interests of the business. Nationally and internationally, funded organisations have often remained silent when issues involving government or providers need attention. The business of both individual and systemic advocacy has been left to less powerful and impoverished non-funded or donations funded organisations.

**Proposal:** ACC believes that advocacy would be best organised by structuring it within empowered community organisations that are examining and supporting all aspects of care. They are less constrained by the source of funding or the views of providers. This will give them the support that they need in order to advocate effectively. Good but constructive relationships are built from a position of strength - being able to insist that community values drive services and not personal financial or other priorities.

## 2.4 Objectives and Service Scope

**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?

Objectives have to be matched against the resources and capacity. These services might be more effective if they were to harness and capitalise on the resources and volunteers in local communities. A local community organisation managing all aspects of aged care on the community's behalf would be an ideal structure through which advocacy services could operate effectively.

## 2.5 Outcomes sought

**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?

The outcomes listed seem to be appropriate. Currently, there is no data that can effectively assess the performance of any part of the aged care system. One of the prime functions of any review or restructuring of aged care should be the on-going, regular and independent on-site collection of the sort of data on which aged care assessments and policies can be based. Advocates, if they worked closely with a community oversight body, would be contributing valuable information to the database.

We believe that the aged care processes protecting and supporting consumers should be restructured as local community organisations that would also be responsible for monitoring standards of care and the collection of data. All oversight processes would contribute to and be informed by this data. For consumers and advocates, the information would be local, which is what they would need and not national and company supplied as happens now.

## 2.6 Eligible client populations

**Discussion question:**

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

The state advocacy groups support advocacy across multiple sectors so providing integration within advocacy. Integration with other oversight and data gathering services seems to be poor.

Disability services and services to other marginalised groups might also be better served by being organised in the way we have proposed in aged care. Integration and cooperation between these services at a community level would be highly desirable.

We feel that this integration is not something that should be structured centrally, but should grow from within the community. State advocacy services would support and oversee the

services provided through the community organisations. Eligible people would be less likely to fall through the cracks.

## 2.7 Service structure

**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?

**Option 1:** is out of step with a growing body of thought.

**Option 3:** is most in keeping with up to date ideas and with ACC's views. We believe that the management of all aged care services for the community would be best done through a local community controlled organisation supported by government agencies and mentors.

Costs can be minimised and all of the aged care needs of local communities can be met by creating integrated and co-operating local organisations. Other sectors including disability services would benefit from a similar structural readjustment. Integration and the sharing of expertise would have benefits.

## 2.8 Funding considerations

**Discussion question:**

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

Funds can gradually be diverted from current centralised delivery services. The costs of this will reduce as community organisations cooperate and form their own central coordinating body, which can take over some of this. Government will always remain a partner in and a joint customer of the services provided to the community by commercial operators. This proposed community restructuring is consistent with government policy for small government and for community partnerships.

## Ensuring access and appropriateness for people from special needs groups

### 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?

Local community organisations organising and overseeing all age related activities in the community will be well placed to identify people and groups like this and ensure that they do not fall through the cracks. They would be in a position to advocate on their behalf and divert funding to assist them.

## 2.9 Interface with other services

### Discussion questions:

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

These would emerge if there were on the ground local cooperating activities in local communities. Research has shown that well structured local communities can and will innovate and cooperate. Other local communities will take up successful activities. Central structures and government should assist, facilitate and support.

A system of shared values and a less conflicted culture than exists at present will have to develop over time. An empowered community working with providers would be well placed to address the cultural divide that afflicts the sector. Policy should grow and be built on what communities need and want. The lessons of the 20th century must be learnt and the mistakes not repeated. There is not much evidence of this happening in aged care. As a community we must move on.