



care DIGNITY
respect
change HOPE

**Submission to a new
program for In-Home
Aged Care Discussion
Paper**

November 2022

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About Anglicare Australia

Anglicare Australia is a network of independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas. With a combined income of over \$1.94 billion, a workforce of over 11,000 staff and 6,000 volunteers, the Network delivers more than 50 service areas in the Australian community. Our services are delivered to over 474,00 people and reach close to 1.37 million Australians in total. In all, Anglicare services reach over 1 in every 19 Australians.

As part of its mission the Anglicare Australia Network partners with people, families and communities to provide services and advocacy and build resilience, inclusion and justice. Our first strategic goal charges us with reaching this by influencing social and economic policy across Australia with a strong prophetic voice; informed by research and the practical experience of the Network

Contact

Kasy Chambers
Executive Director

Anglicare Australia
PO Box 4093
Ainslie ACT 2602
T: 02 6230 1775
anglicare@anglicare.asn.au

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Introduction

Anglicare Australia welcomes the opportunity to provide a submission on the discussion paper to create a new program for in-home care. Our members assist older people across Australia through community-based and residential aged care services. Together, they support more than 68,000 older Australians in every state and territory. Our providers vary significantly in size, from the very large to the very small. Several Anglicare Australia Network members are specialist providers for people who were homeless or at risk of homelessness before they entered care.

Anglicare Australia believes that everybody has the right to dignity and quality of life as they age. That means committing to a continuum of care, where everybody can get the support they need in a way that suits them. It also means supporting people to age in place. Recent research from Anglicare Australia has found that 87 percent of older people wanted to stay at home as long as they can.¹

Unfortunately, Australia's systems are struggling to deliver that care. Care is rationed, forcing people to wait too long. The funding model is not meeting the real costs of providing care, so aged care services, including those in the Anglicare Australia Network are having to make impossible choices about cutting services and rationing care.

Anglicare Australia supports a person-centred aged care system, that enables older people to remain in their own homes and communities, living as independently as possible for as long as they want to. We endorse the principles in the joint paper from the National Aged Care Alliance, including that the home care program is:

- responsive to the needs of the people it serves,
- achieves quality outcomes,
- is sustainable for service delivery organisations,
- has a qualified, skilled, and supported workforce and
- has appropriate stewardship arrangements at both local and national levels to deal with service delivery gaps and constraints.

Anglicare Australia's submission makes recommendations to put people at the centre of care, support the choices and preferences of older Australians, and ensure that funding reflects the real costs of care.

Rethinking self-management

Anglicare Australia strongly supports the design and implementation of a person-centred approach to aged care. The purpose of a person-centred approach is to enable a person to achieve their life goals. Exercising autonomy over what, how, why, and by whom support is delivered is important to full participation in community life, and realisation of a person's human rights. Person-centred approaches involve more than exercising marketplace choice. Person-centred approaches contextualise those choices in what is meaningful to the person. Exercising autonomy is central to realising those meaningful objectives.

For some older people, consumer directed care, and in particular self-management, will be one way to exercise autonomy and pursue their goals. Self-management can also maximise funding for services and activities, by requiring less case management assistance.

Anglicare Australia supports older people's right to self-manage their care if they choose to do so. We also support self-management as part of a spectrum of informed decision-making, where people without capacity or interest in self-managing still have a level of autonomy, control and choice appropriate to their circumstances and wishes. However, self-management will not be the right option for every older person, nor will it be every person's preference or objective in seeking care. Autonomy will not always manifest as self-management. In some cases, it will be supported decision-making. In other cases, a person may require a large amount of support to manage their package, but still have exercised a great deal of autonomy and choice.

One Anglicare Australia Member noted that only about 15 percent of clients with home care packages currently self-manage. This percentage is likely to decrease when the Commonwealth Home Support Programme (CHSP) is combined into a single home care program. It is also lower among some client cohorts, including those some Anglicare Australia Network members work with. For example, self-management may not be the choice of some people living on low-incomes, or with complex health and social needs. Some people will lack the literacy, numeracy or cognitive capability to take control of their package, or may be confused by the complexities of the system meaning they do not maximise the benefits of their package. Others may struggle to manage their own budget, especially through technology platforms they are unfamiliar with. Some older people do not have the family and informal carer supports that can make self-management easier.

There is a concern among Anglicare Australia Network members that by encouraging as many people as possible to self-manage, the system may fail to support those older people who are unable to or don't wish to self-manage their care. Promotion of self-management to people for whom it is not the best option may mean providers have to step in to assist people to manage their care, without funding for care management, disadvantaging both providers and older people.

Recommendation

Anglicare Australia recommends the development of a person-centred system that includes self-management as an option on the spectrum of choice and autonomous decision-making. The Government should ensure people who do not want to, or are unable to self-manage are not disadvantaged.

Protections and risk in self-management

Clear expectations and frameworks around responsibilities for self-management are required. We support upskilling the aged care sector in self-management processes, with guidelines, resource materials, training and capacity building funding. But this should extend beyond self-management to supported decision-making.

Care partnerships should also be available for those who want and need their services. This could span the spectrum of overseeing fully self-managed care with limited contact, through to active engagement in managing care. It could also vary over time, in response to the changing needs of the older people. Every person will need an allocation of care partnership support and funding as part of their support plan, regardless of if they are self-managing or not.

It is also unclear what governance framework will be in place for those who self-manage. Under current self-management models, online platforms can support older people to liaise directly with prospective staff to deliver care. The provider is often only engaged to process the payments for services, and has no oversight or assurances around the quality of care. This can create risk for both the provider and the older person. It also creates a two-tiered system of quality and accountability.

Further discussion is needed, and clear guidance provided about the regulatory responsibility of providers and care partners for older people who do choose to self-manage, and the risk and liabilities conferred on the older people as a result of self-managing.

Recommendation

Anglicare Australia recommends:

- Providing care management and care partnership to everyone in in-home care.
- Clarifying regulatory responsibility for providers, care partners and older people who self-manage.

Managing services across multiple providers

Many older Australians prefer to have one service provider manage their full suite of care. Yet a person-centred approach allows people to choose different providers for different service types, and exercise autonomy around who delivers what for them. Older Australians should have the option to choose multiple providers to deliver their identified and assessed services, if that is their preference. The discussion paper fails to make clear how this will happen in practice. Additional clarification is needed around the arrangements where there are multiple providers delivering care.

It is unclear who will be responsible for oversight and quality of service delivery, and who will bear the risk and responsibility when there is a problem, or when services are cancelled. While care partners will likely have a role in budget management, coordination, planning, and addressing safety, realistically it may be difficult for them to be accountable for outcomes and communication across different providers. An IT roadmap will need to be developed in consultation with aged care services, to improve the sharing of information between organisations and individuals.

Recommendation

Anglicare Australia recommends:

- Clarifying arrangements for when an older people choose multiple service providers, including who is responsible for oversight and quality of service delivery.
- Developing an IT plan to support information sharing and coordination.

The role of care partners

The discussion paper asks where care partners should sit, noting they could be independent of providers, or an extension of a provider's direct service provision. While there are benefits to independent care partners, it is likely this will result in some unavoidable duplication of roles with the service provider, who will also be engaging in coordination, planning, safeguarding and risk assessment. Addressing this additional layer of complexity will require very clear delineation of roles and responsibilities of care partners and providers. Clear guidance on duties and risk around the role of care partners must be provided by the government and regulator. Clinical monitoring and oversight of care partners must also be built into the model and funding.

Placing the care partner with the provider selected by the older person may be problematic if the client chooses a provider without the capacity or capability to take on the role. Placing the care partner with the provider of the greatest volume of services or the highest risk services, is one option to address this.

Recommendation

Anglicare Australia recommends providing clear guidance on roles and responsibilities of care partners and providers, to avoid duplication, unnecessary complexity and gaps.

Funding for in-home care

The objectives of this reform include that services represent value for money, expenditure be predictable and sustainable, and the funding arrangements ensure that older Australians receive services that are safe and high quality. The only way to meet these objectives is to ensure the funding model covers the full and true cost of delivering care to older people, allows for the recruitment, training and retention of skilled and valued workers, and that it is sustainable for service delivery organisations.

We welcome the role of the Independent Health and Aged Care Pricing Authority in monitoring and setting prices for service types. In our submission to the Aged Care Pricing Framework, we called for a model that is directly informed by the actual, true and dynamic costs of delivering care. That care needs to be understood as more than clinical care, but including holistic, person-centred care, that enables a person to live a fulfilling and meaningful life.

Recommendation

Anglicare Australia recommends developing a pricing framework that recognises the true costs of delivering care, supports a skilled and high-quality workforce, and is responsive to changing costs.

Addressing market failure

Anglicare Australia supports the discussion paper's statement that some providers in "thin markets" or where there is no genuine market, will require supplementary grant funding, in addition to loadings. The discussion paper focuses on rural and remote areas, First Nations and culturally diverse communities. This targeted funding is also needed to improve service access and availability to people experiencing homelessness, people with complex histories of mental illness and drug and alcohol use and LGBTIQ+ people.

We support the calls by the Support at Home Allianceⁱⁱ to consider a model based on the AN-ACC residential care model, that includes variable components that consider a person's complexity and level of need. Alternatively, dedicated block funding must be made available. For example, several Anglicare Australia Network specialise in working with people who are homeless or at risk of homelessness, many of whom have complex health and wellbeing needs, including hoarding behaviours. An activity-based funding model may not be adequate, when the target group is small in a particular area, and their needs complex. People can require a different mix of care types to that envisaged under the pricing model, or longer time spent managing and coordinating other types of social care. Existing programs that support this group of people, including the Assistance with Care and Housing program of the CHSP are being rolled into the broader Care Finder program, and their dedicated funding, staff and expertise lost.

Recommendation

Anglicare Australia recommends extending supplementary funding to support access and availability for people at risk of or experiencing homelessness, mental illness and drug and alcohol use, LGBTIQ+ and people with complex behaviours.

Rural and remote services

More consideration is needed on how rural and remoteness is determined. For some isolated Australian towns, far from major cities, the Modified Monash Model (MMM) methodology is failing. For example, Kalgoorlie in WA is classified as MMM3, which means they are treated similarly to major metropolitan centres like Perth and Melbourne. However, the costs of wages, labour, good and services are significantly higher.

The National Disability Insurance Agency (NDIA) has already identified and addressed this issue by modifying the MMM classification of some locations. Where a location is surrounded by Remote or Very Remote areas then the NDIA classifies that enclave as a Remote area for planning and pricing purposes. The effect of the NDIA's Isolated Towns Modification is that Kalgoorlie and other towns in similar circumstances have an adjusted National Disability Insurance Scheme MMM rating of MMM6 as opposed to MMM3.

Recommendation

Anglicare Australia recommends modifying the MMM classification of isolated towns, for planning and pricing purposes.

Client contributions

Anglicare Australia understands the principles that people who can afford to, should be required to contribute to their care. However, there are practical challenges to this. Many Anglicare Australia Network members work with low-income and vulnerable older people. They are unlikely to be in a position to make financial contributions for their care. There is a risk that providers will cherry pick clients who are able to make financial contributions, so they are not disadvantaged in the market. Providers should not be disadvantaged or experience disincentives for supporting those with more complex needs or who are unable to contribute financially.

The responsibility for collecting and pursuing unpaid client contributions should also be on the Government. When the Income Tested Fee was introduced, some providers found themselves having to pursue clients for unpaid fees, and make choices about withdrawing vital supports due to unpaid bills. This places an unreasonable burden on for-purpose and mission-based non-profit services, and can also damage the relationship between older people and their care givers. Providers also bore the risk of writing off debts, impacting their financial sustainability. Government has additional levers to address unpaid funds, including through the taxation and pension systems.

Recommendation

Anglicare Australia recommends:

- Ensuring there are no system disincentives or disadvantages to supporting low-income older people.
- Placing responsibility for collecting and pursuing unpaid client contributions with Government.

Planning for transition

We appreciate the Government's response to sector feedback that more time and consultation is needed, and the decision to delay the implementation of the new Support at Home program to July 2024. The additional time should be used for deeper engagement with the aged care sector, including providers and clients, and for a planned and phased transition.

Communication about changes must precede their implementation by at least three months, and preferably more, to avoid confusion and allow for workforce training, transfer of IT systems and platforms, and conversation with clients.

We note in particular, the need for more work around how the new model will be aligned to the Aged Care Quality Standards, and be made operable in home care.

Recommendation

Anglicare Australia recommends the Government provide for a planned and phased transition, with communication about all changes preceding their implementation by at least three months

Conclusion

Anglicare Australia welcomes this discussion paper, which we hope helps to build a system that supports older Australians to age in place and receive the care they need. We also support moving towards a more person-centred aged care system, that enables older people to remain in their own homes and communities, living as independently as possible for as long as they want to.

Our submission recommends the development of a person-centred system which does not disadvantage those who are unable to self-manage; provides care management and care partnerships; manages care from multiple providers; and offers clear guidance on roles and responsibilities of care partners and providers. Anglicare Australia also calls for funding models to reflect the true costs of providing care, including supporting people in vulnerable situations and those living in remote areas.

We thank the Government for the opportunity to provide further input on the design of the New Program for In-Home Aged Care and the discussion paper, and look forward to continuing the conversation.

ⁱ Anglicare Australia (2022) [Ageing in Place: Home and Housing for Australia's Older Renters](#)

ⁱⁱ Support at Home Alliance (2021) [Seamless Aged Care : How to set up 'Support at Home' right the first time](#)