national
AGED CARE alliance

JULY 2017

NATIONAL AGED CARE ALLIANCE

DISCUSSION PAPER

Integrated Consumer Supports

About the National Aged Care Alliance

The National Aged Care Alliance (the Alliance) comprises 48 peak body organisations representing consumers and their families, informal carers, special needs groups, nursing, allied health and personal carers involved in the aged care sector, and private and not-for-profit aged care providers.

As a leading voice for improvements to aged care for the past decade, the Alliance strives to implement its vision for ageing in Australia, that is:

Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them.

national AGED CARE alliance

Contents

Background

Aged care reform

Following sustained representation from the aged care sector, led by consumer advocates and the National Aged Care Alliance, and a Productivity Commission inquiry into aged care that reported in 2011,[1] the Australian Government commenced a 10-year program of reform to the aged care system in 2012. The reforms aim to build a sustainable, consumer-driven and market-based system[2] that responds to demand from a rapidly ageing population for more choice, easier access and better care.

That reform program has been maintained and developed by subsequent governments which have strengthened some reforms and introduced new reform measures that build upon and extend the original 2012 reform program.

Reforms to date include:

- Establishment of the My Aged Care national contact centre and website to improve and standardise information about services and serve as the access point for assessment of need and entitlement to services;
- Rolling up of several basic home support services into the single Commonwealth Home Support Programme (CHSP);
- Establishment of Regional Assessment Services (RAS) to enable a consistent approach to assessment services for people seeking support through the CHSP;
- Increasing the number of Home Care Packages (HCP) and delivery of all packages through Consumer Directed Care (CDC) to provide older people more choice and control over their care and support, including the flexibility to change their provider;
- Removing allocation of HCP places to approved providers and allocating direct to the consumer and introducing a national wait list and HCP assignment process;
- Changing the processes for becoming an approved provider, encouraging more providers into the market;
- Establishment of an independent complaints scheme under the Aged Care Complaints Commissioner; and
- Changes to the funding and regulation of residential aged care to allow market-based accommodation charges for non-Government supported residents, designed to increase choice for consumers and incentives for the market to better meet demand.

Future reforms include:

- Further improvements to My Aged Care processes as identified through the Department of Health's Accelerated Co-design Project and to My Aged Care website functionality and navigability;

1 Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra available at http://www.pc.gov.au/inquiries/completed/aged-care/report
2 Australian Government, Department of Health 2016, Aged Care Sector Committee Aged Care Roadmap available at https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap

- The proposed integration of the Home Care Packages Programme and the Commonwealth Home Support Programme into a single care at home programme from July 2020 (as identified in the 2016-17 Federal Budget) to make the system easier for consumers to navigate and further reduce red tape for providers; and
- Reforms arising from a number of linked review processes, including the legislated review of aged care reforms currently being undertaken and destinations identified in the Aged Care Roadmap.

The Australian Government has also introduced the Integrated Plan for Carer Support Services which will consolidate carer programmes (excluding planned respite) from aged care, disability and mental health and create a specific gateway for carers to access supports. This is intended to streamline pathways to services for carers, particularly those who have multiple caring responsibilities.

Quality of care is to be supported through a single quality framework covering home care and residential care and encompassing a common set of standards against which providers will be assessed to be accredited for government funding, a streamlined assessment process for accreditation purposes and a quality indicator program. The single quality framework is intended to drive quality improvement amongst providers and provide consumers with information on quality to inform their choice of provider. Government has also indicated its intention to provide a 'trip advisor' style capability to improve information on quality to assist consumers' choice of provider.

Sustainability of the aged care system is expected to be achieved through a combination of measures including increasing availability of home based care to defer or avoid entry to residential care, a higher level of consumer contributions and charges, and cost-efficiency achieved through providers becoming more competitive as a result of consumer choice. The supply of government-subsidised aged care places is currently capped as a sustainability measure, but the Aged Care Roadmap aim is to uncap supply in the future, once the aged care market is more developed and affordability issues have been resolved.[3]

In summary, the objective of recent aged care reforms in Australia is to deliver a vibrant, creative, market-driven aged care system, where consumer preferences and buying power drives innovation and quality within a market which includes government-funded and private resources and supports working side by side.

Productivity Commission recommendations on consumer support

In its 2011 report *Caring for Older Australians*, the Productivity Commission found that "there is strong empirical evidence that consumer choice improves wellbeing, including higher life satisfaction, greater life expectancy, independence and better continuity of care."[4] Its report identified a range of problems related to support for consumers of aged care services. These included:

- A lack of supply of services and limited choice about the mix of services they receive and the provider of those services.
- A complex and confusing array of entry points into the aged care system and multiple sources

3 Ibid
4 Productivity Commission 2011, *Caring for Older Australians: Overview*, p.XXV

of information about ageing and how they can best manage their own ageing.

- Limited access to basic community support services such as information and general advocacy services, social programs and community transport.
- Older people from culturally and linguistically diverse backgrounds can have difficulty in communicating their care needs or having their preferences and cultural needs respected. These circumstances can adversely affect the wellbeing of the older person receiving care.

To address these problems, the Productivity Commission recommended:

- Replace current discrete care packages with a single system of integrated and flexible care provision.
- Establish an Australian Seniors Gateway Agency to provide information, assessment of needs and entitlement to care and support services, care coordination and carer referral services, to be delivered via a regional network. The Gateway will also facilitate the assessment of capacity to pay for the purposes of co contribution.
- Government support for a range of community care services which older Australians could access through the Gateway.
- The Gateway to approve a set of services to individuals on an entitlement basis, with individuals able to choose an approved provider or providers.
- To support these arrangements, fund an expanded system of consumer advocacy services and provide care coordination and case management as needed.
- Provide support for a range of basic community support services for older people and their carers that could be accessed directly or through the Gateway.
- The proposed Gateway should cater for diversity by establishing access hubs for older people from CALD backgrounds, providing interpreter services and ensuring its diagnostic tools are culturally appropriate for the assessment of care needs.
- Greater recognition in aged care standards of the rights and needs of older people from diverse backgrounds.
- Providers of Indigenous services and services in rural and remote areas should be actively supported to ensure sustainable, responsive and culturally secure services.
- Block funding for certain specialised services (such as to the homeless) should occur where there is a demonstrated need to do so based on a detailed consideration of specific service needs and concerns about timely and appropriate access, and where such funding is cost effective.

As outlined above, the Australian Government response to these recommendations included a staged program of integrating home care services, introduction of consumer-directed care for Home Care Packages and establishing the My Aged Care gateway as the 'one-stop shop' for information about, and access to, aged care services and independence of the complaints scheme.

The My Aged Care gateway differs somewhat from the Australian Seniors Gateway Agency

recommended by the Productivity Commission in that it is not delivered by a regional network located within regional centres, nor does it provide the range of care coordination services envisaged by the Commission.[5]

In addition, some previously separately-funded counselling, support, information and advocacy services were rolled into specialised support services (specialised or tailored services for older people living at home with a particular condition such as dementia, deafness or vision impairment) and direct service delivery. Reviews were also undertaken of the National Aged Care Advocacy Program and the Community Visitors Scheme, which are yet to be concluded.

The basic community supports that the Productivity Commission envisaged would be accessed directly or through the Gateway included information and general advocacy services, social activity programs, wellness programs, day therapy programs, community transport, meals delivery, home maintenance services and carer support services (such as carer counselling, training and education and peer support and emergency or unplanned respite).[6] The Productivity Commission acknowledged that these basic community supports would be funded from a variety of sources including the Australian Government (for example, block funding for infrastructure and overheads) as well as user charges and financial and in kind support from state, territory and local governments and the community.

Some of these services are provided through the Commonwealth Home Support Programme, but require people to go through My Aged Care to access them.

National Aged Care Alliance Blueprint Series 2016 Position Statement on consumer support

In June 2015, the National Aged Care Alliance (the Alliance) called for 'Consumers to be Better Informed', outlining some high-level requirements for this objective to be achieved, as part of its second blueprint for aged care reform. This included calling for "*resourcing and advocacy to ensure a diverse range of older people can access the system.*"

The Alliance provided greater detail on how the Blueprint could be achieved through the NACA Position Statement for the 2016 Federal Election (the Statement). The Alliance reinforced its objective of consumers being better informed by calling for the development of a 'co-designed Consumer Support Platform' "*to empower consumers to better understand and improve their access to the aged care system, and experience optimum utilisation of needed support, care and services including ensuring equitable access by vulnerable and special needs groups*."[7] The Statement outlined preliminary thinking on the elements that could be included in the development of a Consumer Support Platform.

Alliance consumer organisations held a workshop on 14 July 2016, at which these elements were further discussed and teased out. There was a broad ranging discussion on consumers' needs, especially those who have been disengaged historically, and what an ideal Consumer

5 Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra, Vol.2 pp 130-154, available at http://www.pc.gov.au/inquiries/completed/aged-care/report
6 Ibid. pg. 170
7 Available at http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf

Support Platform might look like, as well as developing a shared understanding of what consumer organisations are currently doing to support consumers and what they would like to do in future.

There was strong support for the development of an overarching support model that brings together existing consumer support services, establishes linkages with supports and services outside the aged care sector and offers new supports so that all aged care consumers are empowered to engage actively with the aged care system.

Consumers of aged care services

- The term "consumers of aged care services" in this paper includes:
- People who are eligible for aged care services due to their age and frailty;
- The informal carers of older people who need support to maintain their caring role;
- The families and informal carers of older people who are seeking information or advice about aged care services on behalf of their family member or person they care for; and
- 'Younger' older people who need support to think about and plan for their future care.

In the context of the current immature service and regulatory system, all aged care consumers will benefit from support to understand and navigate the new aged care market well. For many consumers, the level of support provided through the My Aged Care will be sufficient once the aged care market is operating as intended by policy makers. For other consumers, there will be a continuing need to provide information and education outside of My Aged Care in ways that are accessible to those who face access barriers or who are particularly vulnerable.

Why are integrated consumer supports needed?

Preparing for an aged care market

An aged care market that responds to consumer preferences represents a significant departure from heavily regulated, prescribed and rationed services, where aged care service users have been passive recipients and risks have been borne largely by government.

In April 2015, the Australian Government tasked the Aged Care Sector Committee with developing a roadmap that sets out what is needed to achieve a sustainable, consumer driven and market based aged care system. The Aged Care Roadmap, published in March 2016, recognises that "the aged care system is operating more like a consumer-driven market, but further reform is needed to address information asymmetries and increase choice and control for consumers."[8]

In markets, consumers are empowered by their purchasing or contractual power; information on the quality and cost of services and credentials of providers; and the ability to take action against under-performing providers or where false representations are made. Action includes providing feedback or making a complaint, accessing advocacy support to raise and address care concerns, reporting bad or illegal behaviour to authorities, or simply voting with their feet and switching to another supplier.

In the aged care market, consumers are expected to be 'positive risk-takers',[9] that is, to accept some risk associated with choosing and directing their aged care services from a less regulated but, in theory, more plentiful and varied supply. Risks may include financial loss, time loss, stress, poor care outcomes and even physical harm but these can be mitigated to some extent by what empowers the consumer and exerts influence on provider behaviour: the ability of consumers to obtain accurate information about their rights and responsibilities as care recipients, service quality and cost in advance of choosing services; seek redress for poor or harmful service; or change suppliers.

This accords with standard economic theory that presumes competitive markets will usually produce the best outcomes for consumers.[10] Standard economic theory also sets out circumstances in which markets can fail consumers: barriers to entry to the market by suppliers, leading to lack of competition, scarcity or homogeneity of services and high prices; information asymmetry between consumers and suppliers, and barriers to consumers' moving to another provider or supplier, such as monopolies, exit penalties or lack of information on alternatives.

In addition, behavioural economics has demonstrated that the manner in which information is presented and the way that choices are framed can significantly influence marketplace choices, sometimes in ways that are not in the best interests of a consumer. [11]

The new aged care market presents serious challenges for policy implementation. These include overcoming lack of confidence of new consumers in an unfamiliar sector, lack of resources available to help people navigate the system and market for services and the often compressed (and stressful) time available for choosing services, given the need for services can arise suddenly and be urgent.

8 Aged Care Sector Committee, Aged Care Roadmap, available at https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap
9 Bonnie Simons, Helen Kimberley & Nicky McColl Jones 2016, *Adjusting to Consumer Directed Care: the experience of Brotherhood of St Laurence community aged care service users*, Brotherhood of St Laurence, Fitzroy,
10 OECD 2010 Making markets work for consumers, Consumer Policy Toolkit Executive Summary available at http://www.oecd.org/sti/consumer/consumer-policy-toolkit-9789264079663-en.htm
11 ibid

Further, aged care consumers may be physically frail, socially isolated and experiencing cognitive decline or other vulnerabilities and be less confident than others in navigating a complex system, making choices and assessing potential risks.

In her review of the KPMG 2012 evaluation of the Consumer Directed Care (CDC) pilots and the KPMG 2015 evaluation of the Home Care Packages program, and some international research, Dr Beatriz Cardona concluded:

> "Constructing aged care service users as 'empowered consumers' risks overlooking the diversity and disparity of resources, knowledge and support networks available to help them navigate an increasingly complex care market."[12]

A report commissioned by the Brotherhood of St Laurence (BSL) on the experience of its consumer-directed aged care service users[13] found that consumers who do not have the capacity to self-manage because of cognitive impairment, or who lack other life skills, had to allocate a larger portion of their package to case management fees, therefore having to forego other services. In addition, their understanding of the CDC model and their capacity to interpret information given to them was often compromised. The report concluded:

> "CDC may yield benefits for capable adults, provided they have the means to exercise meaningful choice and control. With adequate support, it has the potential to empower service users and fits well with the capabilities approach advocated by BSL. However, to avoid increasing the burden of risk for consumers, carers and their families, CDC must be accompanied by practical support such as administrative, financial and professional services to enable positive risk taking and to safeguard against abuse, as well as continued investment in appropriate governance and regulation."

Low levels of financial literacy (encompassing knowledge, attitudes and behaviour) among adults also constitute a barrier for participation in the aged care market. Even where people have adequate numeracy skills, their financial analysis, that is, making rational decisions in confusing and complex markets, may be poor or not fully informed.[14]

Active and informed participation of people and groups in decision-making is an essential component of a human rights approach to community and residential aged care[15]. While this does not necessarily require the introduction of a market-based system, institutional mechanisms are required to enable participation to take place.[16]

In economic terms, consumer supports would contribute to the demand side of an aged care market, while formal mechanisms for consumer protection such as quality assurance and safeguards against abuse would form part of the supply side, although the two intersect.

---

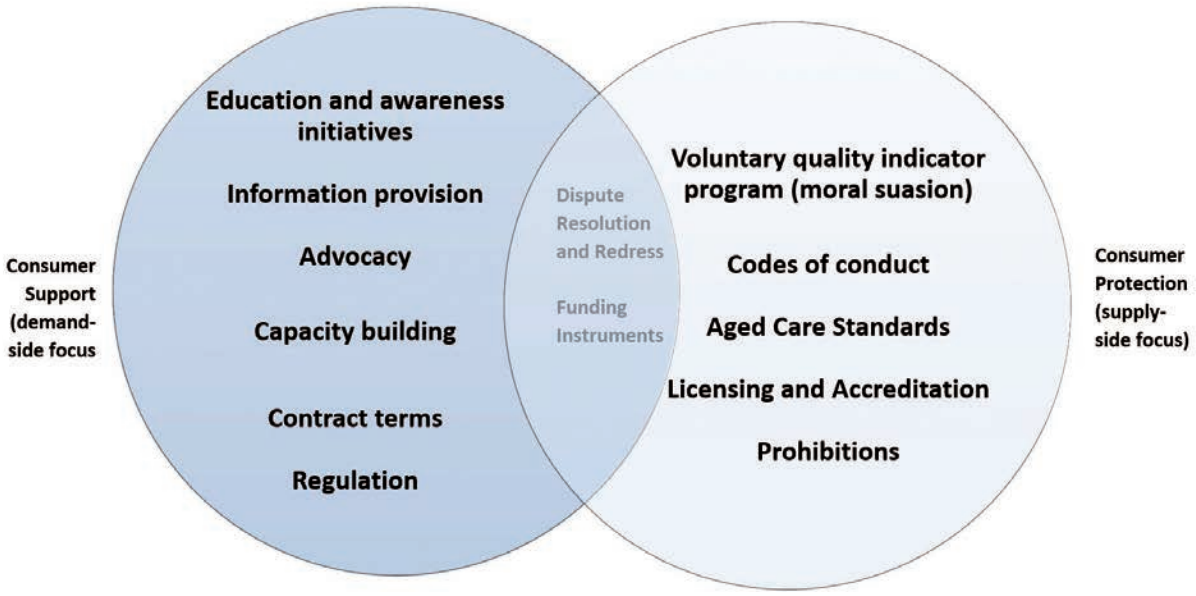
12 Cardona, B 2016 *Rhetoric vs reality on consumer direction*, Community Care Review 8 September, published online at http://www.australianageingagenda.com.au/2016/09/08/rhetoric-vs-reality-consumer-direction/

13 Bonnie Simons, Helen Kimberley & Nicky McColl Jones 2016, *Adjusting to Consumer Directed Care: the experience of Brotherhood of St Laurence community aged care service users*, Brotherhood of St Laurence, Fitzroy, http://library.bsl.org.au/jspui/bitstream/1/9054/4/Simons_etal_Adjusting_to_Consumer_Directed_Care_2016.pdf

14 OECD 2016, OECD/INFE International Survey Adult Financial Literacy Competencies available at http://www.oecd.org/daf/fin/financial-education/oecd-infe-survey-adult-financial-literacy-competencies.htm

15 Australian Human Rights Commission A human rights approach for ageing and health - The Aged Care reforms and human rights available at https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-aged-care-reforms-and-human-rights

16 Australian Human Rights Commission 'A human rights approach for ageing and health - The Aged Care reforms and human rights' available at https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-aged-care-reforms-and-human-rights



Adapted from 'Consumer policy tools to target the demand and supply side of markets'[17]

Enabling consumers to drive competition and innovation

The Productivity Commission's recent study paper on introducing competition and informed user choice into human services found that government stewardship is critical to successful outcomes for consumers. Stewardship includes giving people the support they need to make choices as well as ensuring human services meet standards of quality, suitability and accessibility, ensuring appropriate consumer safeguards are in place, and encouraging and adopting ongoing improvements to service provision. [18]

The Commission also found that "it may take time and require investment for a user to gain the skills and information needed to exercise choice."[19]

The OECD contends that "Consumer policy and competition policy should reinforce each other".[20] To this end, Australian Governments have adopted a general 'National Consumer Policy Objective' that links consumer empowerment and protection to effective competition and fair trading, which is:

"to improve consumer wellbeing through consumer empowerment and protection, fostering effective competition and enabling confident participation of consumers in markets in which both consumers and suppliers trade fairly".

To meet the needs of all aged care consumers, there needs to be an integrated and coherent program of consumer empowerment if competition is to be effectively stimulated, leading to a more flexible system where aged care providers increase the range and scope of their services. This focus on consumer empowerment needs to go beyond provision of printed and web-based information to include supports and learning strategies that older people use and value.

17 Adapted from OECD (2010), *Consumer Policy Toolkit*, OECD Publishing, Paris. Available from www.oecd.org/sti/consumer-policy/toolkit
18 Productivity Commission 2016, Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform, Study Report, Canberra.
19 ibid, p.151
20 OECD 2008, Policy Roundtable, The Interface between Competition and Consumer Policies available at http://www.oecd.org/regreform/sectors/40898016.pdf

A 2015 study[21] explored what 'knowhow' Australians value in later life and how they acquire it. This study found that for older people, the validity of information available in daily life needs to be tested in dialogue with trusted others. Social interaction was the most prevalent and valued means of acquiring 'knowhow', including about later life events and transitions and possible future scenarios such as cognitive impairment, bereavement, living alone, caring or being cared for. The study highlighted that 'knowhow' evolves in the company of others. Together older adults not only acquire 'knowhow', they create it and propagate it through their social networks. Interestingly the study identifies social isolation as the enemy of 'knowhow'.

The My Aged Care model for consumer empowerment relies on interactions between individual consumers, acting in isolation, and components of the service system as presented on the My Aged Care service finder. In the Alliance's view, My Aged Care needs to operate in tandem with a model of consumer support that emphasises face-to-face interaction and provides a forum for consumers to generate and promulgate ideas on services types, combinations and innovations that best meet their needs.

Overcoming barriers to accessing aged care

Since July 2015, people seeking home-based and residential aged care services must contact the My Aged Care contact centre to discuss their aged care needs and have a client record created. New clients need to be registered, screened and/or assessed by My Aged Care to determine eligibility prior to accessing aged care services.

My Aged Care has the potential to provide a standardised gateway to aged care services and a range of information on available services and providers, it is not able to respond to all the support needs of consumers seeking to understand and navigate the aged care system.

The feedback provided at five My Aged Care co-design "discovery" workshops conducted by the Australian Government Department of Health during September and October 2016 involved a wide range of participants from the sector (around 200 participants in total). From these workshops a range of accelerated design processes to improve and simplify my aged care processes have been identified.

Additionally, Baseline and 'Wave 1' evaluations of My Aged Care have also been undertaken. Findings of the My Aged Care discovery workshops and evaluations, and commentary provided by peak bodies, are summarised below.

These identified improvements to the My Aged Care website and processes, along with future enhancements of the assessment services are vital works that need to continue to ensure a simplified entry pathway to consumers receiving care when and where they need it. The consumer supports model identifies that an increased volume of consumer supports is likely to be required until the system transformation simplifies the process to make it easier to navigate and understand. Nevertheless, even once this is completed a degree of consumer supports as outlined will continue to be required. Importantly, the consumer supports identified are proposed to be complimentary, not in place of an effective my aged care system.

21 Helen Kimberley, Bonnie Simons and Seuwandi Wickramasinghe 2015, *Generating knowhow in later life*, Brotherhood of St Laurence, Fitzroy, Vic.

Access and Information issues

Participants in the discovery workshops reported that consumers can find My Aged Care confusing and need basic information prior to approaching My Aged Care, for example, information on available services, differences between types of services, eligibility, entitlement and fees and charges, and how to access assistance for financial hardship. Participants identified the need for widespread aged care information and education (e.g. via peer education) to help older people understand how the system works.

The evaluations also found that people are not yet satisfied with the provision of information on the aged care system through My Aged Care, especially information on fees and charges and means-testing. Service provider and health professional satisfaction with the quality and accuracy of information provided by My Aged Care is much lower than that of consumers, suggesting that consumers don't know what they don't know. This is further exacerbated by some providers continuing to control information flow outside their service delivery offerings. Call centre operators are perceived as not having the time or knowledge to deal with requests for general information, given the focus on throughput, that is, registering and screening clients and referring them to assessment services, despite the evaluations finding that older people prefer personal contact to online services when seeking information. Some older people may have difficulties accessing My Aged Care due to a lack of knowledge of, or access to, computers.

The diversity of older Australians

The Alliance considers that all consumers need some form of support in seeking to understand and navigate the aged care system, and those who are most vulnerable or disadvantaged will need additional, tailored support. An effective Integrated Consumer Support model will enable support for those who require a low-level, rapid response and for those who need 'wrap-around', intensive and longer-term support.

In 2013, the Aged Care Gateway project, with input from the National Aged Care Alliance's Gateway Advisory Group, drafted a strategy for improving access to My Aged Care.[22] The draft strategy identified issues faced by the legislated special needs groups as well as people with cognitive impairment and mental health concerns, and proposed an approach for addressing the identified concerns. While some of the strategies appear to have been adopted (e.g. employ My Aged Care staff with high levels of emotional intelligence and cultural competency), others were not (e.g. development and delivery to all contact staff of a training module called 'Assessment of people from Special Needs Groups'). Some of these issues have begun to be offset through alternative measures (such as direct funding of special needs groups via sector support programs). These population cohorts continue however to experience difficulties in their interactions with My Aged Care.

The 2016 My Aged Care Accelerated Design 'discovery' workshops demonstrated that the diversity of Australia's population is reflected in aged care consumers and that diversity goes beyond the special needs groups recognised in aged care legislation. Within special needs groups individuals can identify with more than one of the special needs categories. This variability, diversity and intersectionality means that the total number of older Australians who may face barriers and require additional, different or tailored approaches to service access and delivery is difficult to quantify.

22 Department of Health and Ageing (2013) '*DRAFT Aged Care Gateway Access Strategy for People with Special Needs*', Canberra

Appendix 1 presents the available information on the diverse characteristics of older Australians, and a summary of the issues faced by diverse populations in accessing aged care services and interacting with My Aged Care. In addition to improving My Aged Care staff training, procedures and processes, workshop participants called for and/or made the following observations:

- Information needs to be provided at an earlier stage through trusted communication channels before people approach My Aged Care, utilising face-to-face access centres and bilingual workers where needed.
- A range of options need to be utilised to promote access to aged care services and educate potential consumers, including community based information systems regularly accessed by that community e.g. indigenous radio, ethnic radio and newspapers, seniors' clubs and community organisations.
- Education needs to be provided in a culturally appropriate format to older CALD seniors and help isolated older CALD people in regional areas navigate My Aged Care. This may potentially be achieved by visiting people at home as part of initial contact.
- Engagement involves an investment in time to build relationships and trust in bureaucracies. This work occurs before consumers approach My Aged Care.
- One to one assistance should be provided to CALD clients in obtaining aged care services, including making supported referrals to My Aged Care. It is important to ensure that language needs of the clients are met during these interactions through a professional interpreter, or a family or a community member where appropriate.
- The most vulnerable (including people living with dementia, mental illness or disability) need help to register, co-ordinate assessments, and access service providers and advocacy at all stages.
- Increased capability and resources of 'access and support' functions are required to increase quality of and equity of access to aged care services for diverse groups with barriers to access.
- Financial educators need to be employed to assist people with limited financial knowledge and who are not-well equipped to advocate for themselves understand how Home Care Packages work. This is especially important for people who live in areas where only one service provider exists and must negotiate rather than find an alternative provider.
- The aged care system needs to adopt the principle of 'reasonable adjustment' used in anti-discrimination law, that is, adjust systems and processes to respond to the access and follow-up needs of special needs groups.
- Accessibility can be improved by funding community-based workers (including bilingual workers) to help in providing information as well as helping people to navigate the system. This is a model which has worked in the past.
- Community organisations should be resourced to link consumers to My Aged Care, perhaps through sector development funding in the Commonwealth Home Support Program.
- Where clients have no family or people to support them, it is crucial that they can access

independent advocacy and a high level of facilitation to be registered, assessed, and access services. This is also true of clients who are very hard to engage but will accept support from someone they have a relationship with and trust.

- Consumer education and support about how to access, understand and use the system is essential, (and should be independent of service providers) in order to empower consumers and carers to get the best outcome.

Ensuring sustainability of the aged care system

Total government expenditure reported on aged care services in 2014-15 was $15.8 billion.[23] This included expenditure of $4.1 billion on home care and support services and $10.8 billion on residential care services.

In 2014-15, about 1.2 million people received government-funded aged care services, with 224,115 older clients receiving permanent residential care.[24] By 2050, over 3.5 million Australians are expected to use aged care services each year. [25]

At current expenditure and usage levels, this could translate to over $32 billion of government funding annually (in 2014-15 $) required for residential care as well as substantial contributions from consumers.

An effective program of consumer support would better assist people to make informed choices, by bringing older people together to share information and support each other. Consumer networks and support organisations could also be linked into programs that promote health and well-being and address risk factors for requiring admission to residential care.

23 Productivity Commission 2016, Report on Government Services, Aged care services chapter (chapter 13), Key facts available at http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/aged-care-services
24 ibid
25 Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Overview p.XVIII, Canberra available at http://www.pc.gov.au/inquiries/completed/aged-care/report

Existing Supports

Prior to and since the commencement of aged care reform in Australia, what we are referring to as 'consumer support' in this paper has been funded and delivered in a variety of ways, not all of them transparently identifiable as support for the consumer. Therefore, it is not possible to identify all existing consumer support funding or programs in this paper.

The establishment of the regional assessment services and the conversion of the Commonwealth Home and Community Care (HACC) into the Commonwealth Home Support Program (CHSP) identified a range of different consumer supports that were provided within the sector. In particular, the service group two review identified a range of locally developed supports. More recently supports for consumers within the sector were identified in the recent Review of the National Aged Care Advocacy Program Final Report.

Nevertheless, there remains a disconnect across various programs and funding sources presenting challenges at holistically identifying and monitoring the impact of various consumer support initiatives within the system today. A stocktake of current information and consumer support services funded through the Ageing and Aged Care budget may be necessary to ensure clear understanding of the various initiatives and evaluate their individual or collective impact.

Former Home and Community Care Program

Prior to 2015, some consumer support services were delivered as part of the HACC program. These services included advocacy, advice, information and training services, delivered under HACC Counselling/Information/ Support Advocacy (CISA) Service Group, and advisory services targeting specific clients, for example, multicultural advisory services and initiatives targeting special needs groups delivered under the HACC Sector Support and Development Service Group. Volunteer and peak body funding was also provided under this service group.

Activities categorised under the CISA service type were not clearly defined. The 2015 review of Commonwealth aged care advocacy services[26] found that each state and territory had developed its own interpretations of CISA; and where jurisdictions funded CISA services, the amount and nature of services provided was variable. Funding for information, support and assessment ceased upon the commencement of CHSP. The second stage of My Aged Care was envisaged to provide equitable information services under the new system.

Historically, before creating an aged care market, support was largely directed to service providers, rather than to consumers.

Commonwealth Home Support Program

Under the CHSP, some CISA activity was reclassified into direct service delivery (provided through My Aged Care and service providers) and other activities have been reclassified into specialised support services, which comprise a mix of direct service delivery, tailored support and expert advice for older

26 Australian Government, Department of Social Services 2015, Review of Commonwealth Aged Care Advocacy Services Final report, December pp 45-46 available at https://agedcare.health.gov.au/support-services/aged-care-advocacy/final-report-of-the-review-of-commonwealth-aged-care-advocacy-services

people who are living at home with a condition such as dementia or vision impairment.

Under the CHSP, some HACC Sector Support and Development activities have been reclassified into direct service delivery and other activities into service system development."[27] Service system development grants fund "a range of activities that are designed to support, develop and build the capacity of the service system and the sector"[28] and include funding for Sector Support and Development Officers.

In addition, the Partners in Culturally Appropriate Care program helps aged care providers deliver culturally appropriate care to older people and also provides information on aged care services to culturally diverse community groups (funded from the Aged Care Quality program).

Advocacy

The National Aged Care Advocacy Program (NACAP) has been funded to deliver advocacy services to consumers and prospective consumers of packaged home care and residential care. NACAP funding has been awarded through the Access and Information program to the Older Persons Advocacy Network (OPAN).

In many jurisdictions funding for advocacy is provided to organisations addressing the needs of people with specific conditions (e.g. dementia) or special needs groups (e.g. people at risk of homelessness or CALD groups). Since 1 July 2017, the NACAP program was expanded to include advocacy of clients accessing CHSP, prior to this timeframe only some NACAP providers received CHSP advocacy funding. This funding is not separately identified in Government reporting.

The historical funding arrangements have resulted in a divergent and inequitable advocacy network across Australia, with access to advocacy services varying considerably from state to state. Additionally, this funding has allowed some NACAP services to employ dedicated ATSI, CALD & LGBTI advocates, while others have not been able to do this.

Grants

Funding provided under the former Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) program has enabled a number of peer support and education activities to be delivered by consumer organisations as time-limited projects. The last round of ACSIHAG funding also extended the Home Care Today project to further build capability for providers and consumers to implement consumer directed care services.

As part of the 2015-16 Budget, the ACSIHAG Programme was redesigned into the Dementia and Aged Care Services Fund (DACS Fund). The first DACS funding round was advertised in late 2016, for projects to begin from 1 July 2017. From 1 July 2015 to 30 June 2017, the only new grant agreements made have been for Severe Behaviour Response Teams. The DACS Fund can fund activities that involve the dissemination of information through the application of digital channels, online or technology-delivered support and activities that support the Commonwealth in informing itself about

27 Australian Government, Department of Health Mapping of former services to Commonwealth Home Support Programme Structure available at https://www.dss.gov.au/sites/default/files/documents/06_2015/chsp_taxonomy.pdf
28 Australian Government, Department of Health, Commonwealth Home Support Programme Manual 2015, section 2.2.4, available at https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2015/chsp_programme_manual.pdf

the aged care sector including research on:

- planning for the delivery of aged care services;
- improving choice and control by individual older Australians;
- identifying innovative options for the care of individual older Australians; and
- supporting reform and transitions in aged care services for individual older Australians.

A DACS funding round for research and innovation grants for 2017-19 is currently underway. The DACS is funded from the Aged Care Quality program.

Financial Information and Counselling Services

The Australian Government funds Financial Counselling services, delivered by community and local government organisations to help people in personal financial difficulty address their financial problems, manage debt and make informed choices about their money in the future. These services are voluntary, free and confidential, and can be accessed through face-to-face meetings or the national Financial Counselling Helpline. Commonwealth Financial Counsellors do not provide financial planning advice, finance lending, endorsement of specific financial products or services, or business or legal advice.

My Aged Care also has a link to the Financial Information Service provided by the Commonwealth Department of Human Services. This is a free, confidential service that provides education and information on financial issues to all Australians at financial information seminars, personal appointments, for more complex issues, or over the phone. However, it should be noted that as any information divulged to the Financial Information Service can be shared with Centrelink some consumers will be wary of using this service.

An overview of existing programs and funding that support the consumer within the aged care sector (both prior to and since reforms commenced) is set out at Appendix 2.

Future Supports

It is proposed that a future integrated consumer support model would bring together previously funded services whether these were program or project-funded, extend some services to a wider target group and introduce some new supports.

Proposed elements of aged care consumer supports are described below. Each element is described separately but should be part of an integrated model, where elements are combined, delivered collaboratively or in a coordinated manner to ensure comprehensive but cost-effective services.

Appendix 3 sets out a possible framework for aged care consumer supports which elucidates the overall vision for the model, and objectives and principles to guide its delivery as well as outline the services to be provided and delivery mechanisms.

Supports have been grouped into like types, with a view that some support types more naturally fit together with other support types.

Outreach

Outreach refers to the activity of actively 'seeking out' and engaging with clients in their own environment, rather than waiting for the person to request a service or waiting for another agency to make a referral. The provision of outreach recognises the most vulnerable and socially isolated people are those who often struggle the most to have their rights realised, including their ability to access the services they need. It is not enough to wait until those people reach out for help because often they do not have a voice to articulate what they need or want. Outreach ensures that the most hidden can be contacted and supported.

Outreach may also involve re-engaging with an existing client who has become withdrawn, and providing continued support to help the person remain linked in with services. In some cases, outreach activity will involve engaging with communities and groups rather than individuals. Outreach services are flexible and the support provided is culturally appropriate in content and delivery, uses existing, trusted communication channels and networks and is delivered within culturally safe environments.

Outreach services have been provided through aged care and disability programs in the past, and under the Commonwealth Home Support Programme they are provided to people aged 50 years and over who are experiencing homelessness or are at risk of homelessness, through the Assistance with Care and Housing service type. Specialist outreach services like those delivered to people living with dementia through the National Dementia Support Program are also highly valued by consumers.

Other difficult to engage groups and socially isolated or historically disadvantaged individuals and communities would also benefit from culturally appropriate and targeted outreach support to link them in with services.

A range of service delivery models should be considered, including locating or continuing to locate outreach workers within communities (e.g. Indigenous communities, particular cultural or ethnic communities, condition-specific groups), resourcing people from specific communities or specialist organisations to deliver outreach, fly in /fly out services and funding capacity in 'partnership' organisations.

Systems wrangler/system navigator

An extension of the outreach model, the 'systems wrangler' or 'system navigator' is a 'trusted, independent friend' who walks alongside the person while they are navigating aged care, providing one-on one support to formulate and achieve goals and identify suitable providers. This model has proved exceptionally successful in programs like the Younger Onset Dementia Key Worker Program and a wider model of this more intensive support could be provided through existing or new funded outreach or advocacy services.

Key issues to be considered in taking outreach and systems/wrangler/system navigator supports forward include:

- Identifying the target groups for outreach and systems wrangler/system navigation;
- Developing a definition of outreach and different outreach models tailored for different aged care consumers;
- Clarifying where these roles sit in the system, including the interface with Regional Assessment Services and Aged Care Assessment Teams; and
- How these supports can be neutral and comprehensive (for the target groups), as well as building on existing services and funding

Information

While My Aged Care will continue to provide comprehensive and up to date information on eligibility, assessment and access to services, as well as functioning as a channel for information on quality and service information, tailored information on aged care needs to be more widely accessible to consumers, and communities with specific needs. Additionally, service providers will continue to provide information to consumers both about their individual services, as well as provide information about the broader aged care system.

The My Aged Care co-design workshops held in the second half of 2016 highlighted the consumer demand for personal contact when seeking information on aged care. Use of the internet as a marketing or information channel is not appropriate for some consumers, nor is telephone contact appropriate in many circumstances, especially when the priority of the telephone service is to register and screen clients.

The demand for information that is understandable, simple, accessible, available in appropriate languages and formats, and that is not voluminous or overwhelming, should continue to be met from services located in the community, where a person is available to help consumers make sense of the information provided.

This is particularly important where information needs to be tailored to the capacity of the individual to support participation in decision-making.

Information services could be delivered by multiple outreach services, National Aged Care Advocacy Providers (for information on rights), other advocacy and support groups and consumer networks, with the role of volunteer visitors expanded through CHSP social support and/or the Community Visitors Scheme.

As indicated in the My Aged Care evaluation, there is a need for information on fees and charges,

information which helps consumers assess the comparative value of service offers and information about specific conditions.

Peer-support activities

Peer support is a recognised and established support mechanism in the health, disability and aged care sectors.[29] Peer support involves people sharing what they have learned from their experiences with others on a similar journey: the power of word of mouth should not be underestimated. There are a range of peer support models and there is no one solution for peer support, as the type of peer support required will vary according to the needs of particular groups, and peer support will not be relevant to some groups. Peer support can range from informal conversation to formal programs that might involve trained and paid peer support workers and peer mentors. It can take place in person, over the phone, internet or social media, between two people, a small group or within a large group.

People with lived experience can be experts in what is best for them, including:

- Making choices and taking control to ensure they have the best life they can
- Knowing where to find information and answers
- Getting good value for money
- Developing processes and systems to manage their funds
- Identifying supports and services that best meet their needs

Peer support is not advocacy, although it can encourage people to be self-advocates. Nor is peer support education, although it should be linked to, and complemented, by education programs.

The Chronic Illness Alliance identifies:

> A peer support program provides a structured environment in which people who share the same chronic illness or condition can safely share their experiences. Research shows talking with someone who has shared a similar experience may make a significant difference. Peer support has a wide range of both practical and emotional benefits. Many people with a chronic illness (especially those recently diagnosed) benefit from receiving practical advice they can apply to their day-to-day living to better manage their condition. The emotional rewards of realising that one is not alone cannot be overstated and, paradoxically, this often inspires peers to become more independent. More experienced peers may also be empowered by being able to pass on their skills and experience and in the process, remind themselves of all they have learned about dealing with their condition. [30]

Within aged care, peer support and education has often been funded through project funding in the past, with most programs due to cease in 2016-17. Given the success of these programs to date, and research that shows many older people do not and will not access information online,[31] there is a

29 Heisler, M. (2007). Overview of peer support models to improve diabetes self-management and clinical outcomes. *Diabetes Spectrum*, 20(4), 214-221; 1; Lorig K, Ritter P, Villa FJ, Armas J. (April 2009) Community-based Peer-led Self-management: A Randomized Trial. The Diabetes Educator; Chronic Illness Alliance (April 2011) Literature Review: Peer Support for Chronic and Complex Conditions, Victoria

30 The Chronic Illness Alliance (2016) 'Best Practice Framework in Peer Support', Victoria. Available from: http://www.chronicillness.org.au/wp-content/uploads/2016/06/Best-Practice-Framework-Web.pdf

31 Australian Human Rights Commission A human rights approach for ageing and health - The Aged Care reforms and human rights avail-

strong desire to continue to develop peer support for older consumers and their families and carers.

Ongoing funding for peer support activities could include coordination of trained volunteers who can meet and talk with individuals and groups about aged care. Volunteers would need to have lived experience with using aged care for themselves or others and be formally trained. Some activities would reflect specific needs and challenges (e.g. dementia).

Formal peer support programs would be information sharing and enablement services providing resources and information about:

- The steps to be taken to access aged care
- What to expect from the screening and assessment process
- What to expect from providers
- How to compare providers and their services
- Questions to ask
- Explanations of jargon
- Consumer rights and responsibilities
- Determination of one's own aged care needs (including wellness and goal setting)

Informal peer support, that is, the use of social connections and peers as trusted sources of information, is outside the scope of a funded integrated consumer support model. Nevertheless, improving the accessibility, quality and consistency of information and education provided through funded channels will indirectly benefit informal peer support.

Education

In newly competitive markets, there tends to be information asymmetry between sellers and buyers,[32] as well as information overload or 'confusopoly', where services and prices are bundled, making comparison difficult, or where aspects of costs and services are 'shrouded' or hidden.

In these new markets, buyers may be making a one-off purchase and thus not able to learn from previous experience. In addition to information provision, education and awareness activities are an essential part of competition and consumer policies.

Aged care consumer education activities would include education about the aged care market, provision of education on all consumer protections including competition and consumer law and fair trading, provision of education on rights and responsibilities under the Aged Care Act and financial literacy education.

Information services could also be delivered via an adult education model. Training and education of aged care providers and their staff, including volunteers, on consumer rights and responsibilities is also required.

able at https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-aged-care-reforms-and-human-rights
32 OECD 2010 Making markets work for consumers, Consumer Policy Toolkit Executive Summary available at http://www.oecd.org/sti/consumer/consumer-policy-toolkit-9789264079663-en.htm

Education needs to take account of the diverse population of aged care consumers, including those with cognitive impairment and the very frail, so they are encouraged and supported to exercise their right to choose and control their day-to-day care and make decisions within their capacity. Rights and legal education is particularly important for people from migrant backgrounds due to the differences in the legal systems in their countries of birth and Australia. This information must be simplified and provided in other languages where necessary.

Education activities should be funded on a non-exclusive basis and in collaboration with others in the consumer support space. The continued delivery of 'rights-based' education within the NACAP is supported, but on a non-exclusive basis and in collaboration with others, including through specialised education services to which NACAP provides specialised content.

Individual and group advocacy

Advocacy is provided to or on behalf of individuals to support and promote the individual's rights and interests. The advocacy process involves information about rights, support, advice and/or representation to both individual consumers and groups of consumers. Advocates provide informed referrals to other key agencies as required. Advocates support the right to "presumption of capacity" so people can have their voices heard, their dignity respected and their quality of life aspirations realised.

The Alliance supports the enhancement of the National Aged Care Advocacy Program (NACAP) to provide a nationally consistent, end-to end advocacy program, extended to all consumers of aged care services from the entry point into My Aged Care, through to the finalisation of a person's account when they no longer need access to services, noting that specialist expertise may need to be engaged along the way. This should continue to be available in person or via telephone sessions.

Advocacy should be free of charge to ensure accessibility, readily available, culturally appropriate and independent from Government and direct-care providers.

Advocacy providers could also play an important part in referring and linking consumers to other types of support under an integrated consumer support model including outreach, expert advice (such as financial or legal advisors) information services relating to a specific condition and system wranglers.

Systemic advocacy

Systemic advocacy attempts to influence change within government policies, regulations, provider systems and processes, and broader public attitudes and behaviours, generally in response to an individual or group's shared issues, needs and concerns.

Within aged care, systemic advocacy can provide intelligence on policy implementation, policy direction and service planning. The role of consumer organisations in providing systemic advocacy needs to be recognised as a part of their various funding agreements. Systemic advocacy also needs to be supported by consistent data collection, data sharing and reporting of issues across organisations.

Equally, the expertise and insight of aged care providers can be an important source of information in understanding the effectiveness of systems as they impact on consumers.

Expert advice

There is a range of existing expert advice that sits outside the aged care service system, as well as gaps that need to be filled. Consumer groups have identified the need for expert advice on planning ahead for aged care, as well as at critical decision points, and to be better linked to financial and legal advice to inform major decisions.

An integrated consumer support model could assist with provision of general information and referrals to not-for-profit and private expert advisory services, such as legal services, financial advice and counselling, elder abuse services or services dealing with a particular condition.

Some services, such as cross-system advice and coordination could be funded and purchased through individual aged care packages and others could be self-funded (and subject to consumer protections).

Consumer capacity building and support for volunteering

All elements of the proposed consumer support model contribute to building the capacity of consumers to be better informed and exercise choice and control as well as their rights. Mechanisms are also required to enable consumer participation in co-design of their services and to partner with organisations in the planning, delivery and evaluation of services, and to help providers get better at engaging their consumers.

Institutional mechanisms could range from providing training for interested consumers to represent the views of older Australians to providers and Government and to participate in co-design of aged care services, to maintaining panels of consumers for engagement with service providers and government, to funding consumer networks.

It will be very important to maintain a current and diverse base of consumers for co-design purposes, rather than over-burdening or professionalising a small group of consumers. Payment and reimbursement of expenses should be considered.

Training programs that build the capacity of consumers to engage, and partner, with providers could also extend to providing generic training for volunteers, including those providing peer support and those managing volunteers.

Key issues to consider in taking this type of support forward include:

- Role clarity for the providers of capacity building and training;
- The age profile of consumers and volunteers and the skill development required; and
- The links to peer support and education programs.

Policy and Implementation Issues

Some key issues in considering the development and implementation of an integrated consumer support model are discussed below.

Independence of consumer support

The Alliance acknowledges a preferred model where separately-funded consumer support activities[33] are delivered by organisations that are independent of direct care provision to ensure independent support with no conflict of interests (perceived or actual) This means that where possible, the person or organisation providing the consumer with support and particularly advice on services should not be the person delivering the service.

Independence from mainstream direct care providers may help ensure that information and support for consumers draws on more than the existing array of services and models of care in shaping demand. Consumer-controlled support would draw on the shared experiences and ideas of consumers in creating demand for new products and services and innovative models of care, as well as the literature on best practice and innovation.

The practical implementation of this ideal approach however is unlikely to be feasible in segments of the aged care sector (for example in relation to special needs groups, groups with complex conditions and in regional, rural and remote areas). In these specific examples, there may only be one provider in town or only one provider with an appreciation of their special needs.

Further, currently, some aged care providers also provide counselling, advocacy and advice to consumers, for example, those contracted by Government to offer regional assessment services, with clearly defined guidelines and separation of business.

While the level of support provided by My Aged Care, especially in relation to system navigation, is developing, other providers still find themselves offering (and being expected by consumers to offer) advocacy, education and system navigation as their consumers' needs change. This role not only reflects purpose, mission and links to local communities and the current stage of development of My Aged Care, but also consumers' preferences for face to face interactions. This current state needs to be acknowledged and the system would need sufficient flexibility not to exclude such scenarios, while My Aged Care and Integrated Consumer Supports are further developed.

As such, specialised support services and social support providers whose core business is to support consumers with special needs or living with specific conditions, and other direct care providers, could be funded to deliver support under a consumer support model, especially in situations where other consumer controlled options are not available - provided the selection process is competitive, encourages collaborative or consortium approaches to delivering support, and provides for separation of business similar to the regional assessment services model.

33 Note: Professional advice on care options provided to consumers as part of their overall care does not fall within the scope of consumer support discussed in this paper.

Funding and commissioning consumer support

As argued above, there needs to be an integrated and coherent program within aged care, with a focus on consumer empowerment, if competition is to be effectively stimulated.

As a first step, it is recommended that the Department of Health consolidate the various stocktakes of existing information and consumer support services that have been conducted across the various elements of the Commonwealth Ageing and Aged Care budget, and seek evidence of the effectiveness of previous funding. Ensuring all elements of consumer support are understood in a single source will enable identification of geographical and population gaps, as well as ensuring a consistent evaluation methodology is applied.

Future consideration may also be given to bringing this disparate funding of supports together into a sub-program of the Access and Information budget program. The consumer support sub-program could include the National Aged Care Advocacy Program (NACAP), information services (both within and outside of My Aged Care) and where supported by the consolidated stocktake, some DACS funding. The newly consolidated baseline program could then top-up any gaps revealed by the stocktake via new or re-allocated funds, provided funds are not re-allocated from current service delivery. Activities funded through the consumer support sub-program should not, for the most part, be subject to consumer contributions.

The funding model and conditions for consumer support should encourage a collaborative and coordinated, efficient and cost-effective model of support, through a competitive tendering process that encourages consortia provision of the range of consumer supports and co-location with other community services. Funding should ensure that all geographic areas and populations can be served by a consumer support model.

A possible model for ensuring geographic and demographic coverage of specific elements of the consumer support model, such as outreach and system navigation support, would involve funding organisations to commission these supports. This would include funding an analysis of need within the geographic area (including identified population cohorts) undertaken by a locally connected organisation. Such analysis would identify what supports are appropriate and relevant to the needs of their communities. A commissioning model may provide more opportunities for small, local-level organisations with relevant cultural or condition-specific expertise to be involved in consumer support in ways that a consortia-led model may not deliver. The commissioning organisation could be responsible for undertaking a robust procurement process, contract management and ongoing assessment to monitor the quality and effectiveness of supports and the diversity of clients supported against the demographics of their area. Some expert advice could also be provided on a fee-for-service basis.

Relationship to Community Visitors' Scheme and Social Support

As a principle, the consumer support model should not include direct service provision of traditional aged care services. Accordingly, it would be separate from the Community Visitors Scheme (CVS) and social support funded activity under the Commonwealth Home Support Program (CHSP) and Home Care Packages.

Nevertheless, it is recognised that many of these programs are delivered by volunteers using a peer

support model and for some consumers, CHSP social support is their primary interface with the broader aged care sector before other services are required. For vulnerable populations who are socially isolated such channels are an important source of information, or point of relationship which consumers may naturally use when seeking advice on next steps. This flexibility should be formally acknowledged and therefore, there would be value in developing collaborative relationships between consumer support providers and the CVS and social support providers to link to information within the model. Volunteer training could be shared for example, or consumer support providers could provide input to training of CVS and social support staff and volunteers to ensure awareness of support available under the model.

Relationship to quality and safeguards

Support provided under a consumer support model would contribute to quality improvement in aged care, through developing more knowledgeable and discerning consumers who can recognise and demand good quality services. Consumers who are aware of their rights and feel empowered to seek redress when wronged provide a natural safeguard against abuse and exploitation.

A consumer support model would enhance awareness of safeguarding mechanisms such as service providers' internal complaint resolution processes and the Aged Care Complaints Commissioner. It would also build the capacity of consumers to participate in the co-design of aged care policy and services, direct consumers to specific interest groups or organisations and provide training and support in consumer engagement for providers.

The current draft single aged care quality standards[34] emphasise the importance of providers partnering with consumers in the planning, delivery and evaluation of their care and services. A consumer support model would assist in developing the capacity of consumers to partner with service providers and participate in providers' quality governance structures.

Relationship to community and professional services

A consumer support model would provide linkages to services not funded by the aged care program such as elder abuse services and information and services or professionals for financial, legal and other expert advice, as well as disseminate information on community services for older people. A consumer support model would identify gaps in community services for older people (for example, community legal centres specialising in seniors' issues are not available in all states and territories) and provide the evidence for advocating for national consistency. A consumer support model should not be funded to overcome shortfalls in state and territory provision of community services, although it could provide professional services and expert advice on a fee-for-service basis.

Evaluation

The consumer support model should be subject to ongoing evaluation. The evaluation framework should include output and outcome measures for funding accountability purposes and inform the next phase of the model.

34 Available at the Department of Health consultation hub: https://consultations.health.gov.au/aged-care-access-and-quality-acaq/single-quality-framework-draft-standards/

Appendix 1: Diversity of older Australians

Available information shows that in Australia:

- 1 in 10 people aged 65 years and over as at 30 June 2015 live with a cognitive impairment and dementia.[35]
- 50.7% of older people had a disability in 2015.[36]
- 102,612 people aged 50 years and over as at 30 June 2014 identify as Aboriginal and/or Torres Strait Islander.[37]
- 28% of people aged 65 years and over in 2014 were born outside of Australia and 20.1% are from culturally and linguistically diverse backgrounds.[38] This proportion is expected to increase by over 40 per cent between 2011 and 2026.[39]
- Older people in Australia are considerably more likely than younger Australians to report a religious affiliation (81 percent). All world religions (29 different religions) are represented in Australia's older population.[40]
- 1.5% of people aged 65 years and older live in remote or very remote areas,[41] while 11.1% of people aged 65 years and older live in rural areas as at 2011.[42] In 2011, 69% of people aged 65 years and older lived in major urban areas (population clusters of 100,000 or more), and almost 25% lived in other urban areas (population clusters of 1,000 to 99,999) such as smaller cities and towns.[43] In 2015, 69% of operational places in residential aged care were located in major cities, with only 0.8% in remote or very remote areas.[44]
- 1 in 12 people aged 65 years and over as at 2010 are experiencing financial or social disadvantage.[45]
- 165,658 people aged 65 years and over at 30 June 2014 were veterans.[46]
- 14,851 people over 55 years in 2011 were homeless or at risk of homelessness.[47]
- 500,000 children were placed in institutional care last century[48] who are now aged between 40 years and 90 years old (i.e. care leavers).[49]

35 Australian Institute of Health and Welfare (AIHW), 2015a, *Dementia*, http://www.aihw.gov.au/dementia/
36 Australian Bureau of Statistics (ABS), 2016, *Disability, Ageing and Carers, Australia: Summary of findings 2015*, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0
37 Productivity Commission, 2015b *Report on Government Services*, Chapter 13: Aged care services, http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/community-services/aged-care-services
38 AIHW, 2015b, *Diversity in aged care*, http://www.aihw.gov.au/aged-care/residential-and-home-care-2013-14/diversity/
39 Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra p. 246 available at http://www.pc.gov.au/inquiries/completed/aged-care/report
40 Australian Bureau of Statistics (ABS) 2012-13, Who are Australia's older people? Reflecting a Nation: Stories from the 2011 Census, Cat. No. 2071.0.
41 Ibid
42 Australian Bureau of Statistics (ABS), 2011, *Census of population and housing*, http://www.abs.gov.au/census
43 Australian Bureau of Statistics (ABS), Where do older people live? Reflecting a Nation: Stories from the 2011 Census, Cat. No. 2071.0.
44 *AIHW, Operational Places Residential Aged Care 2014-15*, http://www.aihw.gov.au/aged-care/residential-and-home-care-2014-15/services-and-places/
45 Rodgers and Rodgers, 'Chronic and Transitory Poverty over the Life Cycle' (2010) 13(2) *Journal of Labour Economics* 117.
46 Australian Government, Department of Social Services (DSS) 2014b, 2013–14 *Concise Facts and Figures in Aged Care*, https://www.dss.gov.au/sites/default/files/documents/11_2014/att_a_-_2013-14_concise_facts_figures_in_aged_care.pdf
47 ABS 2011
48 Australian Government, Department of Social Services (DSS) 2013, *Families and Children: Care Leavers*, https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/apology-to-the-forgotten-australians-and-former-child-migrants/questions-and-answers/care-leavers
49 Kenneally, C. 2012, 'The Forgotten Ones', *The Monthly,* August 2012

- Of the approximately 150,000 adoptions between 1951-71, many were arranged without informed or willing consent, with parents separated from their children by forced adoption or removal suffering significant personal and psychological impacts.[50]
- 11% of people as at 2012 identify as Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI).[51]
- In 2007, older Lesbian, Gay and Bisexual people were twice as likely as the general population to have had symptoms that met the criteria for a mental health disorder in the past 12 months.[52]
- A significant minority of older Australians experience one or more mental or behavioural disorders (9.5%), high levels of psychological distress (10.9%), or take medication for their mental wellbeing (24%).[53]

A summary of the issues faced by diverse populations in accessing aged care services and interacting with My Aged Care, as reported at the My Aged Care discovery workshops in 2016 is set out below.

Indigenous elders

Participants in the discovery workshops reported that self-referral does not work for indigenous elders who need someone they know and feel comfortable with to guide them through the process, both because relationships are valued and access to technology, including landline or mobile phones, can be limited. Indigenous language services are not available on the Telephone Interpreter Service (TIS National) utilised by My Aged Care. Indigenous elders often fall through the cracks, if they fail to answer the prescribed number of calls (3) they are categorised as 'declining services.' require their cultural needs and context to be understood with reference not just to the rights of the individual but rights of the collective, i.e. what is good for the community is good for all. This is commonly not understood by people working with elders from indigenous backgrounds. In a cultural context, it is not effective to work with people as individual units, it is too problematic and is a white man's perspective/approach to solving problems/finding solutions.

CALD elders

Workshop participants reported that a proportion of CALD clients is not aware of or understands the aged care system, and as a result is not accessing My Aged Care. For those who do contact My Aged Care and do not have a good command of English the effectiveness of the Translation and Interpreting Service (TIS National) is questionable and the length of time to arrange interpreting services deters some CALD clients from persisting with their access request. Some callers may speak languages for which interpreters are difficult to find.

Participants also reported that My Aged Care screening does not take account of cultural issues and concerns and social isolation and, as a result, CALD clients are experiencing significant delays in commencement of services.

50 Australian Government, Department of Social Services, Supporting people affected by forced adoption – fact sheet, https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices
51 National LGBTI Health Alliance, 2012, LGBTI data: *Developing an evidence-informed environment for LGBTI health policy*, http://www.lgbtihealth.org.au/sites/default/files/LGBTI%20Data%20-%20Online%20Version.pdf
52 National LGBTI Health Alliance, *The statistics at a glance: the mental health of lesbian, gay, bisexual, transgender and intersex people in Australia*, http://lgbtihealth.org.au/statistics
53 Australian Institute of Health and Welfare, Older Australians at a Glance: 4th Edition, 2007, Australian Institute of Health and Welfare: Canberra

Often, CALD elders do not have computer knowledge and thus cannot navigate the system; may have achieved low levels of education and literacy in their countries of origin; or may have distrust for authorities or strangers intruding into their lives (e.g. refugees fleeing countries of origin in conflict).

LGBTI elders

LGBTI elders may have skills in navigating the My Aged Care website but experience uncertainty and stigma with both community care and residential care. In addition, My Aged Care and assessment documentation are not LGBTI inclusive (e.g. options for gender do not use the language of LGBTI elders). A single negative experience can result in the LGBTI elder disengaging completely from the aged care system. LGBTI elders in remote areas feel especially isolated.

Older people with disability

It was reported that My Aged Care is not specifically targeted towards coping with the needs of older people with disabilities. Older people with disability have difficulty engaging with My Aged Care. For example, deaf seniors may need information on aged care translated into Australian sign language (Auslan) and available via a video link. Once registered on My Aged Care, the RAS or ACAT assessor may have difficulty contacting a deaf person or a person with cognitive impairment or communication difficulties. Older deaf people and people with cognitive, communication or visual impairments need community-based support to access and navigate aged care services.

Older people with mental illness

Older people with mental illness may not recognise they are ill or need support, or may not disclose their illness for fear of stigma. The lack of clinical expertise or knowledge among My Aged Care staff was raised as a concern by health professional workshop participants, resulting in lack of specialised assessments or inadequate referral back to a specialist provider.

The NSW Mental Health Commission has noted that “People whose care and support have come through public mental health services may feel abandoned if responsibility for their care is handed over to residential aged care or other age-related services once they turn 65, or sometimes earlier. Therapeutic relationships established over many years can be forced to cease”.

People with complex needs

Workshop participants expressed frustration with the capacity of My Aged Care to respond to consumers with complex care needs, including people with dementia, acquired brain injury and/or those experiencing homelessness or risk of homelessness. It was put strongly that, ‘a one size fits all’ access model can result in in vulnerable populations not receiving the services they require.

In the case of people living with dementia, for example, Alzheimer’s Australia reported that timely access to services and supports has been variable and the processes related to the My Aged Care registration, assessment and referral are lengthy and confusing. Some consumers have reported waiting for up to three months from their first contact with My Aged Care. Given people with dementia and their carers tend to seek help when their circumstances are deteriorating, is likely that delays of this magnitude are causing considerable distress and compounding the difficulties they face. In addition, Alzheimer's Australia reported that the search categories on My Aged Care are not consumer-friendly, information provided is inconsistent or unclear and the complaints mechanisms are challenging to negotiate. Many Alzheimer’s Australia clients have commented they require

a personal advocate to support them through the process and some ultimately have not sought support because they do not have a telephone or internet, their carer is unable to time a return call in between caring duties, or the nominated representative of the person with dementia is not contacted by My Aged Care in the first instance.

Rural and remote elders

Older people living in rural and remote areas experience the issues engaging with My Aged Care identified in more populated areas, exacerbated by poor or intermittent internet coverage, lack of access to alternate sources of information, and difficulties relating to distance, time and cost for services, including assessors' capacity to provide face-to-face assessment in people's homes.

Aged care provision in rural and remote areas may be limited to one or two providers who have less need to compete for custom, through marketing or self-promotion, than their metropolitan counterparts, leading to 'information-poor' consumers. A small pool of providers may also result in lack of service differentiation or innovation.

Appendix 2: Changes in consumer support – HACC 2012-13 to CHSP 2015-16

2012-13 HACC Service Groups and Service Types	2015-16 CHSP Service Groups and Service Types
Commonwealth Home and Community Care (HACC) Program	
Client Care Coordination: • implementing the care plan • liaison within, or with another service provider that provides care to the same client • support to ensure that the client has access to the range of services required • monitoring and reviewing the care plan or service plan.	N/A – reclassified into direct service delivery, provided by Regional Assessment Services (RAS) from 1 July 2015.
Case Management: • active assistance received by a client to coordinate the planning and delivery of a suite of services to the individual client • targeted to clients with more complex needs, either short term or ongoing. • client receiving case management will be receiving multiple services, typically from more than one service provider	N/A – reclassified into direct service delivery,provided by Regional Assessment Services (RAS) from 1 July 2015 and limited to 10 hours only for vulnerable populations.
Counselling/Information/Support/Advocacy (care recipient): • assistance to understand and manage situations, behaviours and relationships associated with their need for care. • includes interventions such as advocacy, providing advice, information and training.	Specialised Support Services: • specialised or tailored services for older people who are living at home with a condition such as dementia or vision impairment • help clients, and their carers and families, to manage these conditions and maximise client independence to enable them to remain living in their own homes. • comprise a mix of direct service delivery, tailored support and expert advice. • provide support to other service providers to meet the specialised needs of those clients through awareness raising, information sharing and education.
Counselling/Information/Support/Advocacy (carer): • assistance to understand and manage situations, behaviours and relationships associated with their need for care. • includes interventions such as advocacy, providing advice, information and training	

2012-13 HACC Service Groups and Service Types	2015-16 CHSP Service Groups and Service Types
	Service sub-types delivered include: • continence advisory services • dementia advisory services • vision support services • hearing support services • other support services. Other service sub-types that can be provided under this service type on a transitional basis include: • client advocacy • carer support. Some activity was reclassified into direct service delivery.
Assistance with Care and Housing for the Aged Program	
Assistance with Care and Housing for the Aged Services that link clients to the most appropriate range of housing and care services in order to meet their immediate and ongoing needs. Engagement with the client and the gradual development of trust, leading to a supportive professional relationship, may take numerous interactions. Service sub-types are: • Assessment – Referrals • Advocacy - Financial, Legal etc. clients may require a period of continued support and advocacy to assist them to remain linked with those services.	Assistance with Care and Housing: Unchanged, but now under the CHSP.
Sector Support and Development	
HACC Sector Support and Development: • Building an evidence base (Research about the target population; Research and evaluation to inform what works successfully to assist people to remain independent and remain in the community longer)	Service System Development (not on service finder): • Support for a range of activities that are designed to support, develop and build the capacity of the service system and the sector. Some activity was reclassified into direct service delivery.

2012-13 HACC Service Groups and Service Types	2015-16 CHSP Service Groups and Service Types
• Service interventions (advisory services targeting specific clients, for example, multicultural advisory services; initiatives targeting special needs groups; new service delivery models, for example, models that incorporate a wellness focus) • Sector support and development (workforce initiatives, including training and incentives; providing specific workers in HACC regions that facilitate collaboration and support between Commonwealth HACC funding recipients; volunteer and peak body support.	

Grant Funding prior to July 2015 to after July 2015

Grant funding prior to July 2015	Grant funding after July 2015
Aged Care Service Improvement and Healthy Ageing Grants Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) provided flexible funding to deliver new and innovative, generally time-limited projects that address aged care priority areas and help strengthen the aged care system. The primary objective was to strengthen the capacity of the aged care sector to deliver high quality aged care, including through interaction with the health sector, and to promote healthy ageing through the following priority areas: • support for activities that promote healthy and active ageing; • respond to existing and emerging challenges, including dementia care • support for activities that build the capacity of aged care services to deliver high quality care; • support for activities that provide information and support to assist carers maintain their caring role; • support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas; and • support for older people with diverse needs.	**Dementia and Aged Care Services Grants** The DACS Fund can fund activities supporting individual older Australians who are sick or living with medical conditions that cover: • strengthening the capacity of the health and aged care sectors to provide services for older people with dementia, including consideration for people experiencing severe behavioural and psychological symptoms of dementia. This may include training which aims to improve the quality of care given to people with dementia; • support for services for individual older Australians who are sick or living with medical conditions, and who have diverse social and cultural needs;

Appendix 3: Possible Framework for integrated consumer supports

A framework for aged care integrated consumer supports would elucidate the overall vision for the model, and objectives and principles to guide its delivery as well as outline the services to be provided and delivery mechanisms.

A draft framework document is set out below.

Integrated Consumer Supports

Draft Framework

Vision

Empower all consumers to better understand and improve their access to the aged care system so they get the support, care and services they need.

Objectives

Overcome barriers to accessing aged care: Active, culturally appropriate engagement with difficult to reach, socially isolated and disadvantaged older people to ensure they are able to access the support they need.

Reduce the burden of risk for aged care consumers: Build the capacity of the aged care consumers to be confident participants in an aged care system in which both consumers and providers deal fairly, by providing practical support to enable positive risk taking and safeguard against abuse.

Enable aged care consumers to drive competition and innovation: Provide information, education and support so that consumers are sufficiently well-informed to benefit from and stimulate effective competition, exercise choice and control and drive demand for new and innovative products and services

Contribute to viability of taxpayer contributions to the aged care system: Promote active and informed consumer participation in the development of home care supports that address risk factors for entry into residential aged care and help older people to remain linked into community based support, thus reducing overall Government budget contribution per capita.

Retain specialised support services: Ensure the ongoing viability of services for unique population cohorts in particular those with complex conditions requiring specialist expertise, information and support.

Principles

Participatory: People with lived experience to be involved in designing and implementing a consumer support model, which will further build the capacity of consumers to be active and informed participants in the design and delivery of aged care services.

Independent: Providing consumer-led support that is independent from provision of care services

Culturally safe: Provides support within environments where people feel safe and draw strength in their identity, culture and community.

Reflect diversity: Provides tailored, and where needed, additional support for consumers from special needs groups to overcome access barriers and achieve equitable outcomes.

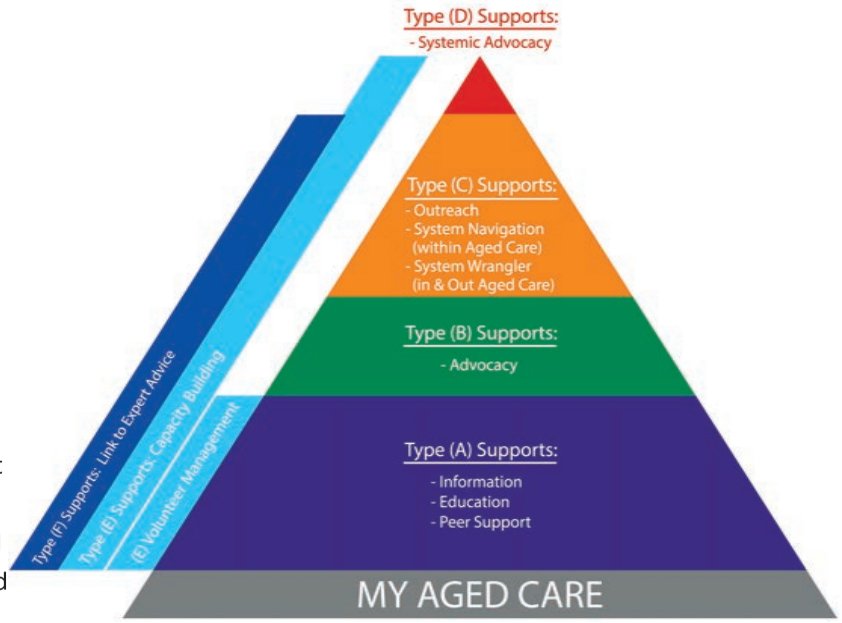
Flexible: Responds to individual and community needs by providing support in multiple formats and combinations that can be adapted to changing needs.

Broad reach: Reaches out to communities and difficult to engage groups.

Collaborative: Consumer support providers collaborate with consumers and other support providers across the model to ensure a comprehensive range of supports that are responsive to consumer needs.

Cost-effective: Supports are cost effective in that they enable consumers to better drive competition and innovation in aged care, defer or avoid entry to higher cost care and utilise community and other support.

Integrated Consumer Support Model



Potential Outcomes, Activities, Mechanisms and Providers

POTENTIAL CONSUMER SUPPORT OUTCOMES								
TYPE A			TYPE B	TYPE C		TYPE D	TYPE E	TYPE F
INFORMATION	*PEER SUPPORT ACTIVITIES*	*EDUCATION*	*INDIVIDUAL AND GROUP ADVOCACY*	*OUTREACH*	*SYSTEMS WRANGLER/ SYSTEM NAVIGATOR*	*SYSTEMIC ADVOCACY*	*CAPACITY BUILDING IN CONSUMER ENGAGEMENT*	*EXPERT ADVICE*
BUILDS AND STRENGTHENS MY AGED CARE'S BASE INFORMATION (PARTICULARLY TO TARGETED POPULATIONS) AND INCREASES AWARENESS OF OPTIONS FOR EXERCISING CHOICE AND CONTROL *Older Australians and their carers are empowered with information to exercise choice and control from localised trusted sources, tailored to their unique circumstances*	*LETS YOU LEARN FROM OTHERS HOW TO DO IT* *Older Australians and their carers improve their choice and control and decision-making in the aged care market through building on the knowledge and experience of their peers*	*ENSURES YOU UNDERSTAND THE SYSTEM* *Older Australians and their carers understand their rights, responsibilities and options within the aged care system, including financial obligations*	*SUPPORTS YOU IN DEALING WITH AN ISSUE* *Older Australians and their carers are supported to assert their rights and navigate the aged care complaints process*	*GETS YOU INTO THE SYSTEM* *Vulnerable older Australians are engaged and supported into the aged care system by trusted sources within their respective communities*	*GETS YOU A SERVICE* *Older Australians, particularly those with special needs or complex conditions are supported to identify the most appropriate supports for their individual circumstances (in or out of aged care system) and to exercise choice and control*	*SYSTEMATICALLY REVIEWS ACTIVITY AND ADVOCATES FOR NECESSARY CHANGES* *Identification of systemic issues and solutions to improve the aged care system for older Australians*	*TRAINS OLDER AUSTRALIANS TO ACTIVELY PARTICIPATE IN AGED CARE SYSTEM* *Older Australians are trained and empowered to represent the views of older Australians to providers and Government, and to participate in co-design of aged care services*	*LINKS YOU TO PROFESSIONALS FOR ADVICE* *Older Australians and their carers are aware of specialist advice services and are supported to connect with non-aged care systems to receive such advice, in particular on legal or financial matters*

POTENTIAL CONSUMER SUPPORT ACTIVITIES								
TYPE A			TYPE B	TYPE C		TYPE D	TYPE E	TYPE F
INFORMATION	*PEER SUPPORT ACTIVITIES*[56]	*EDUCATION*	*INDIVIDUAL AND GROUP ADVOCACY*	*OUTREACH*	*SYSTEMS WRANGLER/ SYSTEM NAVIGATOR*	*SYSTEMIC ADVOCACY*	*CAPACITY BUILDING IN CONSUMER ENGAGEMENT*	*EXPERT ADVICE*
1. Accurate, clear, up to date, and timely information on: • Eligibility rules • What the process is and what you can expect - End to end • Ways to exercise choice and control • Other people's experiences of processes and services • Financial and comparative value information • Avenues of review, appeal, redress • Specific conditions and complex needs • Consumer Directed Care (CDC) and other new concept	1. Information and insight on others' personal and lived experience of the aged care system 2. Help with understanding how choice and control is exercised 3. A connection to other forms of education – rights, advocacy, complaints, specialist consumer organisations 4. A resource for staff training – consumers to provide their perspectives of the system. 5. Overcome isolation and empower consumers and link diverse consumers to others with similar experiences	1. Provision of education on all consumer protections including competition and consumer law and fair trading 2. Provision of education on rights and responsibilities under the Aged Care Act for consumers, potential consumers, their families and representatives 3. Financial literacy education 4. Delivering 'information' activities in an adult education model 5. Training and education of aged care providers and their staff, including volunteers, on consumer rights and responsibilities	1. Support and enable people to assert rights and resolve problems across aged care and other systems and services 2. Support to navigate complaints process 3. Available to consumers, potential consumers, their families and representatives. 4. Provide support to and represent groups as well as individuals Referral to other expert advisors and servicess	1. Includes community and individual outreach services 2. Provides information that is culturally[57] appropriate in content and delivery 3. At the individual level, provides trusted, independent friend who is safe to talk to and can walk you through the system	1. 'Walk alongside consumer' while navigating through aged care 2. Provide one-on-one support to set and achieve goals and identify suitable provider(s) 3. Trusted source from consumer-driven organisation 4. Provides cross-system navigation and linkage (systems wrangler)	1. Provision of policy direction and advice arising from individual issues becoming apparent as systemic issues 2. Contribute to service planning and sector suppor	1. Capacity building for consumers to become involved in co-design of aged care services 2. Support for providers to get better at consumer engagement and co-design - whole of organisation approach 3. Consumer participation in quality governance of aged care organisations, agencies and providers 4. Consumer networks 5. Support for volunteering and managing volunteers	1. Individual advice on planning ahead, critical decision points and entitlements 2. Advice on preventative strategies, e.g. alternatives to residential aged care, assistive technologies 3. Linkages to non-aged care services or professionals for financial and legal advice 4. Elder abuse services and information 5. Financial advice and counselling 6. Linkages to specialist organisations relating to conditions or population needs

56 Note: Peer support activities enables people to share and learn from others' experiences, it does not include advising consumers, their families or representatives.
57 By culture – referring to broadest definition, e.g. disability, ATSI, CALD, Deaf, vision impaired, LGBTI, special needs

POTENTIAL DELIVERY MECHANISMS								
TYPE A			TYPE B	TYPE C		TYPE D	TYPE E	TYPE F
INFORMATION	*PEER SUPPORT ACTIVITIES*	*EDUCATION*	*INDIVIDUAL AND GROUP ADVOCACY*	*OUTREACH*	*SYSTEMS WRANGLER/ SYSTEM NAVIGATOR*	*SYSTEMIC ADVOCACY*	*CAPACITY BUILDING IN CONSUMER ENGAGEMENT*	*EXPERT ADVICE*
• Multiple models and formats, including face-to- face, printed, electronic materials, different languages and aural resources • Links to outreach services, advocacy, and expert advisor	• Volunteer-led peer support activities enabled by ongoing, secure funding	• May be peer-led or involve specialists through: ▪ Workshops ▪ one on one advice ▪ established volunteer programs	• Should continue to be available via telephone, video links or in person.	• Best housed within specialised organisations working with that community (e.g. ATSI, Language specific, homelessness specific) • Must be via trusted and existing communication channels and networks. • Can be delivered via FIFO Experts from specialised organisations or can resource people in own community • Culturally safe, no wrong door, with people clients recognise • Adequate resources = time, cost and flexibility	• Face to face in office, home or in local area • Mobile - local community centre • Over the phone, via video link (Skype, Zoom etc.)	• Consistent reporting and data sharing to enable systemic issues to become apparent (inc. advocacy, service providers and representative orgs) • Reporting, policy papers, advocacy to Government	• Consumer participation part of accreditation process for providers (as per Health sector) • Training & maintaining panels of consumers for engagement with service providers, government and across sector	• Existing government funding (e.g. for consumer support activities (e.g. counselling, information, financial or legal services)

POTENTIAL PROVIDERS								
TYPE A			TYPE B	TYPE C		TYPE D	TYPE E	TYPE F
INFORMATION	*PEER SUPPORT ACTIVITIES*	*EDUCATION*	*INDIVIDUAL AND GROUP ADVOCACY*	*OUTREACH*	*SYSTEMS WRANGLER/ SYSTEM NAVIGATOR*	*SYSTEMIC ADVOCACY*	*CAPACITY BUILDING IN CONSUMER ENGAGEMENT*	*EXPERT ADVICE*
• Outreach services • National Aged Care Advocacy Providers • Other advocacy, consumer organisations and support groups • Volunteer Visitors' vis CHSP and CVS • Consumer networks • Health care providers (GPs, Community health services, hospitals)	• Trained peer supporters and educators • Formal peer support groups • Peer support programs coordinated or facilitated by consumer organisations	• Consumer support groups • National Aged Care Advocacy Providers • Specialist education services offered by consumer organisations • Other rights and generic education providers	• Advocacy providers independent from Government and aged care providers • Some capacity for 'peer advocates'?	• Agencies must be independent from Government or other non-trusted groups (recognising past actions have generated lack of trust & trauma.) • Focus on agencies that act as 'community hubs': trusted points of contact within the specified community	• Key support workers employed in outreach services, NACAP agencies, other advocacy, consumer organisations (such as Alzheimer's Support Worker) and support groups	• National support and/or advocacy groups for Older Australians • Peak Bodies	• New body that is the equivalent of Health Consumers Australia for aged care – i.e. building on existing organisations • Well networked, diverse consumers who are also representative of special/complex needs	• Government, private and not-for-profit providers (incl. financial planning/advice and legal services)

NACA

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.