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# Submission Template

## Increasing Choice in Home Care – Stage 1

### Discussion Paper

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Please upload completed submissions by **5pm, Tuesday 27 October 2015** to  
[engage.dss.gov.au](http://engage.dss.gov.au)

#### Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.

**Name (first name and surname):** Kristin Johansson

**Name of organisation:** Multicultural Communities Council of SA Inc

**Stakeholder Category:** Peak Body

**State/Territory:** SA

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### General questions (see section 4 of the Discussion Paper)

**Question a)** Overall, what do you believe will be the impact of the proposed changes in Stage 1 on consumers and providers?

MCCSA completed this submission on behalf of the CALD Ageing Alliance. We believe that overall there will be a reduction in small providers (this will impact on many smaller ethnospecific providers). Whilst there will be more choice for CALD consumers they may find it difficult to both access and choose the right provider. People with language issues and no support will find it increasingly difficult. Pressure on community groups/organizations/ individuals to provide unpaid assistance will increase. Paid brokers may enter the marketplace

**Question b)** What type of information and support will consumers and providers require in moving to the new arrangements?

CALD consumers need more education on the new system and My Aged Care, information and support available in language, paid CALD workers to assist them with individual and systemic advocacy. The RAS assessors need more training on what services are available and an understanding of the importance of social support in reducing depression for people with limited or no English who need socialisation and want to communicate with people from their own cultural/linguistic background.

**Question c)** What additional information and support will the assessment workforce require in the lead up to February 2017?

More training on CALD services, understand the value of social support for isolated people

### Specific questions (see identified sections of the Discussion Paper)

**Question at 3.2.1** Your feedback is sought on the proposed national approach for making packages available to consumers based on individual needs. This would replace the current system of planning and allocating home care places to providers at the regional level.

This is supported provided CALD consumers are given appropriate support.

**Question at 3.2.5** Where there is a limited number of home care packages available, what factors do you believe should be taken into account in prioritising consumers to access a package?

Time spent waiting for a package should not be a priority, Levels of functionality and multiple levels of vulnerability should be taken into account so for instance chronic diseases, dementia, mobility issues, sight impairment, low or little levels of written and/or spoken English, psychological problems including PTSD as a result of exposure to torture or trauma, social isolation, financial disadvantage, lack of family support, housing. It is important that both physical and psychological issues are taken into account.



**Question at 3.2.6 (first question)** Feedback is sought on whether there should be a specified timeframe for the consumer to commence care once they are notified that a package has been assigned to them, and if so, what types of circumstances might extend this period.

60 days unless exceptional circumstances such as death of a family member or serious illness apply.

**Question at 3.2.6 (second question)** The Department is seeking feedback on how interim care arrangements should be addressed from February 2017 where the consumer's approved level of package is not available. For example, where a consumer has been approved as eligible for a specific package level, should My Aged Care assign a package to the consumer at a lower level as an interim arrangement?

Assignment to a lower level as an interim arrangement is agreed with provided that they remain on the list for the higher level package.

**Question at 3.3.2.1** Feedback is sought on the proposed approach to the treatment of unspent funds when a consumer moves to another home care provider.

Funds go with the person and are transferred within 28 days

**Question at 3.3.2.2** Feedback is sought on whether there is a preferred approach for the treatment of unspent funds when a consumer leaves subsidised home care.

Funds allocated by Commonwealth are returned to Commonwealth. Funds from the consumer are returned to the consumer, or in the event of death returned to their estate.

**Question at 3.3.3** What types of circumstances might need to be considered in developing the approach and legal framework for dealing with unspent funds? For example, should there be different considerations where there is a deceased estate?

Feedback is also sought on what might be reasonable timeframes for providers to action the transfer of unspent funds.

If transferring to another provider consumers should give 30 days notice and funds should be transferred immediately at departure (ie within 7 days of departure). With a deceased estate funds should be transferred to the estate and Commonwealth within 28 days.

**Question at 3.5.2** How might the criteria relating to the assessment of approved providers (Section 8-3 of the *Aged Care Act 1997* and the *Approved Provider Principles 2014*) be adjusted to better reflect expectations around the suitability of an organisation to provide aged care?

Feedback is also sought on the other proposed changes to approved provider arrangements, particularly those affecting residential and flexible care providers.



Residential care providers may be well placed to handle some aspects of home care packages but poorly placed to manage social support: group for ethnospecific community members. Where possible brokering arrangements with ethnospecific communities should be considered. Our view is that new ethnospecific service providers will find it very difficult to enter the marketplace under the proposed changes as they will find it hard to cashflow their services initially. Ethnospecific providers make significant contributions to their consumers wellbeing by offering approaches which take into account language, culture and often religious events. They help contribute to people's physical and emotional wellbeing over and above the simple provision of services common to many providers. These changes do not recognise or acknowledge this.

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### Other comments

#### General comments or feedback on other issues

CALD consumers are finding it difficult to navigate/ deal with My Aged Care and ethnospecific providers are spending up to 2 hours assisting consumers. This work is unpaid and is putting a burden on already busy staff most of whom are paid well below the average weekly wage. They can do so at present but whether it is sustainable is questionable and smaller communities do not have the luxury of accessing this help which will mean that there will be additional burdens of the literate English speaking members of their community. An increasing number of State and Federal Government programs are based around accessing the volunteer time of these community gatekeepers and this places unrealistic burdens on them. Accessing a key Government service for older people should not be dependent on goodwill or acts of charity. We would ask that the difficulties faced by those who have language and literacy issues is taken into account and funds allocated to provide assistance in this area. Similarly funds needs to be allocated for individual and systemic advocacy.

MCCSA and CAASA support FECCCA's recommendation that consideration be given to introducing comprehensive cultural diversity standards into aged care quality standards including home care to promote and ensure care that is inclusive and respectful of people's language, culture and spirituality.