

Submission to the review of Commonwealth Aged Care
Advocacy Services Option Paper

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Combined Pensioners & Superannuants Association of NSW Inc (CPSA)

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CPSA is a non-profit, non-party-political membership association founded in 1931 which serves pensioners of all ages, superannuants and low-income retirees. CPSA has 130 branches and affiliated organisations with a combined membership of over 31,000 people living throughout NSW. CPSA's aim is to improve the standard of living and well-being of its members and constituents.

CPSA welcomes the opportunity to comment on the review of Aged Care Advocacy Services (the National Aged Care Advocacy Program: NACAP).

Older people and people with a disability who receive aged care services must have access to an expert, effective and independent advocacy service to protect their rights and ensure they receive good quality care. This advocacy service should also reach out to care recipients and provide information and assistance as required. The latter is particularly important because many care recipients are reluctant to ask for help or are unaware that there are advocacy services available.

2.1 Definitions of advocacy

CPSA is comfortable with the listed definitions of advocacy. However, CPSA would like to highlight the importance of systemic advocacy in improving policy making and reform in the aged care sector. The NACAP services collect a wealth of information about the effectiveness and quality (or otherwise) of aged care services and this information should be fed back to the Department of Social Services (DSS) to improve policy settings and service provision. This, in CPSA's view, is essential in any end-to-end aged care advocacy program.

2.2 Development of a national framework

For there to be a nationally consistent approach to advocacy, state-based advocacy organisations should be funded according to the population and geographical size. In NSW, The Seniors Rights Service can only conduct education sessions in the 1,200-plus facilities once every three to five years because of limited resources.¹ On the other hand, the ACT NACAP service, ACT Disability, Aged and Carer Advocacy Service (ADACAS), is able to visit ACT facilities numerous times each year.

Any inconsistency in advocacy service provision between states is therefore not so much an issue of varying guidelines and policies, but one of resources. The introduction of consumer directed care will likely exacerbate this situation as it will place a greater workload on advocacy services charged with assisting care recipients understand consumer directed care.

CPSA supports the proposal to develop mechanisms for information sharing between the state-based services and recommends that there should be scope for data analysis as well. This is essential for the identification of systemic issues and trends in aged care service delivery. This information should be shared with DSS, the Aged Care Complaints Scheme (or Aged Care Commissioner) and the Aged Care Quality Agency.

¹ National Aged Care Advocacy Program Members (2010) 'Joint Submission to the Productivity Commission's Inquiry into Caring for Older Australians' July, p. 28

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

CPSA supports these principles. However, there seems to be a contradiction in the Options Paper's assertion that this review will not address systemic advocacy, but it expects NACAP services to identify systemic trends in complaints data as part of the key principles and priorities. A professional and effective advocacy service must analyse trends in aged care issues and there should be a mechanism whereby this information informs aged care policy decisions.

2.4 Objectives and service scope

A key objective of an advocacy service is to ensure that a care recipient's rights are upheld. Aged care recipients, by definition, are vulnerable and are often unable to independently exercise their rights. Advocacy services should ensure that if a resident's rights are abused or denied, appropriate remedial action is taken.

CPSA also believes that advocacy services play a key role in policy formation and that this should be identified in the objectives and scope of the NACAP.

2.5 Outcomes sought

CPSA agrees with these outcomes.

2.6 Eligible client populations

CPSA believes there should be scope for staff and volunteers to access the NACAP. Often staff are reluctant to contact the Aged Care Complaints Scheme because they fear that their complaint will be traced back to them. NACAP offers complainants a non-government complaints avenue and this should be open to all those engaged with the aged care system in the interests of resident safety and care quality improvement.

2.7 Service structure

CPSA believes that the nine separate jurisdiction-based organisations should remain. These organisations have a wealth of experience in providing aged care advocacy. They have built strong relationships in the target communities. Such relationships are critical to successful advocacy.

CPSA believes that these organisations should be adequately funded to conduct outreach services, particularly in areas where there are large rural and remote populations accessing aged care services. This would achieve the same goals as those outlined in Option 3, but potentially reduce the associated overheads.

Rather than establish a centralised advocacy service, there should be a unit in DSS to analyse complaints and issues data from the nine NACAP services. This information should then be used as part of aged care policy development. It could also be reported in

the annual *Report on the Operation of the Aged Care Act 1997* to increase transparency in the sector.

2.8 Funding considerations

CPSA believes that NACAP organisations should be able to undertake systemic advocacy as a core part of their function. Services should not be financially penalised for carrying out systemic advocacy, particularly when it can lead to improved aged care services for older people.

2. Future options: Ensuring access and appropriateness for people from special needs groups

CPSA proposes that advocacy services visit residential aged care facilities and engage with residents about their care. Residents should readily be able to contact their local advocacy service and do so in a confidential manner. Many residents are unable to make a phone call within their facility without the facility knowing about it. This prevents residents from seeking advice or making a complaint.

Advocacy should be particularly targeted at those residents who have no family or friends who can act in their best interests. This is why outreach services are particularly important so that all care recipients have access to an independent advocate.

2.9 Interface with other services

The NACAP should also be able to share information with the Aged Care Quality Agency, particularly when it identifies systemic issues within an aged care service. The Aged Care Quality Agency should also be obliged to report back to the NACAP service about the outcome of the complaint.