



## **Submission on Draft Bill for a New Aged Care Act**

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Centre for Participation

## Executive Summary

Centre for Participation is a pivotal community-based organisation dedicated to enhancing the quality of life for elderly individuals in the Wimmera Southern Mallee region of central western Victoria. With a dedicated team of staff and volunteers, the organisation provides essential services across five municipalities to a population of 48,400 residents. Despite challenges such as vast geographical spread and impending changes in the Aged Care Act, Centre for Participation remains committed to its mission.

The organisation currently operates various services under the Commonwealth Home Support Programme (CHSP), addressing critical needs such as transportation, social support, specialised support services, and fee-for-service initiatives like Meals on Wheels and gardening/home maintenance. However, impending changes in the proposed Aged Care Act pose significant concerns for Centre for Participation, particularly regarding the treatment of volunteers, categorisation of social support services, increased compliance costs, stringent quality requirements, sub-contracting arrangements, governance structure, and lack of funding detail.

Proposed solutions include delineating duties for volunteers and paid staff, redefining social support services, gradual rollout of the Act, incorporating flexibility in compliance measures, revising quality care definitions, reconsidering sub-contracting regulations, tailoring governance requirements, and consulting the sector on funding models.

Without meaningful revisions and adequate support, Centre for Participation faces the possibility of opting out of being an aged care provider by June 30, 2024. It underscores the urgency for policymakers to address these concerns to ensure the sustainability of vital community-based aged care services.

## Organisation overview

As of 7 March 2024, Centre for Participation comprised 33 dedicated paid staff members, representing a diverse blend of casual, part-time, and full-time positions, equivalent to 17.3 Full-Time Equivalent (FTE) roles. While many staff do not directly engage in aged care services, their contributions are integral to the smooth functioning of our operations.

Centre for Participation is supported by a robust pool of 405 volunteers. These volunteers play a crucial role in delivering services, particularly to individuals aged 65 and above. In 2023 alone, Centre for Participation volunteers collectively dedicated over 13,000 hours to serving aged care consumers, demonstrating their unwavering commitment to our cause.

Operating within the Wimmera Southern Mallee region, Centre for Participation serves a vibrant network of small communities nestled amidst the picturesque landscape of central western Victoria. Services extend across five municipalities, Hindmarsh Shire, Horsham Rural City Council, Northern Grampians Shire, West Wimmera Shire, and Yarriambiack Shire, collectively catering to a population of 48,400 residents.

One of the unique challenges we face is the vast geographical spread of our region, often requiring extensive travel to provide essential services. For instance, transport services frequently entail

journeys of up to 600 kilometres round trip to facilitate consumers' access to specialist appointments.

The dedication of Centre for Participation volunteers not only enriches the lives of our aging population but also yields significant cost savings. The 13,000 hours volunteered in 2023, if replaced by a paid workforce, would amount to approximately \$465,833 — an invaluable testament to the economic value of volunteerism within our organisation.

## Services provided to the aged

Current services directly impacted by Draft New Aged Care Act.

### **CHSP services – 23/24 FY (Total CHSP funding - \$287,700.65)**

#### **1. Transport - \$63,868.23**

Transport services are designed to help older Australians access essential services, such as medical appointments, shopping centres, community centres, and social activities. The aim is to support older individuals who may have difficulty getting around due to age-related limitations or disabilities, enabling them to remain active and engaged in their communities.

#### **2. Social Support Individual - \$153,517.16**

This service typically involves providing one-on-one support to individuals in areas such as companionship, assistance with shopping or attending appointments, help with light household tasks, or assistance with participating in social or community activities. The aim is to enhance social connections, reduce loneliness and isolation, and support individuals to remain active and engaged in their communities.

#### **3. Sector Support and Development - \$21,315.00**

Sector Support and Development includes various activities such as training and education for service providers, Volunteers and research into best practices, developing resources and tools for service delivery, and initiatives to strengthen the capacity and effectiveness of services.

#### **4. Specialised Support Services - \$49,000.26**

Specialised Support Services are services that are tailored to meet the specific needs of individuals who require additional support beyond the standard services provided under the CHSP. These specialised services may include things like dementia support, palliative care, multicultural services, or services for people with disabilities. The aim is to ensure that older Australians receive the necessary support to maintain their independence and quality of life.

#### **5. Fee for Service – Meals on Wheels**

Managing a volunteer Meal on Wheels service that places the consumer at the centre, whilst producing all the meals that are delivered through our social enterprise, Laneway – Café without Borders. This includes a sub-contracted arrangement with two current CHSP funded organisations in two local government areas, along with numerous HCP and NDIS consumers.

## **6. Fee for Service – Transport**

Centre for Participation’s Community Transport program also operates on fee for service, servicing both HCP and NDIS consumers. Through this model, we strive to bridge transportation gaps within the community, promoting independence and enhancing the overall well-being of our consumers.

## **7. Fee for Service – Gardening and home maintenance**

Fee-for-service gardening and home maintenance, operating under a sub-contracting arrangement for consumers. Consumers can access tailored gardening and home maintenance services as needed, to support their ability to live independently, utilising their home care and NDIS packages.

## **Area of concern in the proposed Aged Care Act**

There are seven (7) main areas of concern:

1. Approach to volunteers
2. Social Support under Category 4
3. Compliance costs
4. High Care Quality – timing clause
5. Role of sub-contractor (Associate Provider)
6. Blunt approach to governance
7. Lack of funding detail within the current exposure draft

### **Issue 1: Approach to Volunteers**

The Act considers aged care workers of a registered provider to include both paid employees and volunteers, with obligations and regulations applying to both.

Distinction between paid and unpaid workforce:

- Volunteering Australia defines Volunteers as individuals who provide their time willingly for the common good without financial gain.
- The Fair Work Ombudsman identifies characteristics of genuine volunteering arrangements, including benefitting someone else, lack of a legally binding employment relationship, absence of obligation to attend or perform work, and no expectation of payment.
- Criteria for determining employee status includes ongoing work under employer control, direction, and supervision, performing duties with an ongoing expectation of work, set work hours, and regular payment.
- Registered charities, according to the ACNC, have different legal entitlements and obligations for paid and unpaid staff.

The Exposure Bill fails to recognise legal distinctions between paid and volunteer aged care workers, meaning we cannot compel volunteer compliance in the same manner as paid staff.

Centre for Participation supports the proposition that individuals that make up the aged care workforce comply with the Aged Care Code of Conduct, however there are significant shortcomings

in the current Draft, particularly regarding penalties that fail to differentiate between the legal relationships of paid and unpaid workers within an organisation.

Treating breaches of the code by volunteers on par with those of paid workers overlooks critical distinctions in legal obligations and practical realities, especially:

- Volunteer training obligations, which lack legal enforcement and vary widely in participation.
- Challenges in recruiting volunteer workforces post-COVID and the evolving nature of this workforce.
- The potential impact of the Act's obligations on volunteer motivation in aged care.

Section 91 of the Act outlines essential requirements for the workforce and aged care workers, including screening, qualifications, and training. While we agree with screening requirements for volunteers, section (c) lacks clarity regarding the qualifications expected from volunteers. Volunteers bring diverse backgrounds and experiences, making it impractical to mandate specific aged care qualifications for them.

We express serious concerns about the ramifications of the current Act on the utilisation of volunteer workforces in aged care. The potential reduction in the volunteer workforce would not only affect service delivery but also carry significant financial implications for the Commonwealth.

Centre for Participation urges a reconsideration of the Act's provisions to ensure that they appropriately accommodate the unique nature of volunteer involvement in aged care and safeguard the sustainability of vital service delivery models like Community Transport, Social Support and Meals on Wheels.

### **Proposed Solution**

The Exposure Bill should delineate the duties and accountabilities of registered providers and responsible individuals concerning volunteers versus the paid aged care staff, adjusting regulations accordingly to suit the unique dynamics of volunteering and the legal framework governing the sector.

### **Issue 2: Social Support under Category 4**

Much of Centre for Participation's Social Support Individual funding supports consumers for outings, such as morning tea and shopping assistance and is reliant on volunteers. Locating this service under Category 4 significantly puts our services at risk, potentially impacting on social connection, loneliness and isolation, and our consumers ability to remain active and engaged in their communities.

The delivery of essential services aimed at fostering community connection in a secure manner is pivotal for maintaining social support networks, especially for vulnerable populations. The evaluation of risks and costs associated with adhering to aged care standards and compliance once operating under category 4, adds complexity to service delivery. Numerous local governments have deemed these risks untenable, leading to the withdrawal of support services for older members of their communities. The existing language within the Act potentially paves the way for similar actions by Centre for Participation, exacerbating the challenges faced by those reliant on these critical services.

### **Proposed Solution**

Centre for Participation recommends that these types of services be factored into the definition of Transport service under Category 1.

### **Issue 3: Compliance costs**

The Act places significantly greater compliance costs on CHSP providers and this will need to be factored into the changes. Centre for Participation will need significant support and resourcing to understand the changes to compliance and this cannot occur without funding.

The complexity of these new obligations and requirements and the proposed very short timeline to implement them will place undue pressure on Centre for Participation and its volunteer Board of Directors.

Relying solely on strict compliance measures and penalties is not the most effective approach to providing the quality services that Australians desire. It's essential to focus on cultivating a culture of excellence within aged care service delivery systems. At the Centre for Participation, we advocate for integrating a culture of quality and continuous learning into aged care practices, in addition to maintaining compliance standards. However, it's crucial to ensure that adequate funding is allocated to support the implementation of such a system.

### **Proposed Solution**

The Centre for Participation advocates for a thoughtful and gradual rollout of the Act, acknowledging the diverse range of services and risk levels present in the sector. It's imperative to avoid further loss of CHSP services within communities.

### **Issue 4: High Care Quality timing clause**

Centre for Participation services are not currently on-demand services within the limits of its current funding model. Centre for Participation requires lead times of between 1-3 days to provide service given the changing nature and availability of its volunteer workforces. The high-quality care clause is not in keeping with the resourcing and practicalities of providing Centre for Participations CHSP services, and unfairly labels the service as not being of high-quality care.

Meaning of high-quality care.

The delivery of a funded aged care service by a registered provider to an individual is high quality care if the service is delivered in a manner that:

- (a) puts the individual first; and
- (b) upholds the rights of the individual under the Statement of Rights; and
- (c) prioritises the following:
  - (i) kindness, compassion and respect for the life experiences, self-determination, dignity, quality of life, mental health and wellbeing of the individual,
  - (ii) the timely and responsive delivery of the service to the individual,

(iii) specific tailoring of care to the personal needs, aspirations, and preferences of the individual.

The precise parameters defining top-notch care remain somewhat elusive, particularly concerning the constraints imposed by financial resources, the imperative of cost-effective service delivery, and the availability of both volunteer and paid staff within the framework of the Centre for Participation's

### **Proposed Solution**

Consider incorporating both paid and volunteer drivers into the CHSP funding model and assessing their effectiveness through the ongoing Variable Pricing Matrix trial conducted by the Community Transport Sector. If the government aims to enhance the aged care system by providing additional care and support to those in need, it would be prudent to explore and finance a funding model for an on-demand Community Transport service.

### **Issue 5: Role of sub-contractor (Associate Provider)**

Many CHSP services are sub-contracted by current Home Care providers to provide supported to their consumers who require this additional support and flexibility. In regional areas, in particular Community transport services are the only option for many. Since the Quality audits of recent times have reinforced the need for registered providers to “own” the clients of sub-contractors we have seen a reduction in the number of providers who accept volunteer drivers. This has led to highly inefficient and costly alternatives such as taxi’s being used instead for older people who need a more supportive transport option.

The current provisions for Associate Providers will preclude HCP providers from sub-contracting, reducing the utilisation and availability to consumers, who want to remain active in their community and attend nonservice-based opportunities such as shopping, theatre, meeting friends.

This will:

- impact on the capacity for consumers get out and access the services and social connection. People who are vulnerable can only use Community Transport to achieve this. Many aspects of the Act will jeopardise this right.
- add to the administrative impost, whilst significantly increasing legal fees to comply.
- see a reduction of sub-contracting by registered providers which will reduce consumer choice.

### **Proposed Solution**

Do not define services, such as Social Support Individual, Transport, Meals on Wheels and Gardening as an Associate provider in this relationship with package providers or If an organisation is a registered provider then their compliance with the aged care standards should apply automatically to the Community Transport provider as an associate provider.

### **Issue 6: Blunt approach to governance**

Whilst Centre for Participation fully supports the approach to improved governance, the current Act does not align governance responsibilities with the service categories approach taken and it risks being able to attract people to the Board.

Governance should be appropriate to the size, type, complexity, and risk of an organisation and treating Centre for Participation, and many other CHSP funded organisations, as having the same risks, complexity and service type as residential aged care is inappropriate.

Centre for Participation runs the real risk of key skills gaps in our regional area, whilst making it hard to attract a Board of good governance.

### **Proposed Solution**

A structured governance framework tailored to the Categories of Services, delineating clear governance duties for all Boards. As the complexity and risk levels of services elevate, governance requirements become more intricate. Consider funding to compensate two seasoned Board Directors with expertise in clinical governance for all registered providers.

### **Issue 7: Lack of funding detail**

The Centre for Participation expresses deep concern regarding the lack of detail regarding funding models and approaches in the Exposure Draft. It recognises that without such crucial information, our ability to provide meaningful commentary to the government is severely compromised.

### **Proposed Solution**

The Centre for Participation strongly suggests that Chapter 4 be finalised and that the sector be thoroughly consulted before any steps are taken to present the Act to Parliament.

## **Conclusion**

Centre for Participation plays a critical role in enhancing the quality of life for elderly individuals in the Wimmera Southern Mallee region. Despite the organisation's dedicated efforts and the invaluable contributions of both staff and volunteers, impending changes in the Aged Care Act pose significant challenges and concerns.

The proposed solutions outlined address key issues such as the treatment of volunteers, categorisation of social support services, compliance costs, quality care definitions, subcontracting arrangements, governance structure, and lack of funding detail. It is imperative for policymakers to consider these solutions to ensure the sustainability of vital community-based aged care services.

Moreover, the overview of the organisation's operations and services underscores the importance of Centre for Participation in serving the needs of the aging population in the region. However, without meaningful revisions and adequate support, the organisation faces the possibility of opting out of being an aged care provider by 30 June 2024.

Therefore, it is crucial for policymakers to address the concerns raised and engage in thorough consultation with the sector before finalising and implementing the proposed Aged Care Act. Only through collaborative efforts can we safeguard the provision of essential aged care services and ensure the well-being of elderly individuals in our communities.