OPAN Older Persons Advocacy Network

Service Delivery Framework

for the National Aged Care Advocacy Program
November 2019

1800 700 600

www.opan.com.au

OPAN service delivery organisation in your state or territory:

ACT	TAS	VIC	NSW	NT – Top End
ADACAS Advocacy	Advocacy Tasmania	Elder Rights Advocacy	Seniors Rights Service	Darwin Community Legal Service

QLD	SA	WA	NT – Central
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Funded by:

Australian Government
Department of Health

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OPAN acknowledges the Traditional Custodians of this land and pays respect to Elders past and present.

1. Overview of the National Aged Care Advocacy Program

1.1 Introduction

On 1 July 2017, all Older Persons Advocacy Network (OPAN) service delivery organisations (SDOs) agreed to develop and implement a National Aged Care Advocacy Program (NACAP) service delivery framework.

The requirement outlined in the NACAP approved Work Plan is described as:[1]

Delivery of nationally consistent advocacy services which provide value for money through an operationally efficient approach to SDO activities. Establish baselines of performance and quality across the portfolio of advocacy, information and education services… Develop a single, unified approach to how OPAN services are:

- Defined and described;
- Measured and reported;
- Delivered with standard agreed deliverables;
- Marketed and communicated;
- Consistently improved.

OPAN has developed a nationally consistent Service Delivery Framework (SDF) for advocacy that includes core processes for individual advocacy, definitions and data descriptors, service commitments, and measurement of outcomes. Its purpose is to support consistency and support the promotion of good practice in relation to aged care advocacy nationally. The challenge of providing consistent service delivery, given the development of state and territory approaches over a long period, has been noted in several NACAP reviews.[2]

The challenge of clearly articulating the model of aged care advocacy and the describing the rationale for the model will have benefits for OPAN, its SDOs and government. More importantly it will assist older Australians to have a common understanding of the benefits of aged care advocacy and why SDOs and their aged care advocates approach advocacy in the This SDF has been developed through consultation with the nine organisations in the Network. It provides SDOs with a model for delivering free, independent and confidential advocacy support and information to older people (and their representatives) receiving, or seeking to receive, Australian Government funded aged care services.

The target audience of the SDF is OPAN SDOs and their aged care advocacy staff. Its implementation is guided by the principles and priorities of the Aged Care Act, 1997,[3] the United Nations Charter of Human Rights, the United Nations Principles for Older Persons, the Single Charter of Aged Care Rights, and Australian Consumer Law. It should be read in conjunction with the National Aged Care Advocacy Framework (NACAF),[4] the NACAP Program Guidelines[5] and the NACAP Funding Agreement, including approved work plans.

SDOs work within the structure of the SDF to support older people to exercise their rights, recognising and acknowledging that older people are a diverse group and that some people can experience additional disadvantage – these people are described in the Aged Care Act 1999 as "special needs groups" and in the NACAF as "NACAP Target Groups".[6]

1 Department of Health, Australian Government (2017) OPAN Initiatives Work Plan Program of Works 2017-2020, pp 12-13
2 Allen Consulting Group (2006) NACAP Evaluation; Internal Review (2011); Australian Healthcare Associates (2015) Review of Commonwealth Aged Care Advocacy Services.
3 Including the Grants Principles, 2014
4 https://agedcare.health.gov.au/sites/default/files/documents/01_2019/nacap_framework_-_final_minister_approved_dec18.pdf
5 https://agedcare.health.gov.au/sites/default/files/documents/01_2019/nacap_program_guidelines_february_2017.pdf
6 NACAP Framework, p.5

1.2 Types of advocacy

Advocacy services ensure that the rights of older people are supported, and that they are empowered to make informed decisions about their care. This rights and capacity based focus is central to the OPAN model of NACAP service delivery.

The following descriptions list seven broad categories[7] of advocacy:

- Citizen advocacy: matches older people with volunteer advocates who remain committed to that person for their life.
- Family advocacy: helps parents and family members advocate on behalf of the older person for a particular issue.
- Individual advocacy: upholds the rights of individual older people by working on discrimination, abuse and neglect.
- Legal advocacy: upholds the rights and interests of individual older people by addressing the legal aspects of discrimination, abuse and neglect.
- Self-advocacy: supports older people to advocate for themselves, or as a group.
- Systemic advocacy: seeks to remove barriers and address discrimination to ensure the rights of older people
- Peer advocacy: support from advocates who have shared or similar experiences with a person they are supporting.[8]

NACAP and OPAN SDOs approach includes self, individual, family, and systemic advocacy. OPAN nationally utilises the experience and knowledge of older people and SDO advocates to contribute to its systemic advocacy at the national level.

1.3 Cost-Benefit of advocacy

Although there is little research on the value of advocacy, analysis in 2017 [9] found disability advocacy provides a saving to government of $3.50 for every dollar invested. The savings to public systems such as education, health, justice and child protection outweigh the costs of funding advocacy organisations. This equates to a net benefit of around $600 million to Australia over 10 years.[10]

Internationally, the Office for Disability Issues in the UK produced a framework for research on costs and benefits of independent advocacy, having found that "some qualitative evidence exists on the process of advocacy for particular people (such as disabled children and young people and those in the care system), but there are significant gaps in the literature on the evidenced effectiveness of advocacy, particularly (though not limited to) older people and people with mental health conditions or who lack capacity."[11]

OPAN supports investment in approaches to further develop the evidence base for aged care advocacy and individual advocacy more broadly to demonstrate the qualitative and cost benefits of the model.

1.4 Principles

The Principles of the OPAN Service Delivery Framework have been adapted from the Australian Government's NACAF and they guide the provision of advocacy for older people in Australia.

These principles are:

(a) Guided by rights-based principles and legislation

(b) Person centred and directed practice

(c) Use of proven and tested practices

(d) Increase capacity to self-advocate

(e) Embrace the concept and practice of continuous improvement, with service user feedback at the forefront

(f) Access and equity

(g) Partnerships

(h) Independence

(I) Partisanship.

Principles are described in more detail on pages 14 to 18 of this document.

1.5 Objectives

The aim of the OPAN Service Delivery Framework is to set the foundation for a consistent yet customisable approach to the provision through NACAP of independent, confidential advocacy support which meet the needs of eligible individuals.

1.6 Outputs

The framework guides delivery of the following outputs:[12]

- independent and individually focused advocacy support delivered to older people (including their families or representatives)
- the provision of independent information to support older people (including their families or representatives)
- the delivery of education sessions promoting aged care rights, and rights more generally, to older people (including their families or representatives)
- the delivery of education sessions to aged care providers and staff promoting rights, including through online/ digital systems.

1.7 Outcomes

Advocacy provided under this SDF will support older people so they:

- can effectively interact with the aged care system
- better transition between aged care services
- are enabled and empowered to make informed decisions about the care they receive
- can exercise their right to choice in accessing and receiving aged care services
- have their aged care rights better understood, recognised and upheld
- have their aged care needs better met
- increase their capacity to self-advocate
- can resolve problems or complaints with aged care providers in relation to the aged care services they receive
- know their aged care rights and responsibilities
- are not subjected to elder abuse within the aged care system or in the community
- can address issues that impact their ability to live in their own homes, with the aim of preventing premature admission to aged care facilities and focussing on wellness and reablement.[13]

7 Adapted from https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/national-disability-advocacy-program-ndap
8 National Disability Advocacy Framework, p.12
9 Professor A Daly, G Barrett and R Williams (2017) A Cost Benefit Analysis of Australian independent disability advocacy agencies. University of Canberra. The Cost Benefit Analysis valued the social impacts (i.e. impact on society's wellbeing) of independent disability advocacy in economic terms. These values are aggregated over time (10 years) using the discount rate (2%) showing society's trade-off between current and future consumption. The discounted impacts are compared, using the decision criteria Net Present Value (NPV), and Benefit/Cost Ratio to measure the extent to which the economic benefit to Australia, of independent disability advocacy, exceed its costs.
10 https://vcoss.org.au/analysis/increase-advocacy-support-for-people-with-disability/
11 https://www.ndti.org.uk/uploads/files/SSCR_Advocacy_Scoping_Review_Jan_2014.pdf
12 Ibid p.3
13 NACAF p.4

2. Reform and policy history and directions

2.1 Aged care advocacy history and reform

Aged care advocacy has been delivered in Australia since it was recommended by the Ronalds Review in 1989.[14] This Review resulted in funding to 9 State and Territory based organisations[15] to provide information and advocacy to people receiving government funded residential aged care[16] under the Residential Advocacy Services Program. The program was renamed the National Aged Care Advocacy Program (NACAP) in 2002 to reflect its expansion to include people receiving non-residential aged care services. In 2017, NACAP became a national program managed by OPAN, with services delivered by the 9 State and Territory based organisations (SDOs).[17]

Aged care advocacy takes place in a human services sector that is restructuring through funding levers to expand the range of provider governance structures, support lead agent models, focus on outcomes, and expand "consumer" empowerment and choice. Aged care in Australia has gradually shifted towards individualised funding models, increased user pays with safety nets, a wellness and reablement focus, and "consumer" choice and control.

2.2 "Consumer" directed care

The Australian government sees "Consumer" Directed Care (CDC) as a model of service delivery that gives individuals choice and flexibility,[18] as provided for in Aged Care laws.[19] The Department of Health's Home Care Packages Program Manual[20] outlined six guiding principles underpinning service delivery on a CDC basis: "consumer" choice and control; rights; respectful and balanced partnerships; participation; wellness and reablement; and transparency.

CDC also includes the provision that it is itself voluntary - the service user is not required to work in such a fashion if they do not wish to.[21]

The lack of incentive to provide services and choices in remote areas has been noted as a casualty amongst this trend to market based service provision.[22]

Additionally the ideology of CDC facilitates individual rather than communal control which limits its relevance for Indigenous Elders.[23] The potential empowerment of Indigenous communities through CDC is truncated by a lack of awareness of culturally safe practices among service provider staff alongside the lack of trust that comes with conventional service-led approaches.[24]

2.3 Department of Health

Currently, the Australian Government Department of Health issues notices of non-compliance and sanctions. From January 2020, the Aged Care Quality and Safety Commission assumes the aged care regulatory functions of the Australian Government Department of Health.

The Department of Health manages the Aged Care Sector Committee. This Committee released the Aged Care Roadmap, setting out a vision for future reforms in aged care. Its Diversity Sub-group released the Aged Care Diversity Framework in December 2017 - an overarching set of principles designed to embed diversity in the design and delivery of care and to address barriers to accessing safe, equitable and quality care. Three separate action plans to support the framework have been developed for people from LGBTI, CALD and ATSI communities.

[14] C Ronalds (1989) Residents' Rights and Responsibilities in approved Nursing homes and hostels. Canberra, Australian Government Public Service
[15] ACT Disability, Aged and Carer Advocacy Service in Australian Capital Territory; Advocacy Tasmania in Tasmania; Advocare in Western Australia; Aged and Disability Advocacy Australia in Queensland; Aged Rights Advocacy Service in South Australia; CatholicCare Aged Care Advocacy Service Central Australia in Northern Territory; Elder Rights Advocacy in Victoria; Seniors and Disability Rights Service, Darwin Community Legal Service in Northern Territory; Seniors Rights Service in New South Wales.
[16] The Aged Care Act 1997 allows the Commonwealth to provide funding for the purposes of: (a) encouraging understanding of, and knowledge about, the rights of recipients and potential recipients of aged care services on the part of people who are, or may become: (i) care recipients; or (ii) people caring for care recipients; or (iii) people who provide aged care services; or on the part of the general community; (b) enabling care recipients to exercise those rights; (c) providing free, independent and confidential advocacy services in relation to those rights to people: (i) who are, or may become, care recipients; or (ii) who are representatives of care recipients.
[17] During 2017/18, OPAN assisted 13,794 older people through provision of information and/or advocacy. More than one third of those assisted were classed as 'vulnerable.' In addition, OPAN provided 1,680 education sessions to older people living in residential aged care or receiving home care services. One quarter of these sessions were delivered to residents who were classed as 'vulnerable.'
[18] Department of Social Services. What is Consumer Directed Care? Information for Home Care Package providers https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2015/what_is_consumer_directed_care_0_0.pdf Retrieved 21-5-2019
[19] See specifically User Rights Amendment (Consumer Directed Care) Principles 2015
[20] Australian Government Department of Health (2015) Home care packages programme operational manual.
[21] DSS Op.cit. See also https://lgbtihealth.org.au/what-is-consumer-directed-care-cdc-and-what-does-it-mean-for-older-lgbti-australians/
[22] Emeritus Professor Nay, R (2014) Person-Centred Care and Consumer Directed Care Clarity in Communication: Discussion Paper. Prepared for and published by State of Victoria, Department of Health.
[23] Ottmann, G (2018) Exploring Community-Based Aged Care with Aboriginal Elders in three Regional and Remote Australian Communities: a qualitative study. Australian College of Applied Psychology, School of Social Work.
[24] Ibid

2.4 Aged Care Quality and Safety Commission

As part of the recommendations of the Review of National Aged Care Quality Regulatory Processes (Carnell-Paterson Review), the Aged Care Complaints Commission and the Australian Aged Care Quality Agency merged to form the Aged Care Quality and Safety Commission (ACQSC).[25] The Commission is responsible for the accreditation, assessment and monitoring of, and complaints handling of aged care services and Commonwealth-funded aged care services. The Commission is now also responsible for the approval of providers of aged care, compliance and compulsory reporting of assaults.

The ACQSC implements a Single Aged Care Quality Framework (single quality framework) with:

- a single set of quality standards for all aged care services
- improved quality assessment arrangements for assessing provider performance against quality standards
- a single Charter of Aged Care Rights for all aged care recipients
- publication of improved information about quality to help older people choose aged care and services.

Providers are no longer assessed and monitored against different quality standards, but against the new single set of Aged Care Quality Standards in order to:

- increase the focus on quality outcomes for older people
- recognise the diversity of service providers and older people
- better target assessment activities based on risk
- eflect best practice regulation.

The Single Charter of Aged Care Rights, developed as part of the single quality framework, merged four charters, providing the same rights in residential care, home care packages, flexible care, and services provided under the Commonwealth Home Support Programme (CHSP) and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

The Charter focusses on 14 high-level rights of older people in aged care– the right to:

- safe and high quality care and services
- be treated with dignity and respect
- have my identity, culture and diversity valued and supported
- live without abuse and neglect
- be informed about my care and services in a way I understand
- access all information about myself, including information about my rights, care and services
- have control over and make choices about my care, personal and social life, including where choices involve personal risk
- have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
- my independence
- be listened to and understood
- have a person of my choice, including an aged care advocate, support me or speak on my behalf
- complain free from reprisal, and to have my complaints dealt with fairly and promptly
- personal privacy and to have my personal information protected
- exercise my rights without it adversely affecting the way I am treated.

[25] The Commission is regulated by the Aged Care Quality and Safety Commission Act 2018

2.5 Partnerships and Systemic Advocacy

OPAN is a member of a broad range of decision making structures:

Aged Care Quality and Safety Commission (ACQSC) Consultative Forum

OPAN is a member of The Aged Care Quality and Safety Commission Consultative Forum and provides data on emerging issues in aged care. OPAN shares the aims of the engagement and education work of the ACQSC[26] to empower older people to make informed choices, and to promote best practice models for providers to engage older people in the provision of their care.

Aged Care Quality and Safety Commission (ACQSC)

OPAN has a Memorandum of Understanding with the ACQSC.

The National Aged Care Alliance (NACA)

OPAN is a member of the National Aged Care Alliance which provides is a representative body of peak national organisations in aged care, including “consumer” groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia.

Department of Health

OPAN is contracted by the Australian Government Department of Health to provide the National Aged Care Advocacy Program. As part of its role in delivering NACAP, OPAN meets on a quarterly basis with the Department of Health to provide updates them on important emerging issues and to follow up on previous items raised with the Department regarding systemic issues. While the quarterly meeting occurs with the branch responsible for contract management of NACAP OPAN will also meet with senior executive in the Department of Health in relation to other areas of policy and performance related to aged care on an as needs basis.

The quarterly activity and narrative reports provided by OPAN Service Delivery Organisations inform the agenda and items raised with the Department. One of the unique offerings of a national network such as OPAN is the ability to collect and summarise the stories and experiences of older people and their families in relation to the aged care system. The role of individual aged care and elder abuse advocates is essential in documenting the emerging issues across the sector.

[26] The Commission’s key functions as set out in the Aged Care Quality and Safety Commission Act 2018 are: protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers; promoting the provision of quality care and services; consumer engagement functions; complaints functions; regulatory functions; and education functions.

3. The Service Delivery Framework

3.1 Overview

The OPAN Service Delivery Framework (SDF) is composed of 8 elements:

- Principles
- Approach
- Access strategies
- Service commitments
- Core service delivery processes
- Practice guidelines
- Resources and infrastructure
- Improvement

These elements are represented in a cycle, as indicated below.

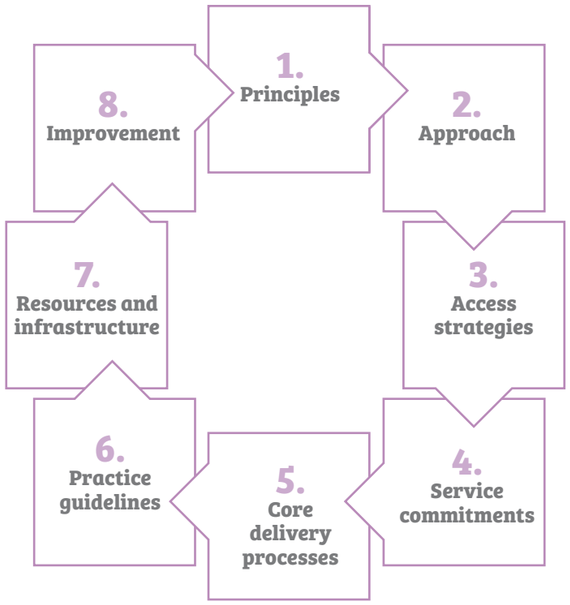


Diagram 1: Diagram of OPAN Service Delivery Framework for NACAP

3.2 Elements of the Service Delivery Framework

Summary

Principles that underpin OPAN's aged care advocacy service delivery include (a) Guided by rights-based principles and legislation (b) Person centred and directed practice (c) Use of proven and tested practices (d) Increase capacity to self-advocate (e) Embrace the concept and practice of continuous improvement, with service user feedback at the forefront (f) Access and Equity (g) Partnerships and (h) Independence.

The OPAN NACAP service delivery approach is one of (1) Access and equity (2) Consistency (3) Flexibility and responsiveness (4) Collaboration (5) Service user participation (6) Respectful language.

Access strategies include (a) an 1800 number (b) a website with booking capability (c) an app (d) face-to-face appointments (e) multiple branches (f) outreach visits (g) remote model/place based approaches.

Service commitments include (1) We are accessible (2) Our advice is independent and free (3) You are at the centre of the decision making process (4) We provide the information you need in ways that you find easy to understand (5) We provide services that are sensitive to your individual background, and do not discriminate on any basis (6) If we need to refer you to someone else, we will make sure we have up-to-date details (7) We work with you to resolve your concerns and guide you through any complaint you may wish to make.

Core service delivery processes are (a) First Contact (b) Emergency Screening/ External emergency referral (c) Consent (d) Additional support screening (e) Organised support (f) Scope determination (g) Further assessment/ identification of options (h) Information provision (i) Authority (j) Advocacy support (k) Closure (l) Internal Referral (m) External referral (n) Feedback (o) Exit

OPAN works with SDOs to develop and issue Practice guidelines to provide guidance on practice matters that arise and where it is agreed a common or consistent approach is beneficial for older people and their families.

Resources and infrastructure supporting this SDF include (1) Quality assurance (2) Data (3) Staff (Professional development, Practice knowledge, Sector knowledge) (4) Commonwealth Government funding (5) the National Aged Care Advocacy Framework.

Continuous improvement of service delivery takes place through systematically acting on feedback gained from first and foremost older people who engage with SDOs and OPAN, as well as potential service users.

Element 1: Principles

The Principles of the OPAN SDF have been adapted from the Australian Government's NACAF which sets out the principles that guide NACAP advocacy, and have been informed by SDOs in each State and Territory.

Principle 1 - Guided by rights-based principles and legislation

The relevant rights-based principles and legislation that guide the delivery of NACAP include but are not limited to:

- The United Nations Charter of Human Rights[28]
- The United Nations Principles for Older Persons (1991)[29]
- UN Convention on the Rights of Persons with Disabilities
- UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[30]
- The Single Charter of Aged Care Rights[31]
- Australian Consumer Law
- Aged Care Act 1997

This means OPAN SDOs focus on assisting older people to understand and exercise their rights. This may be through information and education to the older person on what their aged care rights are or it may be through additional supports to raise an issue and have it resolved.

OPAN also supports the principle of natural justice and the ability of the recipient of OPAN's services to make a complaint about the services they receive and to have that complaint fully investigated and responded to.

OPAN is guided by the work around supported decision making. [32]

Principle 2 - Person centred and directed practice

This principle commits SDOs to ensure older people are placed at the centre of the advocacy process, with the advocate acting at the direction of the older person requesting a service.

Where a client is able to direct the advocate about their wishes, even in general terms, these wishes are paramount over the wishes of other stakeholders, to provide for situations where family and other representatives may have different views and direction to the older person.

OPAN advocates self-determination as a human right. It is recognised that older people enjoy legal capacity on an equal basis with other citizens and have a right to be supported to exercise that capacity.[33] OPAN advocates assume capacity.

The terms "person centred" and "consumer directed" are often used interchangeably, however they are not the same thing.

Person centred[34] maximises self-determination, choice, goal achievement, and well-being although it has been noted that the opportunity to choose requires service availability and accessibility and the capacity to buy those services. [35]

Directed practice is a style of advocacy service delivery not to be confused with Consumer Directed Care in the aged care sector. [36] The NACAP Program Guidelines state that "with the direction of aged care centred on embedding increased choice and control through the implementation of Consumer Directed Care, individual advocacy services have been identified as fundamental in supporting older people through the aged care system."[37] The NACAF states that "NACAP advocacy services…ensure consumers are placed at the centre of the process, and the advocate acts at the direction of the consumer."[38]

Directed practice is the NACAP implementation of person centred care. What it means in practice to act at the direction of the "consumer" will be a future practice guideline within this Service Delivery Framework.

Principle 3 - Use of proven and tested practices

This principle commits SDOs to use proven and tested practices, delivered to a high standard by a competent and skilled workforce who remain informed and up to date about the aged care system and broader sector environment.

Evidence-based practice is about making decisions through the conscientious, explicit and judicious use of the best available evidence from multiple sources.[39] Evidence refers to information, facts or data supporting a claim, assumption or hypothesis. Evidence may come from scientific research, practitioners' professional experience, organisational internal data, observations of practice conditions. It is also important to understand stakeholder values and concerns.

OPAN is committed to the principle of objective, evidence-based practices to inform and influence advocacy work with older people.

Principle 4 - Increase capacity to self-advocate

This principle commits SDOs to embed a strong emphasis on strengthening the capacity of older people. The term self-advocacy was initially associated with a movement for individuals with disabilities. Self-advocacy refers to an individual's ability to effectively communicate his or her own interests, desires, needs and rights.[40]

Becoming a skilled self-advocate entails learning how to obtain pertinent information and self-assess strengths, weaknesses, needs, and goals and then ascertain the best way to communicate these.[41]

Self-advocacy skills may include, but are not limited to:

- understanding of and use of basic choices
- awareness and understanding of own rights
- assertiveness skills
- knowledge of people and services that can offer assistance
- decision-making skills
- sense of responsibility and control over life decisions and actions
- ability to influence agency processes and policies
- ability to express needs and preferences
- self-confidence
- ability to speak up in appropriate ways
- awareness and understanding of own responsibilities
- the ability to make complex choices
- understanding and knowledge of meetings and procedures
- capacity to work effectively as part of a group.[42]

Self-advocacy becomes possible when people:

(a) identify their personal strengths, weaknesses, coping skills, and level of resiliency (Doll et al., 1996; Fassett, 2002; Test et al., 2005);

(b) determine which skills have worked well for them in the past and which may be used in relation to self-advocacy;

(c) generate a list of life areas they have difficulty advocating for themselves (Schreiner, 2007; Sebag, 2010);

(d) identify personal barriers that hinder them while trying to self-advocate;

(e) strategize the ways they can enhance their ability to self-advocate;

(f) learn about professionals, agencies, or services available to provide them with what they need (Schreiner, 2007);

(g) practice, formally or informally, how to self-advocate (i.e., among friends and family, role play; Fassett, 2002; Hart & Brehm, 2013);

(h) process their ability to emotionally handle challenging situations such as rejection and confrontation (Hart & Brehm, 2013; Walker & Test, 2011);

(i) assess and reassess personal progress in learning how to effectively self-advocate (Sebag, 2010); and

(j) reflect on the acquisition of personal benefits which have been achieved because of learning to self-advocate (Gilmartin &Slevin, 2009).[43]

[28] The Principles provide that older persons in society ought to have independence, the ability to participate in society, have access to care, be entitled to self-fulfilment and the full dignity of life among other rights.
[29] https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx "United Nations General Assembly Resolution". Ohchr.org. 16 December 1991. pp. 46/91 Retrieved 21-5-2019
[30] https://www.ohchr.org/en/professionalinterest/pages/cat.aspx
[31] https://agedcare.health.gov.au/quality/single-charter-of-aged-care-rights Retrieved 21-5-2019
[32] https://cdpc.sydney.edu.au/research/planning-decision-making-and-risk/supported-decision-making/
[33] This Principle has been adapted from article 12 of the UN Convention on the Rights of Persons with Disabilities
[34] Emeritus Professor Nay, R op.cit.
[35] Ibid
[36] What is Consumer Directed Care? Information for Home Care Package providers
[37] NACAP Program Guidelines
[38] NACAF

[39] Barends, E., Rousseau, D.M., and Briner, R.B. (2014). Evidence-Based Management: The Basic Principles. Amsterdam: Centre for Evidence Based Management.
[40] https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/inclusion-empowerment-human-rights/types.asp
[41] https://mavendoctors.io/women/fitness/stepping-up-to-the-plate-a6ioEpuxgUy46nxteh771g/
[42] https://aspire-solidus-production.s3-ap-southeast-2.amazonaws.com/assets/CXMHS008/samples/CXMHS008.pdf
[43] All references are sourced in https://self-compassion.org/wp-content/uploads/2015/08/Stuntzner_Hartley.pdf

Principle 5 - Embrace the concept and practice of continuous improvement, with service user feedback at the forefront

This principle commits SDOs to have strong governance and management systems which ensure services are designed for safety, effectiveness and efficiency, to embrace the concept and practice of continuous improvement, and to contribute to other quality assurance mechanisms within the aged care system through analysis of the systemic trends which emerge through individual advocacy work. OPAN uses these identified trends to undertake systemic advocacy.

The term 'continuous improvement' describes the ongoing effort of an organisation to improve services, systems, processes or products to maximise benefits for users. The process of continuous improvement relies on evidence-based information to support the organisation's success in achieving its goals and outcomes. This also means adapting to changing needs of the community or people using services.[44] SDOs are committed to analysing feedback and other data to inform continuous service improvement.

OPAN regularly analyses service user insights collected by SDOs and reports these to government so as to identify trends, determine specific needs for intensive research, and to act in an informed way.

Principle 6 - Access and Equity

The principle of access and equity ensures SDOs are available to older people from initial consideration of, and contact with the aged care system. It also ensures information, education and advocacy services are accessible to all potential service users, with strategies in place to overcome barriers to access for those with diverse needs.

The 2015 Review of the NACAP concluded:

> Given that a core aim of aged care advocacy is to support those who are 'hard to reach', particularly vulnerable, or with complex needs (and for whom advocacy support may be more resource-intensive), any efforts to drive efficiency should be balanced with the need to ensure quality, accessibility and responsiveness for all eligible "consumers".[45]

[44] Department of Social Services National Standards for Disability Services Evidence Guide Version 0.1. December 2013
[45] Australian HealthCare Associates (2015) Evaluation of NACAP p.72

Older people with diverse needs may experience additional disadvantage; they are described in the Aged Care Act 1997 as "special needs groups" and in the NACAF as "NACAP Target Groups".

The Aged Care Act[46] lists people with "special needs" as (a) people from Aboriginal and Torres Strait Islander communities (b) people from non-English speaking backgrounds[47] (c) people who live in rural or remote areas (d) people who are financially or socially disadvantaged and (e) people of a kind (if any) specified in the Allocation Principles.

The Act[48] allows the Minister to make Principles providing for various matters required or permitted by a Part or section of the Act. One set of Principles made under the Act is the *Allocation Principles* 1997. These Principles have been used on a number of occasions to add additional categories to the list of special needs: Veterans was added in 2002, People who are homeless or at risk of becoming homeless in 2009, Care-leavers in 2009, and Lesbian, Gay, Bisexual, Transgender and Intersex[49] (LGBTI) in 2012. The history of these additions to the list of special needs is set out in Appendix 1.

Particular guidance was provided by the Department of Health[50] in service provision to several of the "special needs" groups. This advice appears in Appendix 2.

The National Aged Care Advocacy Framework sets out a further range of target groups[51] as people living with:

- dementia
- a mental health condition
- a disability
- cognitive decline.

These groups are also listed in the 2018 Commonwealth Home Support Program Manual. This appears to respond to a National Aged Care Alliance (NACA) 2014 paper that responds to a Government CHSP discussion paper '*Key directions for the Commonwealth Home Support Programme – Basic support for older people living at home*'. The NACA paper recommends that CHSP should go beyond the legislated special needs groups and include people with mental health issues; cognitive impairment including dementia; and sensory impairment such as vision impairment.

Prior to 2018, the CHSP Program Manual contained the now removed following paragraph: The concept of special needs within the CHSP is not intended as a principle for generally prioritising access to services for an individual client over another. Rather, the identification of particular groups recognises that each person is unique and has different beliefs, values, preferences and life experiences, and that for some people these differences may result in barriers to accessing or using services.

CHSP, since at least 2013, included people with dementia in its special needs groups, requiring those providers applying for funds to have policies and practices that address the provision of care for people with dementia.

Specific guidance with regards to service delivery to these four target groups has not been provided.

The funding agreement between the Commonwealth and OPAN stipulates a minimum percentage of services to be delivered to people who identify as being from a "special needs" group. Although there is recognition that individuals may not wish to disclose sensitive information, the Department strongly encourages SDOs to communicate the importance of collecting this information where possible. As suggested by Department of Health, OPAN encourages SDOs to share strategies and practices which ultimately result in an improved quality of service delivery for people receiving aged care services, particularly in areas of emerging policy focus.

In 2013-14, a 20% increase in NACAP funding was received to meet identified unmet demand for advocacy services, particularly in rural and regional areas of Australia, and to support additional education sessions for aged care providers and their staff.

Principle 7 – Partnerships

SDOs work in partnership and recognise carers, family members, 'family of choice' and other representatives of older people as partners in care as well as partners in advocacy.

They maintain constructive, positive relationships with key stakeholders which allow for collaborative approaches to improving quality of care for aged care recipients, while upholding the independence of the program. OPAN and its SDOs work to influence the system and aged care providers, but in doing so uphold the principle of independence as outlined below. The purpose of acting in partnership is to create change and an environment where the older person is respected, treated with dignity and is able to have their rights upheld.

[46] Aged Care Act 1997 section 11-3
[47] Now termed Culturally and Linguistically Diverse
[48] Ibid Section 69-1
[49] Now termed Lesbian, Gay, Bisexual, Trans, Intersex, Queer/Questioning, Asexual/AIDS Positive (LGBTIQA+)
[50] Department of Health. NACAP Policy Guide 2013-2015
[51] NACAP Framework, p.5

OPAN maintains a close relationship with the Commonwealth Department of Health, particularly regarding providing advocacy services during sanctions.

OPAN has a Memorandum of Understanding with ACQSC and consistent procedures for referral will be outlined in a future practice guideline.

Principle 8 – Independence

SDO advocacy services are independent of service delivery and free of any real or perceived conflict of interest.

This means, wherever possible, OPAN SDOs will remain independent of government agencies, and in particular aged care providers. It is important that older people and their families are made aware of this independence and that OPAN SDOs are there to act only on their behalf and at their direction

Principle 9 – Partisanship

SDO advocacy services are partisan; the advocate is on the side of the older person and stands beside them, behind them and before them.[52]

Unlike other organisations or processes which may take a 'mediation' or conciliatory approach to sit between two parties to bring resolution, OPAN aged care advocates sit clearly on the side of the older person. They enable the older person to raise their voice, be heard and to seek the actions and resolutions that they so direct.

Element 2: Approach

Overview

The NACAP Service Delivery approach includes the following aspects:

- Access and equity
- Consistency
- Flexibility and responsiveness
- Collaboration
- Service user participation
- Respectful language

Access and equity

See Principle 6 above and Element 3 below.

Consistency

The 2015 AHA Evaluation of NACAP found that opportunities exist to build consistency in the aged care advocacy service delivery model through the development of a national framework. Building consistency in aged care advocacy can drive service quality, national coverage and efficiency.[53]

Flexibility and responsiveness

The same evaluation found that national consistency should not be sought at the expense of local flexibility.[54] It is noted that a mainstream approach to community-based aged care with aboriginal elders in some remote communities is likely to produce poor care outcomes[55] and that, for example, elders' quest to reconnect with a kinship system that is communal is a cultural disjuncture from a conventional mode of service delivery that is individually focused and rigidly structured around set approaches to home and personal care.[56]

Collaboration

See Principle 7 above.

Service user participation

OPAN is developing an Older Person Participation Strategy which will include strategies for securing input from older people and their representatives at the national level to influence Commonwealth Government and other consultations and to influence OPAN projects, policies and processes. The Strategy will trial an Interim National Older Person Reference Group as one method of securing input from older people and their representatives at the national level as well as a series of focus groups as another method.

Respectful language

OPAN is aware of a range of views regarding language around 'consumer', 'client', 'customer', 'user', 'special needs', 'case', and other terms and intends to explore further the appropriateness of such language. OPAN recognises that language is important in providing a respectful and empowered approach to advocacy work. OPAN's commitment is to work with people as individuals and to use language that resonates and supports the older person to maintain their dignity, exercise choice and remain in control.

Element 3: Access and equity strategies

The NACAP service delivery model supports information and advocacy that ensures older people can exercise their rights, and includes strategies to assist people who face barriers to accessing aged care services. Improved access leads to a greater capacity for self-advocacy, and improvement in aged care systems, ultimately resulting in an increased quality of life for older people.

OPAN is committed to finding multiple ways to provide access to services. Current strategies include:

- a free call number which provides access to information and advocacy and support at flexible times
- a website with multiple access strategies to services with work for older people and their families
- a mobile phone app to bring key information and supports into a readily accessible mechanism
- face-to-face appointments
- multiple branches
- outreach visits
  - remote model/place based approaches

Access strategies are advertised through:

- information sessions
- expos
- brochures

OPAN's freecall 1800 number is staffed by skilled staff who:

- take details so that callers do not need to repeat them in the future
- provide information on common queries regarding Commonwealth aged care services
- advise callers if there are other services better placed to respond
- book appointments with advocacy staff

Services to facilitate equitable access are provided through:

- Interpreters and TTY - arranged where identified during conversations or where indicated on the email or web enquiry form.

Element 4 - Service commitments

OPAN is working to provide older people with commitments in regards to the level of service and mechanisms in which information and support will be provided. OPAN is to developing a Guarantee of Service and with its SDOs provide the following service commitments:

- We are accessible
- Our advice is independent and free
- You are at the centre of the decision making process
- We provide the information you need in ways that you find easy to understand
- We provide services that are sensitive to your individual background, and do not discriminate on any basis
- If we need to refer you to someone else, we will make sure we have up-to-date details
- We work with you to resolve your concerns and guide you through any complaint you may wish to make.

Performance against these service commitments will be measured regularly by SDOs and their aspirational nature provides continuous opportunity for service improvement. OPAN recognises that moving to achieve any targets against each of the commitments takes time. OPAN seeks transparency and continuous improvement in regards to SDO achievements against these commitments. They are backed up by core service processes that promise consistency and customisation.

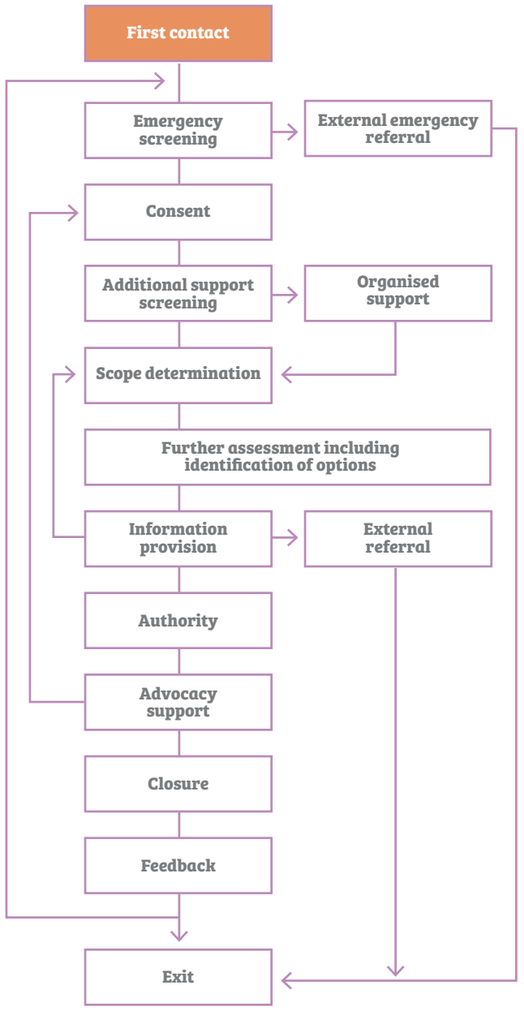
[52] Standing Behind – providing support which empowers the person to self advocate; Standing Beside – providing assistance to assist the person raise issues with others; Standing Before – providing representation. See: www.valid.org.au/sites/default/files/advocacy_role.pdf
[53] AHA (2015) Evaluation of NACAP, p.69
[54] Ibid
[55] Ottmann op.cit.
[56] Ibid

Element 5 - Core service delivery processes

Older people are generally seeking one of the following services:

- General information
- Specialised information
  - Referral
- Advocacy without actions
- Advocacy with actions
- Advocacy with representation.

The service delivery process is represented in the flowchart on the below. Service delivery processes include:



First Contact

The initial interaction between the older person making an enquiry and the service representative. *OPAN's customer service is friendly and proficient. Older persons are treated with dignity and respect. The staff member practices engagement and relationship building skills.*

Emergency Screening/ External emergency referral

An assessment made by the service representative of whether the older person is at immediate risk of harm.

In establishing the older person's situation, staff identify the immediate safety of the older person. If the older person or a third party is at immediate risk of harm, staff may:

- *advise the older person to call 000*
- *access emergency services on behalf of the older person*
- *address the older person's needs and escalate service response*
- *arrange another time to speak with the older person when it is safe to do so.*

Consent

Consent is express, context-specific and informed. It is not a linear or singular process and will need to be confirmed throughout the support period. It can refer to a range of actions, including:

- Consent to share information.
- Consent to refer to other services
- Consent to speak to others
- Consent to advocate
- Consent to represent
- Consent to act on behalf of

Consent can be given and withdrawn at any stage of the process around any of these aspects. OPAN complies with all legislation regarding recording, storing, retrieving, transferring and destroying of any personal information. Clients may express limitations to consent (e.g. non-transfer of information to particular agencies). OPAN ensures the older person understands and actively consents to specific activities. Consent can be provided verbally or in writing. Contact information is and remains confidential, subject to any legal requirements). OPAN SDOs comply with all privacy legislation. Consent is always documented on the file notes.

Additional support screening

Working collaboratively with the older person to identify and meet their support, communication and other needs, to enable them to effectively engage in the advocacy process.

The older person may choose additional supports in order to describe their situation. These supports may include: family, friend, carer, support person, guardian, interpreter or other representative. When the service provider is providing the support (beyond the referral), any conflict of interest must be prevented.

Organised support

Organising customised assistance to enable the older person to be fully heard, such as interpreter, translator, communication aids, or supported decision making. OPAN recognises that some necessary supports are not available consistently across all jurisdictions.

Scope determination

Older persons, including their families and representatives,[57] are eligible for NACAP services if:

- they receive Commonwealth-funded aged care services, or seek to receive Commonwealth-funded aged care services; and
- their issue relates to accessing or interacting with Commonwealth funded aged care services

In practice, all older people are "potential" users of Commonwealth aged care services.

Further assessment/identification of options

Supporting the older person to identify and consider options and barriers to progressing their issue or case.

After collecting demographic information for input into the national dataset, and identifying the presenting issue(s), a more in-depth assessment of the older person's situation is conducted to determine how advocacy will assist/possible options to address the older person's needs. All information is documented to assist with agreed transfer of information. Advocates will be led by the older person in exploring options. It is up to the older person to decide how they wish to proceed.

Information provision

Information is the provision of individualised information of a general and in-scope nature to an eligible client and, where appropriate, third parties. This includes information about advocacy, the aged care system, other services, complaints processes and rights and responsibilities. (It may also involve assisting the client to understand their rights, options and the potential strategies available to them).

[57] OPAN does not advocate for family members without specific and informed consent of the older person themselves, unless the client is unable to express their wishes, even generally.

Authority

Verbal or written consent from the older person to represent them.

Authority is gained to and documented to allow advocate to contact other services on the older person's behalf by letter, email or phone. Written authority is recorded and may include representation or acting on behalf of the older person to raise concerns and negotiate a plan to address these.

Advocacy support

Advocacy is the process of standing alongside an individual who seeks support to ensure that their voice is heard in relation to a specific issue. Advocacy involves assisting the person to understand their rights and options, and to represent their views and perceived interests where required.

Advocacy occurs when support beyond initial information is required. Advocacy can involve a range of agreed actions that support clients to access services or resolve issues and concerns with government funded aged care services or with issues which affect their need for government funded aged care services, alongside other in-scope NACAP activities. Where a client cannot direct an advocate about their wishes, an advocate can take direction from their family or authorised representatives to ensure the person's voice is heard.

Advocacy types can include but are not limited to:

Self-advocacy support that empowers the client or their representative to be better placed to resolve their issue independently. It may also involve assisting the client to understand their rights, options and the potential strategies available to them.

Assisted advocacy when authority is gained to contact the service provider on the person's behalf by letter, email or phone. Verbal authority is gained and documented.

Representation when we formally meet with the client or their representative and the service provider to raise concerns and negotiate a plan to address these. Advocates gain an authority and this is filed in their case record.

An Advocacy Case is undertaken with authority to act on the person's behalf, and agrees on a plan of action for a more complex or extended time frame to resolve the matter. It is noted that in some jurisdictions, and particularly in Tasmania, the term case is not used in relation to advocacy. The terminology of 'advocacy issue' is used in these circumstances.

Advocacy actions can include support at meetings, writing letters, providing strategies, assisting access to services.

Closure

Closing a case or issue. Follow up is an optional aspect to determine if it has been and remains resolved, and if any unintended consequences have arisen.

Action may be required or a referral to an alternative complaints mechanism. A new issue arising will be documented as a repeat client. Follow up may occur.

Internal Referral

On the occasion where an older person is better assisted by a different state or territory than the presenting one, OPAN practices a "no wrong door" policy. This means that the presenting SDO will take initial information, and warm refer the issue to the most appropriate SDO. The older person should not have to repeat their story. Any National Dataset Information collected by the presenting SDO should be provided to the most appropriate SDO, with consent from the older person.

External referral

Transfer of older person to another service provider. *It may be determined that the issue is more appropriately dealt with by an alternative agency. Workers are knowledgeable about the range of available services and contact details. Consultation between the worker and the older person results in identifying alternate services. Referral can only occur at the direction of the older person.*

Referrals may be accompanied by additional information or a warm referral, at the direction of the client. The worker may need to negotiate with another service directly or on behalf of an older person to make sure that the referral is agreed upon and the roles and expectations of the service provider are clear. Consent is required prior to discussing an older person's needs with service providers. A 'Consent to Release of Information' generally identifies the type of information where there is consent for sharing and the names of agencies with whom this information can be shared.

Feedback

Evaluative information from the older person regarding their experience with the advocacy service. May include outcomes.

Exit

The point at which the older person is no longer engaged with the service. For some SDOs, Closure and Exit occur simultaneously, and prior to formal feedback being sought. *The older person may return to the service at a future point in time.*

Element 6: Practice guidelines

The OPAN Service Delivery Framework recognises that there will be the need to consult SDOs and aged care advocates on particular aspects and details in an ongoing manner if it is to support consistency and practice improvement over time. Therefore, the OPAN Service Delivery Framework allows for Practice Guidelines to be collaboratively developed in conjunction with SDOs and issued by from time to time by OPAN. OPAN will work with SDOs to identify key areas that would benefit from a practice guideline and to develop these based on good or emerging evidence. A procedure for development, consultation and approval will be agreed with OPAN SDOs and the OPAN Board. The procedure is set out in Appendix 3.

Developed Practice Guidelines are intended to best support SDOs in emerging areas of uncertainty, but are not intended to provide for prescriptive or mandatory practice requirements.

The initial proposed Practice Guidelines to be developed are prioritised as:

- Referral process with ACQSC (incorporating risk of serious harm protocols between agencies)
- Demand management and prioritisation
- Consent to advocate
- Working with families and friends
- Identification and management of the risk of abuse of older people
- Responding to diverse and special needs
- Remote models of advocacy
- Messaging about matters beyond individual advocacy
- Advocacy Support action planning
- Participation with sanctions processes

Element 7: Resources and infrastructure

Overview

The NACAP program is underpinned by resources and infrastructure including:

- Quality Assurance
- Data
- Staff
- Commonwealth funding
- National Aged Care Advocacy Framework

Quality assurance

Advocacy agencies funded by OPAN are required to be certified as complying with the NACAP Standards and additionally certified as complying with a set of third party verified standards as a result of on-site audits by independent certification bodies accredited by the Joint Accreditation System of Australia and New Zealand. The objectives of the QA system are to provide older people and the aged care sector with assurances about the quality of advocacy support being delivered.

OPAN is developing an enhanced quality assurance approach which will:

- Update the NACAP Standards
- Determine equivalence/recognition between updated NACAP standards and other standards held by SDOs
- Update NACAP self-assessment workbook with contemporary examples of sample evidence
- Develop NACAP Standards framework of outcomes (eg met, partially met, not met)
- Develop NACAP certification procedures under delegation from the Commonwealth Department of Health
- Develop peer assessor guidelines, peer assessor training, and peer assessor system, noting this is an alternative to formal and external accreditation against the developed standards.

Data

OPAN has developed a National Data Consistency System that makes available a single, contemporary and secure data collection and reporting system to enable efficient definition, collection, management and reporting of NACAP data. It includes a minimum data set, a data dictionary and a data aggregator.

A Data Governance Framework has also been developed.

Staff

Professional development

Practice knowledge

Advocates maintain their practice knowledge through a range of professional development approaches.

Sector knowledge

Advocates are up to date regarding their referral network and the aged care system.

Commonwealth funding

Commonwealth funding supports OPAN in managing a range of Work Plan projects and sub-contracting SDOs to deliver NACAP services.

National Aged Care Advocacy Framework

The NACAF provides the structure for the NACAP. The Framework guides OPAN in the delivery of high quality and nationally consistent aged care advocacy services. The Framework was developed following a public consultation in 2016.

Element 8: Improvement

Improvement takes place through systematically acting on feedback gained from first and foremost older people who engage with SDOs and OPAN, as well as potential service users. A welcoming attitude to feedback that includes comments, complaints and compliments is a key aspect of a continuous improvement approach. OPAN SDOs provide a range of methods for seeking feedback ranging from informal comments which are logged and opportunistic feedback gathered at significant events through to regular satisfaction surveys through to formal consultations. A quality management system is used to ensure that systems are improved through the use of feedback.

Feedback is also gathered from staff, volunteers and stakeholders.

4. Review

All SDOs agree to work together to review the NACAP SDF on a two-year basis, and from time to time in response to emerging priorities.

Reviews will incorporate consideration of the changing needs of older people in aged care.

Reviews will also examine if the Service Delivery Framework is resulting in consistency and continuous improvement in practice.

5. Contact regarding this Service Delivery Framework

Queries regarding the OPAN Service Delivery Framework for the National Aged Care Advocacy Program can be directed to Ms Christine Day, NACAP Project Manager, christine.day@opan.com.au

6. Suggestions for Practice Guidelines

IF YOU WOULD LIKE TO SUGGEST A PRACTICE GUIDELINE THAT NEEDS DEVELOPMENT BY OPAN, PLEASE PROVIDE THE INFORMATION BELOW AND SCAN BACK TO OPAN AT ABOVE EMAIL ADDRESS.

Your Name: _____

Your Contact details:

_____

_____

_____

Name of Practice Guideline to be developed:

_____

Reason why it is needed:

_____

_____

_____

_____

_____

_____

Your signature: _____

Appendix 1 – History of special needs in legislation

The Act[58] allows the Minister to make Principles providing for various matters required or permitted by a Part or section of the Act. One set of Principles made under the Act is the Allocation Principles 1997. These Principles have been used on a number of occasions to add additional categories to the list of special needs: Veterans was added in 2002, People who are homeless or at risk of becoming homeless in 2009, Care-leavers in 2009, and LGBTI in 2012.

Veterans – added in 2002

The inclusion of veterans as a special needs group under the Allocation Principles of the Aged Care Act 1997 was an outcome of a ten-year campaign by members of the ex-services community. The definition of 'veteran' under the Act applies not only to DVA Affairs beneficiaries, but also to a much larger group of people who are also deemed to have 'special needs status', for example, veterans' wives/husbands, widows not classified as war widows and allied forces' veterans.

People who are homeless at risk of becoming homeless; Care-leavers – added in 2009

In the White Paper on Homelessness, The Road Home (December 2008), the Australian Government undertook to amend aged care legislation to recognise older people who are homeless as a special needs group. The Allocation Principles 1997 were amended on 1 June 2009 to include "people who are homeless or at risk of homelessness" as a "special needs" group.

The Allocation Principles 1997 were amended with effect from 1 December 2009 to specify care-leavers as a class of people with special needs.

Forgotten Australians and former child migrants received a government apology on 16 November 2009. This was in response to recommendations contained in two Senate Committee reports — Lost Innocents: Righting the Record and Forgotten Australians — and a further Senate Committee report on the progress with the implementation of the recommendations of those reports. A care leaver is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century.

At some point after this, the resources to support this work began to include "stolen generations" as a sub-set of care leavers, saying care leavers includes the Forgotten Australians, Former Child Migrants and Stolen Generations. In 2013–14, an information package was developed and endorsed by key stakeholders to assist aged care providers recognise the special needs of these groups and provide appropriate and responsive care.

LGBTI – added in 2012

On 1 July 2012, amendments occurred to the Allocation Principles 1997 to specify a further class of people, namely people who are Lesbian, Gay, Bisexual, Transgender and Intersex as a special needs group. The amendments also supported training within the aged care sector that is sensitive to the specific needs of older people in the LGBTI community, and help ensure that sexual diversity does not act as a barrier to receiving high quality aged care in either community or residential settings.

Parents separated from their children by forced adoption or removal – added in 2013

An amendment to the Aged Care Act on 1 August 2013 moved all descriptors of people with special needs as named in the Allocation Principles 1997 into the Aged Care Act 1997. An additional group was also included at this time: Parents separated from their children by forced adoption or removal.

The Senate Community Affairs Legislation Committee recommended that the Living Longer Living Better reform bill be amended to include parents separated from their children by former adoption practices as a special needs group. This arose from an inquiry into the Commonwealth contribution to formed forced adoption practices.

The Australian Government supported this inclusion to recognise the traumatic experiences, health issues and socio-economic disadvantage that parents affected by those adoption practices are disproportionately likely to face and worded the category as "parents separated from their children by forced adoption or removal". The government further stated that this amendment engages the rights specified in Article 10 of the International Covenant on Economic, Social and Cultural Rights that the widest possible protection and assistance should be accorded to the family and that special measures of protection and assistance should be taken on behalf of all children and young people without any discrimination for reasons of parentage or other condition. The government amendments recognised that people who have suffered life-long impacts as a result of the denial of these human rights by forced adoption or removal practices require special consideration at a time in their lives when they have a condition of frailty or disability that makes them dependent on others to meet their basic care needs.

On 22 October 2018 the Prime Minister delivered a national apology to the victims and survivors of institutional child sexual abuse. The Federal Minister for Aged Care reported that he understood the victims' fear of being re-institutionalised and that those with dementia may have memories resurface. He said the Government needed to encourage this group of people to live independently through home care packages and offered a commitment to look after their interests. It should be anticipated that aged care programs will be required in future to address the needs of this group.

Appendix 2 – Departmental guidance regarding service provision to special needs groups

Particular guidance was provided by the Department of Health[59] in service provision to several of the "special needs" groups:

Aboriginal and Torres Strait Islander People

NACAP services should deal with Aboriginal and Torres Strait Islander people in a culturally appropriate manner which is acceptable to both the client and their community. It is desirable that NACAP services develop a good understanding of the communities in which they operate. This will ensure that advice and assistance provided to clients is appropriate for their needs. Advocates should be aware of culturally appropriate services for frail older people in their region and establish links with Aboriginal and Torres Strait Islander community and health services and providers are encouraged to explore ways of facilitating culturally appropriate advocacy guided by indigenous communities.

Culturally and Linguistically Diverse (CALD) People

Older people from CALD backgrounds, their families and carers need to have the information, knowledge and access to language services to engage with the aged care sector and relevant agencies, including government, as informed and supported self-advocates. Services must meet the needs of older people from CALD backgrounds, their families and carers. NACAP services are encouraged to explore ways of facilitating culturally appropriate advocacy guided by CALD communities.

Rural and Remote

Access to services in Rural and Remote areas may be limited or problematic for older people. Older people may require additional support in advocating or supporting self-advocacy due to limited access to services. Alternate methods of communication or innovative use of technology may be considered if face to face contact is not possible. NACAP services should endeavour to develop good working relationships with health and community workers in rural/remote communities to promote services available to older people.

People who are financially or socially disadvantaged

Frail older people who are financially or socially vulnerable are protected from disadvantage in accessing aged care services. There are special arrangements under the Act for supported residents, assisted residents and concessional residents in residential care and hardship provisions for care recipients in residential and Home Care. Support is also provided for people in insecure housing arrangements.

Veterans

The Department of Veterans' Affairs (DVA) issues gold and white treatment cards to veterans, their war widows and widowers and dependants, to ensure that they have access to health and other care services that promote and maintain self-sufficiency, well-being and quality of life.

[58] Ibid Section 69-1

[59] Department of Health. NACAP Policy Guide 2013-2015

[60] This section of the advice has been updated by OPAN, the previous program was called the Assistance for Care and Housing for the Aged (ACHA)

People who are homeless or at risk of becoming homeless

This group is assisted under the Assistance with Care and Housing (ACH) Sub-Program of the Commonwealth Home Support Program.[60] The ACH program operates outside the Act and provides support for eligible older people who are renting, in insecure housing arrangements, or who are homeless. The program links them with a provider to locate more stable accommodation followed by CHSP funded services.

The target group for the ACH Sub-Program is:

- Frail older people 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people), who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation; and
- Prematurely aged people (those whose life experiences such as active military service, homelessness or substance abuse has seen them age prematurely) who are 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people), who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation.

Care Leavers

Care Leavers include three distinct groups: Forgotten Australians, Former Child Migrants, and Stolen Generations.

In the 20th century, more than 500,000 children spent time in their youth or childhood in institutions and out-of-home care around Australia. A national education package, Caring for Forgotten Australians, Former Child Migrants and Stolen Generations, was developed to assist service providers in the aged care sector to recognise the special needs of these groups and provide appropriate and responsive care, including access to counselling and support services.

Providers would need to have regard to the particular physical, psychological, social, spiritual, environmental and other health related care needs of individual care recipients and also be aware of the diversity that can exist within a community and/or region. Establishing and maintaining links with representatives of relevant community groups and other support agencies and organisations is regarded as an integral part of providing appropriate levels of care.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)

Older LGBTI individuals need to feel supported to develop confidence, particularly in a CDC environment as self-advocates when they engage with the aged care sector and relevant agencies, including government. Older LGBTI people need to develop a confidence to direct their care needs through a CDC service model, with appropriate advocacy services to support them where necessary.

Parents separated from their children by forced adoption or removal

On 21 March 2013, the then Prime Minister apologised on behalf of the Australian Government to people affected by forced adoption or removal policies and practices. The national apology was in response to the recommendations of the Senate Inquiry Report into Former Forced Adoption Policies and Practices, which was also announced on 21 March.

The Government, through the Department of Social Services (the Department), will determine what service types will best meet the ongoing needs of people affected by past forced adoption policies and practices. The Department will work with key stakeholders and state and territory governments to identify what will work to best link people to the services they need. While it will take time to improve access to specialist services and records tracing support, the result will better achieve service integration and complement what is already available. Persons should approach their GP in relation to the Access to Allied Psychological Services (ATAPS).

Appendix 3 – Procedure for development of Practice Guidelines

1. A need for a practice guideline is identified, either bottom up or top down
2. OPAN determines membership of a small Practice Guideline Group (PGG) from SDO staff suggested by SDO CEOs. Membership is voluntary. PGG members commit to provide existing relevant resources and provide advice and experience.
3. First meeting of PGG provides advice to OPAN re content of PG
4. OPAN drafts PG for consideration of Consistent Service Delivery Working Group and incorporates feedback
5. OPAN sends draft PG to all SDO CEOs for feedback
6. 10 days is allocated for feedback
7. PGG meets a second time to consider feedback and agree on wording
8. Reviewed PG is submitted to SDO CEOs for noting
9. Reviewed PG is submitted to the Board, where required, for (1) endorsement (2) part endorsement or (3) or no endorsement.
10. OPAN communicates Practice Guideline to SDOs.

Notes

OPAN Older Persons Advocacy Network