



Care Research Action Team Report

Queensland Community Alliance

August 2017

Principles

The following principles underpinned the work of the Care Research Action Team

1. We need a more welcoming community, open to people of all abilities to engage as active and equal members. While funding for support and care is essential, it can't replace a supportive community.
2. Our care sector should be focused on human flourishing, not solely market driven.
3. A good care system must work for recipients of care, workers, carers and the community.
4. Good care requires a committed, respected and skilled workforce.
5. Standards for quality of care must be enforced and regularly assessed.
6. Ensuring quality care for the more vulnerable in our community requires everyone takes responsibility to champion good care and prevent abuse. This means Care recipients, Carers, Service providers, Owners, Workers, Community, State, Federal.
7. As an Alliance, we believe values-based care is best achieved through not-for-profit service delivery over for-profit.

Care sector – how are changes and reforms impacting the community

Following broad consultation with stakeholders in the disability and aged care sectors, our analysis highlights concerns about the impacts of reforms such as consumer directed care across three broad areas:

- How people access funding for the care they need
- How people get workers they can trust, who have the skills to provide the support they need
- How people can get help when things go wrong

Accessing funding for the care people need

The reforms across disability, aged care and mental health are happening rapidly, and the most pressing concern from community and services providers is –

What about the people who need care and support, who are likely to miss out?

And from the extensive consultation we have undertaken in the lead-up to the August Assembly, we know people are missing out.

We have heard stories of:

- People not taking phone calls from NDIS plan assessors, concerned they are from Centrelink and they may lose their benefits
- People who have had specialist pre-planning support for NDIS getting much higher funding for care than those only getting basic planning support. These stories go to the heart of the fairness and equity principles that should underpin such a scheme.
- Poor planning experiences with inexperienced or misinformed planners, many of whom are

- People stuck on long waiting lists for assessments by Aged Care Assessment Teams, unnecessarily delaying them from going on the national queue for aged care packages
- People currently accessing block funded services who may not qualify for an equivalent level of support from the NDIS and the unnecessary anxiety and distress this is causing
- People getting stuck between health services and the NDIS, with neither system taking responsibility for their care
- People who need support, but are not on the radar of any local health or community services that can help them access the care and support they need
- High levels of confusion and people either unable or choosing not to access supports to navigate the complexity

To address the issues underlying these stories, we call on the state government to address the following:

1. Reduce variability of waiting times for assessment by Aged Care Assessment Teams (ACAT) in Queensland Health – aiming for best in Australia benchmarks.
2. Support a rights-based approach to people with disability – through the implementation of the Queensland Human Rights Act and through following the principles of supported decision making
3. Expand State funding in mechanisms to ensure that this huge investment in NDIS actually achieved results.

Goals of this investment should be aimed at ensuring that people who might slip through the cracks of consumer directed care processes are appropriately supported to obtain the care they require and are entitled to. Protecting standards of care, and detecting and preventing exploitation have been identified as key risks by people with a disability, disability providers and advocacy groups.

- a. Advocacy – both individual and systematic – is essential to ensure that people with disabilities are able to exercise choice and control over their NDIS plans.

There should be more State funding, not less, for advocacy, leadership and capacity building to ensure that people with disabilities benefit from a more atomised market-based mechanism.

This includes support to people with disabilities who have the appetite to lead develop leadership capacity to organise and support others to demand and advocate for their needs. Advocacy will be separate from the provision of service through the NDIS.

- b. Ensuring there is the necessary disability expertise within Child Safety to assist with NDIS plans for children with a disability who are under the responsibility of Department of Child Safety.
4. State agencies such as Queensland Health and Education Queensland are able to cooperate with Local Area Coordination providers through local communication to identify possible NDIS recipients.

in consumer directed care (aged care and NDIS). This would include a compulsory registration for all workers not already registered who are providing care. This builds on the Victorian model, and may result ultimately in a Federal process. This induction could also be offered to volunteers, family and carers to build knowledge and skills regarding consumer directed care.

5. Advocate through COAG for protection of secure jobs and minimum safety net arrangements for all workers. This includes a commitment to regulation or legislation to ensure any worker providing disability support funded by the NDIS is covered by the relevant industry award as a minimum.
6. Ensure that where the State Government delivers residential Aged Care, it is of a class-leading quality with minimum safe staffing levels, based on research. As residential aged care shifts to consumer directed care, the Queensland Government will work with industry to determine the state's role in ensuring the availability of quality residential aged care.

Ensuring people can get help when things go wrong

Moving to consumer-directed care is disrupting how we've always done things. In many cases, this is a good thing.

But as the reforms turn the care services market on its head, we must also re-examine the best ways of regulating them.

As regulation shifts to the federal space, there is still a role of the state to play. And there is an opportunity for that role to be proactively defined, rather than simply responding during a crisis when examples of system failure become apparent.

The biggest concerns we have heard for regulators to consider are:

- What happens when organisations that have legal responsibilities to prevent abuse and exploitation of people are taken out of the equation?
- What happens for workers if they are being employed by the person they're caring for, and a conflict over pay and conditions comes up?
- Who steps in when things go wrong, and how can they do it quickly?
- What response and recourse is there for fraud, exploitation and abuse across a largely unregulated workforce with Certificate-level qualifications, if there is no organisation mediating workers contact with people?

To proactively respond to vulnerabilities in market regulation, we call on the state government to:

1. Remain involved in oversight of standards of disability by establishing a Queensland Disability Commissioner and a Commission with state wide investigatory capacity. The Commission would work in partnership with people with a disability to prevent exploitation, unconscionable conduct, scams and fraud within the NDIS service marketplace. The Commission should also help coordinate State government agencies working with NDIS consumers such as the Public Advocate, Anti-discrimination Commission, Public Trustee, Office of the Public Guardian, and the Queensland Civil and Administrative Tribunal. This work should reflect principles of ensuring mainstream services have the skills to work effectively with people with disabilities.

2. Increase funding to and expand the role of the Health Ombudsman to monitor and investigate quality of care and complaints arising for aged care services (residential and community based). This must be done in a co-regulatory model with national bodies including the Australian Health Practitioner Regulation Agency and the Aged Care Complaints Commissioner. This expanded role would also include liaising with other State agencies such as office of the Public Guardian.
3. Use an aged care Workability Project to bring together providers, peak bodies and unions to examine and progress a national outcomes-focused quality framework. This could include advocating through COAG processes to prioritise implementing this approach nationally.
4. Take a proactive interest in delivering better health outcomes for people in aged care by examining the aged care, hospital and primary health interface across health and hospital service regions. This would involve working with aged care providers, hospitals, Queensland Ambulance Services and Primary Health Networks and building capacity across systems to ensure people's health needs are met.

Consultation process

To understand this issue and develop our asks for government, we met with over 30 organisations between June and August 2017. A list of the organisations and representatives interviewed is below. When meeting them we followed the Research Action methodology, which:

- Anchors the conversation by sharing personal stories of the issue from members of the Alliance
- Shares the purpose of the Alliance as a community organising group, designed to hold politicians to account
- Asks experts what the critical issues are for them
- Asks experts what they would be asking decision-makers to do to address these problems

The information obtained from these meetings was discussed and analysed by the Care Research Action Team, who worked together to collect stories and develop asks for government.

Care Research Action Team membership

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| • Anne Curson (Co-chair) | • Matthew Williams |
| • Bob Parker | • Maureen Hennigan |
| • Daniel Prentice (Co-chair) | • Maureen McKirdy |
| • Dave Copeman | • Neil Wilson |
| • Dee Spink | • Rebecca Galdies |
| • Gary McLean | • Sandra Young |
| • Janet Baillie | • Vivienne Doogan |
| • Jessie Scott | • Wayne Sanderson |
| • Justine Moran | |

Organisations and representatives interviewed by the Care Research Action Team

Please find listed below those organisations and individuals interviewed as part of the care research process (note – this list is not exhaustive).

- A Place to Belong
- Aged and Disability Advocates (ADA) Australia
- Anglicare
- Basic Rights Queensland
- BeauCare
- Carers Qld
- Centacare
- Community Resource Unit
- Community Services Industry Alliance
- Council of the Ageing
- Department of Communities, Child Safety and Disability Services
- Federal Opposition – Senator Claire Moore
- Griffith University – Professor Lesley Chenoweth
- Holy Cross Laundry
- Huntington’s Disease Society
- Leading Age Services Australia
- *Institute for Urban Indigenous Health*
- Leading Aged Care Services Australia (Qld)
- Lifestyle Training and Therapy Solutions
- Motor Neurone Disease Queensland
- MS Queensland
- Muscular Dystrophy Association
- National Disability Services (NDS) Queensland
- Queensland Advocacy Incorporated (QAI)
- Queensland Government - Office of Minister Coralee O’Rourke (Disability Services)
- Queenslanders with Disabilities Network
- Salvation Army
- Spinal Life Australia
- St. Vincent de Paul
- Synapse – ABI Qld
- Uniting Care
- University of Queensland – Professor Jill Wilson
- West Moreton HHS