



***Staying Put: structural innovation in supporting consumer-directed aged care at home.***

*Project overview and summary*

*July 2020*



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### **THE BEGINNING**

The ***Staying Put*** concept is not new, however, with the reality that a large cohort of “Baby Boomers” is now approaching the time when they may need to access services to allow them to remain in their existing homes, there is concern that the access to home care packages is severely limited, can be a lengthy process, and not necessarily aligned to the client’s needs. Also, the existing information services provided mainly through the Federal Government (*My Aged Care*) are regarded by many consumers as user-unfriendly.

The option of residential aged care is not attractive to most of the ageing community. This has been reinforced by evidence presented to the Royal Commission into Aged Care Quality and Safety (RACQS); by the Commission’s own research; and by frequent reports of unsatisfactory care in many institutions despite apparent high regulation of the sector.

A small group of people concerned at how to address this issue met in late 2018 to discuss how it might be possible to make a difference through investigation of a practical, sustainable and consumer-driven business model for managing services that can address the main difficulties already emerging in the field of home-based care. The context for the group’s thinking included the following assumptions:

- There was a strong desire for people as they aged and became less independent to remain in their own homes, even when high levels of care are needed.
- There was a desire among many consumers to exercise a significant degree of control over the type, delivery and governance of care services.
- An appreciation of the innate capacity of many communities to organise themselves to support their members
- Recognition that government funded aged care packages, while continuing to expand in volume and scope in response to consumer expectations, are likely, over time, to become harder to access because of the gap between supply and demand; or require a higher level of co-payment; or lack the flexibility that consumers aspire to – or some mix of all three constraints

An approach was made to the Office for Ageing Well (OfAW) in SA Health for support in carrying out a research project in this sphere. The OfAW offered to support the group, both financially and with access to its expertise and its Feedback Network data base. A research project, ***Staying Put***, was approved for development.

A grant of \$27,000 was provided in June 2019, with the expectation that results of the project's research would be available by 30<sup>th</sup> June 2020.

Subsequently the ***Staying Put*** Steering Committee was established. This committee initially comprised Bruce Trebilcock (Chair), Lange Powell (Project Manager), Harry Owen, Kylie Dayman and Keith Adams (COTA Nominee). Harry and Kylie subsequently found that they could not continue their involvement and Marjorie Schulze was appointed to the committee.

The committee acknowledges with appreciation the support of the Office for Ageing Well, both financially and with technical advice and encouragement.

## **THE HYPOTHESIS**

The project was seen as an initial fact-finding process to investigate co-operative and other community-based models for the provision of home-based care, with an emphasis on:

- Consumer involvement in governance and quality control;
- Flexibility, and responsiveness to consumer needs and preferences;
- Service affordability and value for money;
- Achieving a transparent, seamless, and cost-effective blend of publicly- and privately financed home care services;
- Appropriate and timely access to innovations, including new technologies, in the provision of products and services.

The project brief envisaged a potential second-stage initiative to examine the design and implementation of business models reflecting the features outlined above, and more formal legal, commercial, financial, intergovernmental and other 'due diligence' considerations.

However, as the project evolved, and taking into account a number of key findings from the research it conducted, the committee developed a vision for a community-based organisation, responsive to its member constituents, able to provide advice on access to services available, both through government support and through other community resources. It was envisaged that this organisation could grow, over time, to broaden its own service provision, either directly, or through brokerage arrangements.

## **THE PROCESS**

The committee sought expressions of interest from a number of research organisations to carry out the basic research, and appointed Dr Victoria Cornell, Housing Research Manager with aged care services and home care package provider ECH. ECH committed to support the project by way of funding additional hours to allow more time for the researcher's involvement. The steering committee acknowledges with gratitude this support, provided with agreement that the project and its development would remain wholly independent.

The steering committee has determined that Dr Cornell's research and findings, and the committee's conclusions and recommendations for future directions should be presented as separate, though complementary documents. The Final Research Report therefore accompanies this Overview and Summary as a discrete outcome of the **Staying Put** project.

The Final Research Report prepared by Dr Cornell sets out the five stages of the research process, addressing the objectives of **Staying Put** as defined in the project brief:

1. *Literature review* (p8 of the Final Research Report). This stage addressed international and peer-reviewed academic literature, media reports, material from the RCACQS and policy documents in the project's field of interest.
2. *Stakeholder consultation #1* (p9). This stage explored, through a range of stakeholders, a number of successful and/or promising options and innovations that strengthen the capacity of consumers to make informed choices about the nature and delivery of services they require.
3. *Community consultation* (p11). This stage undertook survey-based and interview-based research into a number of broad themes emerging from the first two stages of the project. A survey, of over 300 consumers identified through the Office for Ageing Well's Feedback Network, was designed and managed by Dr Edoardo Rosso, then a Senior Associate with Urban & Regional Planning Solutions (URPS).
4. *Stakeholder consultation #2* (p12). Shaped in part by expressed consumer concerns about home care service information and system navigation, this stage was based on a 'value proposition statement' (titled *Support for older people in life planning*), outlining a possible information/navigation service model, to operate in partnership with existing providers in the field.
5. *Structural options review* (p16). This stage comprised a separate commissioned report on the benefits of various organisational structures to support the proposed information/navigation service model, reflecting maximum community involvement in its governance.

Supporting documentation to the above stages 1-4, including supplementary reports, are included as appendices to Dr Cornell's Final Research Report, which also outlines the limitations of the **Staying Put** research (p7).

## **EVOLUTION OF THE STEERING COMMITTEE'S THINKING**

As indicated previously, the starting point for **Staying Put** was the proposed investigation of a practical, sustainable and consumer-driven business model for managing services that can address the main difficulties already emerging in the field of home-based care.

However, while the project's commitment to strengthening consumer engagement in the management of home care remained unchanged, the findings emerging from Dr Cornell's research prompted a shift in the steering committee's primary focus. Its emphasis moved away from the question of consumer engagement in governance

and management and towards the needs of consumers to gain confidence in evaluating options and in making decisions about their own care. It is interesting (but perhaps unsurprising), that recent research published by the Royal Commission has highlighted the same issue.

Within its acknowledged limitations, the research found that in response to the consumer survey question *If you could be involved in the delivery or management of your own home care, what would you like your involvement to be ?*, only a minority of respondents stated *I would like to be involved by contributing to a community/ neighbourhood system of care (eg committee member, volunteer etc)*.

Interviewees with whom Dr Cornell spoke in depth were divided on their involvement/activity in a community model. Similar divisions of opinion emerged from Stakeholder consultation #2.

The steering committee was therefore faced with the question *Is there appetite in the community for greater consumer-driven management of any aspects of home care?* While the minority of survey respondents indicating some degree of interest was substantial (42% of the sample), the committee considered that there was no unqualified answer to the question. The inconclusive response to the opportunities and disadvantages presented by the prospect of stronger consumer engagement in home care management may reflect a number of factors, including;

- Uncertainty about exactly what such engagement might entail – personally, financially or otherwise. As one commentator observed, “people don’t know what they don’t know”;
- a reduced opportunity for the project to carry out wider community consultation due to COVID-19 and other restrictions;
- a lack of interest in the issue within part of the consumer community, until the immediacy of care needs confronts an older person with the need to make choices and decisions about the services s/he requires.

Nevertheless, the issue of consumer access to information and navigation services for the home care system emerged as a key concern, both from stakeholder consultation #1 and from the consumer consultation (and, to some extent from the literature review; and certainly, from plentiful evidence presented to the Royal Commission). Concerns reflected the difficulties many consumers were expressing in getting their needs addressed through the national *My Aged Care* portal and other advisers.

**Staying Put** had not anticipated this key concern, but clearly needed to respond to it in some constructive way.

Accordingly, a 'value proposition statement' was prepared (*Support for older people in life planning*), as a basis for Stakeholder consultation #2. The statement essentially proposed the development of a regionally based information/navigation service, partly supported through modest membership fees, and with a long-term potential for growth into other service areas.

The value proposition statement did not advocate any particular governance structure for the proposed service. However, consistent with the original features proposed in the project brief, it stated “A key guiding principle for **Staying Put** has

*been to maximise opportunity for consumer control and direction, and the study has focussed on a co-operative or mutual structure, with strong membership engagement as one possible business model to this end."*

The response to the value proposition statement from Stakeholder consultation #2 was, again, cautious; with particular issues being raised including

- the risk of duplicating existing services;
- the long-term stability of consumer-driven initiatives; and
- the acceptability and sustainability of financial contributions by consumer members of the service.

There were also diverse views on whether government was the most appropriate provider of information / navigation services.

## A WAY FORWARD

In a discussion with OfAW officers during the latter stages of ***Staying Put***, the steering committee's attention was drawn to a Commonwealth program, *Seniors Connected*. The Commonwealth is understood to be exploring the program's potential to fund initiatives similar to the well-established Waverton Hub (NSW), and a range of other 'hub-type' consumer-driven services in WA.

Following an examination of descriptive resources about these interstate initiatives, the steering committee saw *Seniors Connected* as a possible vehicle (if developed by the Commonwealth), for supporting and funding implementation of the information/navigation service outlined in the ***Staying Put*** value proposition. The committee recognised several resonances between the guiding principles underpinning these initiatives and its own approach. For example, the critical success factors identified by an independent evaluation of the Waverton Hub include:

- Strong leadership, governance and financial systems;
- Continuity of a core group of committed people;
- Staying true to its community development basis and principles;
- Being a community-owned and operated model;
- A local focus.

In addition, three features were prominent in the development of the NSW and WA initiatives:

- **The importance of partnerships**, with local businesses, services, and – in several examples – with Local Government. During Stakeholder consultation #2, a number of respondents cautioned any ***Staying Put*** initiative against questioning existing models of information/navigation or advocacy service, and advised that it should rather seek to complement and partner with these. The steering committee sought to reassure them that this had always been the intention of ***Staying Put***.
- The potential for a regionally-based information/navigation service to adopt the kind of **consumer-driven governance arrangements** originally envisaged by

**Staying Put.** However, the project's research indicates clearly that the organisational, legal and financial implications of a co-operative, mutual, or any other governance model must be clearly identified, explained and marketed to the older consumers to whom it is being promoted, if it is to achieve a necessary level of 'buy-in'.

- **The potential for development.** All the 'hub-type' projects examined appear to have originated as initiatives to foster community-building, social connectedness, and related models of residents' mutual support in localities. However, it is evident that a range of other services and programs have evolved in several instances – discount schemes, technology advice, provision of independent information required to ensure people have confidence in selecting service providers etc.

In summary, while the research identified a number of examples of home care services with a consumer empowerment focus, including several co-operatives, the steering committee does not consider there is currently a compelling case for promoting strong consumer management and control as the primary 'selling point' for a service whose main purpose is to assist older people to remain at home well into frail old age.

Yet this feature should not be discarded in the design of any such service. Rather, if a funding opportunity such as *Seniors Connected* presents itself in the future, the functions of a regionally based information/navigation service should be considered and researched in tandem with an examination of its governance options. Such an approach should aim to ensure that the service builds, as far as possible, on a foundation of responsiveness to consumer need for what a recent RACQS report has called '*appropriate, affordable, and appealing care*'.

There remains a strong desire by the proponents of **Staying Put** for the structure of a service to be independent and community driven.

## **RESEARCH RECOMMENDATIONS**

The **Staying Put** steering committee recommends that:

1. The Office for Ageing Well notes the key findings of the project.
2. In-principle support be given for an appropriate community-based bid to develop a regionally based 'community hub-type' service to address consumer needs for improved service information/system navigation in the broad field of life planning for older people, including home-based care.
3. That, subject to the availability of funding, this support should be based on the bid proponents' demonstrated:
  - Consultation, and willingness to partner with potential consumers, and with a broad range of providers, agencies and services in the field, including Local Government;

- Capacity to address and plan for meeting 'due diligence' requirements in the design of a service and its governance ( ie legal, financial, insurance, quality assurance, risk management, membership-base considerations etc);
- Taking into account the relevant recommendations of the Royal Commission into Aged Care Quality and Safety, due to report in November 2020.

**B. A Trebilcock**

Chair

***Staying Put*** Steering Committee

*July 23<sup>rd</sup>, 2020*