NSW Aged Care Alliance

Submission to the Standing Committee on Ageing

Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years.

August 2002

The NSW Aged Care Alliance comprises over 50 organisations concerned with the adequacy and quality of aged care services to older people in New South Wales.

Convened by Council of Social Service of NSW (NCOSS), it comprises consumer representatives, industry organisations, universities and education facilities and others actively promoting the needs, rights and interests of older people focussing on all forms of aged care, including healthy ageing. The NSW Aged Care Alliance meets on a bi-monthly basis at NCOSS to discuss issues and strategies to advance our objectives.

We are pleased to present our submission in order to raise the important Commonwealth issues as they relate to the upcoming Federal election. The NSW Aged Care Alliance has prioritised the following issues for particular attention, including a brief description of each issue with recommendations and questions for further inquiry.

If you require more information about the Alliance or this submission please contact **Christine Regan**, Senior Policy Officer, NCOSS on 02 9211 2599 ext 108, fax 9281 1968 or email chrisr@ncoss.org.au

Council of Social Services of NSW (NCOSS)
66 Albion Street,
Surry Hills NSW 2010

Ph: 9211 2500
Fax: 9281 1968
Online: www.ncoss.org.au

NSW Aged Care Alliance

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RESIDENTIAL CARE

Meeting High Care Needs

Meeting the growing demand for quality high residential care services will be an impossible challenge without substantial funding increases both now and in the future. Increased Commonwealth funding for residential care since 1997 has been significantly discounted by the transfer of the rental assistance payment from the social security budget and the rapidly increasing numbers and dependency levels of residents in aged care facilities.

The Productivity Commission conservatively estimates that quality improvement activity related to Accreditation has cost the industry $180,000,000. This represents a further erosion of the overall funding increase since 1997 and a failure by governments to address the increased demand for 'quality' services.

To ensure the industry remains viable and committed to the provision of quality residential care, the Government must:

1. Review the supply of all aged and community services in light of strong and increasing demand by an ageing population. The current benchmark of 100 places per 1000 population over 70 should be met in the short-term and reviewed for appropriateness in the medium-term.
2. Address the inequities in current funding models. The Commonwealth Own Purpose Outlays (COPO) indexation method should be replaced by indexation methods such as Wage cost Index and CPI. COPO has resulted in under funding of services by up to $156,800,000 over the past three years.
3. Acknowledge the crisis in attracting Registered Nurses to residential Aged Care. Funding needs to be provided for increases to aged care nursing wages with a view to eliminating the wage disparity between the Aged care sector and the acute hospital sector.
4. Develop a more appropriate funding model to ensure the future viability of the industry. The current system of bonds and resident contributions does not deliver adequate funding to meet current and projected demand for building improvements and "certification". It is estimated that there will be a shortfall of $1.241 billion for the period 1997 – 2008. This will mean facilities (particularly high care facilities) will have to close. Inner city and rural services will be particularly affected. The Minister has argued repeatedly that capital needs will be met by 2008. It is interesting to note that capital investment by Government has risen very slowly in the first 7-8 years since 1997.
5. Assist rural and remote services by funding improvements to building stock that meet the 2008 Certification requirements.
6. Provide alternate accommodation for the more than 1000 young disabled people currently residing in aged care facilities.

Complaints Mechanism

The Aged Care Complaints Resolution Scheme is available to the consumers, family carers and advocates who wish to make a complaint about a Commonwealth funded aged care service. Recent media reporting suggests that in some instances the system is not working in the interests of the consumer. The operators of aged care facilities can at times marginalise stakeholders, including family carers, in the operation of the nursing homes.

The government must develop a Complaints Scheme that is:

1. Independent and established as a separate authority based on the Benchmarks for industry based dispute resolution schemes released by the Minister for Customs and Consumer Affairs.
2. Publicly accountable through published accounts of decisions and determinations.
3. Subject to periodic independent review of its performance.
4. Able to highlight and report on systemic industry problems.

RESIDENTIAL CARE RECOMMENDATIONS:

- **A future financing plan should be developed to quantify and redress the projected shortfalls in aged care funding.**

- **Increase funding immediately for new residential places to ensure that the current benchmark of 90 per 1000 is in place across Australia**

- **The current inappropriate indexation method (COPO) for residential care should be adjusted to ensure the true costs are reflected at present and in the longer term.**

- **Develop a new and appropriate capital funding system for the health and viability of the sector in the longer term.**

- **Provide funding to remove wage disparity between acute and aged care nurses across Australia**

- **Assist rural and remote services to develop and remain viable to ensure people can receive services locally**

- **A new scheme be established as a separate authority based on the *Benchmarks for industry-based dispute resolution schemes* released by the Minister for Customs and Consumer Affairs.**

QUESTIONS:

- **What will be done to ensure that the Aged Care Complaints Resolution Scheme is accountable to the public?**

- **What will be done to make the burden of paperwork and bureaucratic requirements more efficient and effective in order to allow providers more time to focus on quality and responsive care?**

COMMUNITY CARE

Funding and Reform

There have been increases in HACC Program and Community Care funding in recent years. However, there is not enough funding in the system to enable ALL those who require support to remain at home to either receive a service or to access the nature and level of support they need.

1998 ABS data highlights that approximately one quarter of households of people aged 65 years and over reported needs that were not fully met. The main types of assistance required were: personal care, transport, housework respite, meals and home maintenance. Many users of services, especially those with family carers, are rationed to receive only 1 hour of community support a week when their needs are in fact much higher than this. **The Productivity Commission's expenditure analysis in 2000 shows that average real HACC expenditure per recipient per month declined from $254 in 1993/94 to $224 in 1999/2000. Some CACP services report long waiting times of anything up to a year to receive a package**. Inadequate provision of home and community services may result in individuals having to suffer declining health and well-being and/or being unnecessarily admitted to hospital or nursing home care.

Community care services are particularly important for indigenous communities and people from culturally and linguistically diverse backgrounds. These groups tend to make **less use** of residential aged care and consequently require **higher levels** of community care support.

The following key actions need to be taken:

- ***undertake a complete review of the community care system*** which will create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and reduce resources wasted by services on reporting and managing the plethora of programs. A major issue for the community care sector is the growing number of community programs which, while largely compatible, create separate reporting requirements, have different eligibility rules and inhibit the provision of quality care to individuals ***while*** replicating management overhead costs. Many organisations which provide community care programs complete 2 or 3 sets of essentially similar information.
- ***increase HACC funding*** **by 20%** as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand of more than 6% per annum.
- ***expand the range and level of care available in care management package programs*** to ensure that consumers with low to high needs can access all of the services they require through this arrangement. Improving existing programs is a better solution than introducing new ones.
- ***expand the availability of comprehensive carer support services*** by the development of a comprehensive package of co-ordinated carer services tailored according to the needs, preferences, culture and age of the carer as well as the person(s) in need of support. The 'package' of carer services needs to include:
  - ~ a range of flexible Respite Care options (delivered in the home, community and in residential and other facilities)
  - ~ in-home support services
  - ~ counselling
  - ~ education that supports them in their caring role
  - ~ access to quality residential care.
- ***replace the inequitable indexation model currently used***. The Commonwealth Own Purpose Outlays (COPO) indexation method is inappropriate for community care, as it does not reflect the real staffing and other costs of running services. COPO does not reflect the real movement

in costs of providing CACP and HACC and it is calculated at different times for each program resulting in different levels of compensation for cost increase.

- ***research the real cost of providing community care*** as current poor data sometimes leads to the unrealistic setting of unit costs and ultimately quality may be compromised.

COMMUNITY CARE RECOMMENDATIONS:

- **Increase HACC funding by 20% as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand of at least 6% per annum.**

- **The current inappropriate indexation methods (COPO) for HACC and CACP should be adjusted to ensure the true costs are reflected**

- **Urgent reform of community care programs to create a sensible and flexible program structure to meet consumer needs, reduce consumer confusion and reduce resources wasted by services on reporting and managing the plethora of programs**

- **Improved access to aged and community care services for people with special needs and older Australians in rural and remote communities**

- **Funding to examine the effectiveness and sustainability (including cost) of the full range of existing examples of flexible respite options and to pilot and evaluate new 'carer friendly' models of Respite Care**

    - **Significant additional <u>recurrent</u> funding to promote best practice in Respite Care and develop incentives for specialisation and diversification of models of Respite Care, including residential/facility based respite services.**

- **Increases to packages of support for family carers which address the range of needs, including flexible respite, quality in-home support, counselling, education and access to quality residential care.**

HEALTH

Access to adequate health services is of primary importance to older people and their carers. National expenditure on health care has remained fairly static as a proportion of GDP during the past decade. The health status of indigenous Australians remains at Third World levels.

A commitment to Medicare and an adequate public health system is essential from an incoming Federal Government. There are constant reports of long waiting lists for treatment in public hospitals, pressure on general practitioners and cutbacks to community health services. Access to GPs and other specialist services is limited in remote areas.

Specific issues include:

Enhanced Primary Care
The Federal Government is to be applauded for providing the funds for the Enhanced Primary Care program. There is some concern with how the new Medicare items are structured and carried out. The relationship between the health assessment available to people aged 75 and over under the program and the potential benefits is tenuous at best. The items, though related in purpose, are not related in practice. Also, the funding via Medicare is only available to service providers employed by doctors.

Dental Health
Dental health remains a major concern since the Coalition Government did not renew the Commonwealth Dental Health Program in 1996. Waiting lists grew by 29% following that action and, although there have been limited funding increases by State Governments, waiting lists remain unacceptably high. Good oral health care is essential for good general health and unlike many other conditions there are a no alternative treatments for dentistry.

Multi-Purpose Services and Coordinated Care
Models of integrated health and aged care are becoming more common. They are designed to overcome the difficulties at the boundaries between various health and related programs. The models include Multi-Purpose Services in small rural communities and larger scale pilots, such as the Coordinated Care Trials. Aged and community care providers report implementation problems with many of these integrated services, particularly because of a lack of community involvement or commitment to consultation by local health services.

Post Acute Care, Transitional Care
With an ageing population, there is an increasing demand for specialist services to assist particularly older people to make the transition smoothly from hospital to home or residential care service. These services should function as a high-level aged care facility with access to medical and multidisciplinary health team input. Quality programs, such as continence management, medication management, improved nutrition, improved mobility and communication will be in place. Funding should come from Commonwealth aged care programs and State health and have a very strong focus on rehabilitation programs.

HEALTH RECOMMENDATIONS:

- **Increase funding for Medicare and public health services to match demand from an ageing population.**

- **Re-instate a Commonwealth Dental Health Program.**

- **Investigate the benefits of adequate health assessments on residents of aged care facilities.**

- **Increase funding immediately for services that participate in care planning and case conferences.**

- **State and Commonwealth Governments develop an agreement on transitional care units to ensure all health services that manage significant numbers of older people have access to in-patient transitional care units with strong focus on rehabilitation.**

QUESTIONS:

- **What will done to ensure a commitment to continuing Medicare?**

- **How will access for older people to health and hospital services be guaranteed?**

- **What can be done to maintain and improve the quality of health care services for older people on low incomes?**

- **How can bulk-billing be extended to GP practices to enable more affordable care to older people on low incomes?**

- **What can be done to provide better health services to older people in rural and remote communities in NSW?**

- **What are the specific policies in relation to the improvement of the health of Aboriginal and Torres Strait Islander older people?**

- **What will be done to revise the operations of the Enhanced Primary Care program in the longer term?**

- **What are the longer term strategies to provide more integrated health and aged care services?**

- **What emphasis will be placed on community control of such services?**

PREVENTATIVE HEALTH AND DISEASE MANAGEMENT

Podiatry
In the analysis by Divisions of General Practice in relation to More Allied Health services (MAHS) projects for their areas, podiatry ranked as one of the highest priority services needing increased resource allocation and improved patient access. There is a constant struggle in the public sector, and more so in rural areas, to maintain an almost skeletal podiatry coverage. There are very few incentives to encourage podiatrists to stay in public hospitals and community centres.

Mental Health
Depression is increasingly recognised as a significant problem. In many cases of depression in older people, the resultant presenting symptoms are treated by the medical practitioner or health professional without attention to the underlying cause.

Dental Health
Good oral health contributes to the overall health of the older individual. The need for medically necessary dental care is well documented in conditions such as diabetes, heart disease, immune deficiency diseases, cancer, head/neck surgery and radiotherapy.
There are no self-help options for dental disease. Dental problems can lead to malnutrition, chronic pain, disability and infection resulting in illness and subsequent increasing costs to the public health budget.
At present low income and disadvantaged groups of older Australians are being denied good dental care as a result of inadequate funding for public dental health services. The Commonwealth Dental Health Programme introduced in 1993 gave disadvantaged older people limited access to dental care. This scheme was axed in 1996 and since then, State government funding has not equalled the need for public dental services.

Polypharmacy
Aged people suffering from multiple illness and disability are more likely to be prescribed multiple medications from numerous sources. These people may also self-medicate. The interaction of many drugs (polypharmacy) and the reduced capacity of the aged body to deal effectively with them can lead to serious health problems. People taking more than six (6) medications are more likely to suffer from confusion, incontinence, falls and subsequent fractures. Increased admission and re-admission to hospital, admission to an aged care facility and occasionally death may result.

Falls
Older Australians are generally an active group of people in the community who seek to be independent. A fall can result in broken bones, head injury and permanent incapacity - even death.
It is widely acknowledged that falls have many causes. Causes include disease processes, poor eyesight/spectacles, poor footwear, dizziness, poor nutrition, lack of exercise, environmental hazards, polypharmacy and more.
Prevention of falls to reduce injury and morbidity must be an ongoing initiative at Federal Government level, not only to reduce health care costs but also to maximise the quality of life for older Australians.

PREVENTATIVE HEALTH AND DISEASE MANAGEMENT

QUESTIONS:

***Podiatry*:**

- **What commitment is there towards re-evaluation of the inclusion of health professions in the national Competition Principles Agreement reviews? Health cannot be considered in the same light as business generally.**
- **Apart from the current MAHS initiative, what can be done towards the allocation of extra funding for payment of podiatrists?**
- **What strategies are needed to increase the rating of Podiatry in the Residential Classification system?**
- **How can more public sector podiatry be provided?**
- **What strategies can be implemented to encourage podiatrists in rural/regional areas?**

***Mental Health*:**

- **What can be done to uncover and acknowledge the incidence of depression in older people?**
- **What is needed to enhance the skills of health professionals in recognising and treating depression in older people?**
- **What preventative strategies can be implemented to reduce the incidence of depression in older people?**

***Dental Health*:**

- **The Federal government should take a national leadership role by setting standards related to preventative dental health care for all older Australians.**
- **The Federal Government should develop a funding initiative for preventative dental care, based on the projected future increase in the aged population in Australia.**

***Polypharmacy*:**

- **What can be done to increase consumer education regarding the risk of taking multiple medications?**
- **How will health professionals be targetted to promote best practice medication prescription for the elderly?**
- **How will pharmacy review funding to ACAT teams be increased in order to review at-risk clients?**
- **The Federal Government must support a national pharmacy link to track medication use and adverse drug interactions/side effects.**

***Falls*:**

- **Fund ongoing research into falls prevention.**
- **Provide funds and incentives for health promotions targeting falls prevention in the community (for all Ages and Ethnic backgrounds).**
- **Provide adequate funding for Aged Care Assessment Teams to provide timely early intervention falls assessment for older Australians in their homes.**
- **Provide a pension supplement to encourage financially disadvantaged older Australians to purchase one pair of orthopaedic walking shoes every two years to improve safety when walking.**
- **Increase capital funding to residential aged care facilities to allow compliance with 2008 building requirements to be exceeded in relation to falls prevention.**

DEMENTIA

Dementia is widespread in Australia

- 160,000 Australians have moderate to severe dementia
- Another 160,000 are probably in the early stages of dementia
- Half a million Australians are affected by dementia in their families
- There are 18,200 new cases every year
- At age 85, 1 in 4 people have dementia
- Half the people diagnosed with dementia live in the community
- Half of the people in aged care homes (hostels and nursing homes) have dementia
- Dementia is a significant cause of disability and death.

- Inadequate funding means that Alzheimer's Association services reach only 5-10% of those in need. Reach is even lower in ethnic groups, indigenous communities and rural and remote communities where service costs are higher.

- Dementia is not being diagnosed early, denying people:
  - treatment for reversible conditions which have dementia-like symptoms
  - drug treatments which benefit people in the early to moderate stages of dementia
  - early legal and financial planning, e.g. powers of attorney
  - evaluation of driving ability (putting themselves and others at risk)
  - assistance to adjust to the diagnosis, plan for their future and learn about dementia management

- Many GPs are uninformed about advances in dementia diagnosis and management. The diagnosis of dementia is often communicated in an insensitive manner.

- There is not enough respite suitable for people with difficult dementia related behaviours.

- The Extended Aged Care in the Home Packages, a worthwhile initiative, are not available nationally.

- The effectiveness of psychogeriatric units' assistance for people with challenging behaviour needs review.

- Community service workers need to be well trained in dementia management to provide quality care.

- 30% of residents in low care facilities and 70% of residents in high care facilities have a diagnosis of dementia, but fewer than 5% of residential care beds are dementia-specific.

- The Government's Two-Year Review recommended "further investigation be undertaken into the needs for and provision of accommodation and care options for people with dementia." Evidence provided to the Two Year Review suggests that it is still problematic for families to find care for those with difficult dementia related behaviours.

- It has been very difficult to find residential care places for people with more difficult dementia-related behaviours.

- Residential care staff and management do not have access to dementia-specific training to enable them to provide quality care.

- Dementia-specific training should be obligatory for residential care staff and management to enable them to provide quality care.

DEMENTIA RECOMMENDATIONS

1. **Increase funding to the Alzheimer's Association and other supportive community organisations to expand service penetration, including into rural and remote areas and for services to be inclusive of ethnic communities and indigenous people.**

2. **Funding should be designated for national dementia community awareness initiatives.**

3. **The Federal Government to coordinate specialist resources for early diagnosis and management of dementia.**

4. **The accreditation process should be used actively to ensure quality dementia care.**

5. **The Pharmaceutical Benefits Advisory Committee continue to review the guidelines to improve access to more people with dementia who could benefit.**

6. **Develop a national strategy and provide funding for GP dementia training.**

7. **Fund initiatives targeted to GPs and other health professionals to encourage referral to dementia-specific support services provided by the Alzheimer's Association and other community services.**

8. **Expand the number of dementia-specific respite places available for people with difficult dementia related behaviours.**

9. **Planned and emergency overnight respite to be listed in priority order.**

10. **Promote flexible models of respite including those that are culturally sensitive and accessible in rural and remote areas.**

11. **Increase the number of Extended Aged Care in the Home Packages specifically for people with dementia in under-resourced regions.**

12. **Review the federal funding and role of psychogeriatric units to ensure effective assistance for people with challenging behaviour.**

13. **Fund dementia management training for community service workers.**

14. **Urgently assess the planning, provision and funding of special care units for those residents with dementia who have more severe behaviour management problems.**

15. **Fund dementia-specific training, including behaviour management. Dementia-specific training should be obligatory for residential care staff and management to enable them to provide quality care.**

16. **Make accreditation reports publicly available to enable potential residents and their families and carers to know whether the facility has the staff and environment to provide quality dementia care.**

INCOME SECURITY

Assisting pensioners and other older people on social security incomes

Older people on a very low income have few or no prospects of ever being able to ameliorate their difficulty meeting their basic needs. The focus of Government should be on assisting people who have no or little other sources of income than a social security pension or allowance. Basic living costs are difficult to meet with increased user pays, co-payments for services, withdrawal of certain medications from the Pharmaceutical Benefits Scheme and the GST .

Women are most likely to be solely reliant on a full pension or allowance, for long periods of time due to their greater longevity (82 for females and 76 for males). It is quite possible for a woman to be solely reliant on a pension for 20 or 30 years.

Single people also have particular difficulties in managing on a pension or allowance as the only source of income, compared to married couples. Many older people who lose spouses complain of the greater difficulties of maintaining a house and garden because the fixed costs are the same as for a couple. But the most disadvantaged of all are those in private rental accommodation.

Retirement Incomes Policy

Australia is depending on the success of compulsory superannuation to ensure that future generations of older people are able to support themselves in retirement. It is questionable whether the level of compulsory superannuation contributions will be sufficient to provide a retirement income consistent with the needs and expectations of older people in the future.

At the present time the incentives to use superannuation as an investment vehicle are reduced because of the high level of taxation levied:

- 15 per cent on employer contributions;
- 15 per cent on the fund's investment income and varying tax rates on lump sum or pension benefits; and
- 15 per cent surcharge on contributions paid for high-income.

The tax take from superannuation has risen from $2 billion in 1995-96 to $6.4 billion in 2000-01. The heavy reliance on superannuation as a revenue stream conveys a mixed message to the community about the role of superannuation as a retirement savings vehicle.

INCOME SECURITY

RECOMMENDATIONS:

Pensions

- **An ongoing increase in the incomes of full pensioners with little or no private income. This may be an annual indexed supplement of $300. Alternatively, it could be an increase in the pension.**

- **The supplement should apply to all age pensioners and other people 50 and over reliant on social security incomes.**

- **The rate of Newstart Allowance needs to be brought up to the same level of the Age Pension.**

- **Undertake a review the income and assets test and adequacy of the aged pension for long term income support.**

Superannuation

- **Undertake a review of the three pillars of Australia's retirement income system:**
  superannuation,
  the public pension system particularly in relation to adequacy,
  private savings,
  in order to ensure the future income security of older people and to avoid entrenching poverty amongst sections of the older population.

WORKFORCE

It is estimated that around 55,000 people work in aged and community care services in NSW and the ACT. This workforce is supplemented by a large number of volunteers.

Difficulties in recruiting trained staff for aged and community care services threaten to reach crisis proportions. There is a worldwide shortage of nurses. A recent survey of 149 aged and community care services by the Aged & Community Services Association (ACS) found:

- one in ten nursing and personal care positions cannot be filled with permanent staff
- recruitment is particularly difficult in Sydney
- 65% of staff are aged over 40 – meaning the aged care workforce is itself ageing.

The industry cannot compete for staff when the workers doing comparable work can achieve better conditions and more money in other health services. For example, a nurse working in a hospital will earn more than one doing similar work in a nursing home.

A key to quality care is to ensure that there is a well-trained workforce for aged care. Employment in aged care services requires sophisticated and ongoing training to ensure staff have the most up-to-date skills and knowledge. Significant progress has been made in recent years, with the ACS survey finding 96% of Assistants in Nursing and Care Service Employees now have formal qualifications.

Recent carer consultations regarding the accreditation process and carers' inclusion in residential care have clearly indicated the need to train all levels of management in residential aged care facilities about issues for family carers.

A seminar held by ACS and the Council of the Ageing (NSW) in May 2001, attended by consumers, educational bodies, unions and industry representatives, identified a range of strategies to address the workforce shortages:

- improving the wages available in aged and community care through better government funding
- identifying and funding a benchmark of care
- improving collaboration between consumers, unions, industry, educational bodies and governments
- fostering a culture in services that values older people and workers
- strengthening educational and career pathways
- working to improve the image of ageing and aged care.

WORKFORCE RECOMMENDATIONS:

- **Develop a National Workforce Plan for Aged Care, incorporating a national training strategy**

- **Adopt an indexation formula for aged care services that reflects the cost pressures experienced by industry.**

- **Take the lead in developing national responses to supporting the training of aged care workers, including nurses. For example, reduce the HECS payment for nurses and allied health professions and develop best practice models, which bridge the gap between school or university and industry.**

- **Introduce a Federal Age Discrimination Act to match those of sex, race and disability and implement an education campaign to complement introduction of the Act.**

QUESTIONS:

- **What are the strategies for a national training strategy to ensure a trained workforce will be available for the aged and community care industry?**

- **How can the Federal Government work to strengthen educational and career pathways for young people interested in work in aged care?**

OLDER PEOPLE OF ABORIGINAL AND TORRES STRAIT ISLANDER DESCENT

The issues for indigenous peoples are complex and require deliberate attention. Aboriginal and Torres Strait Islander people have been disadvantaged for many years without access to many of the opportunities other Australians take for granted.

Because present indigenous people have lower life expectancy than other people in the population, their timely access to aged care services can be delayed and the appropriateness of those services can be diminished without attention to individual needs and cultural responsiveness.

In 2000 in New South Wales, a Statewide Gathering of Aboriginal and Torres Strait Islander managers of Community Care and disability services determined that the most important ways to provide equitable access to appropriate services were to progress the autonomy of services to be delivered to indigenous people by indigenous people with quality training, proper representation within decision-making systems as well as a deliberate investment in Aboriginal and Torres Strait Islander service provision.

QUESTIONS:

- **What steps can be taken to progress the autonomy of Aboriginal and Torres Strait Islander services?**

- **What can be done to enable effective management and training support for the development of Aboriginal and Torres Strait Islander services to older people?**

- **What can be done to ensure increased and commensurate investment in Aboriginal and Torres Strait Islander services to older people and families in need?**

CULTURALLY APPROPRIATE CARE

Approximately 19% of the population aged over 65 are from a from diverse language and cultural background, yet they make up only 13% of consumers of aged services.

Ethnic communities often lack the capital, service and language infrastructure to support culturally appropriate services.

There are many barriers that prevent people from a non-English speaking background accessing mainstream services.

Elderly people from diverse language and cultural backgrounds under utilise residential care: they use 8% of hostel level care services, and 9% of nursing home level care services

Ethno-specific and Multicultural Community Aged Care Packages (CACP) should continue to be funded at a rate higher than the average for the general community

Consumers from diverse cultural backgrounds have been disproportionately disadvantaged in residential aged care service provision as a result of the Commonwealth Government's discontinuation of capital funding in 1996. The inaccessibility of Commonwealth capital funds has unacceptably slowed growth in residential aged care service provision for many ethnic communities. .

The Aged Care Standards and Accreditation Agency's (ACSAA) accreditation reports for facilities do not provide adequate information about either care strategies or outcomes for consumers from diverse cultural and language backgrounds.

Few of the accreditation assessors utilised professional interpreters to enable these consumers to participate.

There is evidence of a higher than average prevalence of depression and suicide rates among elderly people from diverse cultural backgrounds. It is also evident that current Geriatric depression screening tools are less sensitive and effective with populations with English as a second language

RECOMMENDATIONS

National co-ordination

- **Consumers from diverse cultural and linguistic backgrounds require:**
  - **the Department of Health and Aged Care to develop, in consultation with consumer and provider groups, a long-term plan Involving a series of shorter-term outcomes, that will coordinate and improve access and quality of care**
  - **a national strategy to address the availability, use, and training of interpreters in community care be developed.**

Residential aged care services

- **Capital funding should be reinstated to not-for-profit community organisations for the development of ethno-specific (High and Low) residential care to ethnic communities that have sufficient numbers of elderly to fill such services.**

- **The Aged Care Standards and Accreditation Agency's assessors improve services to people from diverse cultural and linguistic backgrounds by:**
    - **improving their cross-cultural competencies, to enable them to accurately assess evidence of culturally appropriate outcomes (Standard 3.8 and others), and provide advice to providers on future improvement strategies.**
    - **providing annual public reports outlining the performance of residential aged care services for this group.**
    - **monitor and publicly report on the Agency's performance to ensure fair and equal opportunities for all consumers**
    - **provide funds for research and development of quality benchmarks that will enable residential aged care services to effectively monitor and evaluate their own continuous improvement in culturally appropriate care outcomes.**

Community Aged Care Packages (CACP)

- **The Commonwealth Department of Health and Aged Care develop strategies to enable culturally diverse clients with high care needs to remain in their own home.**

- **The Government monitors access to CACPs by people from diverse cultural and language backgrounds living in remote and rural areas.**

Home and Community Care (HACC)

- **A five-year target is set of a 4% increase in access to HACC services by consumers from diverse cultural and language backgrounds, and additional funds are allocated to meet this target.**

- **That the Government provides direct coordination of HACC access strategies, and that current access programs are evaluated, to ensure that the rapidly ageing consumer population from diverse cultural and language backgrounds are not disadvantaged further.**

- **That the Government coordinates the development and dissemination of translated material to enable comprehensive and consistent access to and provision of information on HACC services and Reforms.**

Health status

- **Funding needs to be allocated from the National Mental Health Strategy for:**
    - **developing a multicultural depression screening tool to improve early detection and effective management of depression; and**

- **research and development of community based depression and suicide education and prevention strategies that are effective for the culturally diverse elderly population.**

RURAL

Older people in rural and remote areas generally have the same needs and desires as their urban counterparts. Aged and community care services in rural and remote areas are beset by all of the issues that affect urban services. However, the nature of rural and remote services means that the impact of these issues is intensified.

The infrastructure of smaller country towns and surrounding areas has been eroded over time – local hospitals have closed, GPs have moved to larger regional centres, small residential care facilities (most suited to rural and remote areas) are very vulnerable under current funding arrangements; and unemployment is high. This has created access difficulties for country people to the whole range of health and welfare services.

There are generally fewer options to choose from in rural Australia. For example, there may not be a dementia specific service (such as community psycho-geriatric service) with the expertise needed to provide residential care or community support to a local aged resident who has been a community member for his/her entire life. Older people in rural and remote communities may have to leave their home area to access a residential care service. Family and friends may not be able to travel long distances to visit them.

Service providers in rural or remote areas are likely to face greater challenges in terms of:

- *Viability:* Viability issues for smaller community located residential care homes may force them to either close down or amalgamate for economies of scale. While current arrangements attempt to acknowledge rural issue, the funding provided is not adequate to maintain quality services. Cost structures for such services may be different to those of larger urban services. Access to additional forms of funding is essential to build new services and to enable existing services to upgrade and meet fire, safety and other building certification requirements by 2008.

- *New models:* Service models have been created to specifically cater for the needs of rural and remote communities. In theory, models such as Multi-Purpose Services (MPS) enable co-location and integration of acute, residential and community care services based on the needs of the community. In reality, more work is needed to make these models work effectively for older people and for the local communities.

- *Workforce:* Rural and remote workforce issues can be acute. Providers have difficulty finding staff with higher qualifications, do not have access to flexible professional development or formal training for their staff, or the funds to purchase such training from far afield.

RURAL

RECOMMENDATIONS:

- **Provide financial assistance to rural and remote services to enable them to develop and remain viable so that people can receive services locally.**

- **Work with local communities to ensure integrated service models operate efficiently and effectively.**

- **Improve access to aged and community care services (including specialist services) for older Australians in rural and remote communities.**

QUESTIONS:

- **What can be done to promote and provide responsive aged and community care services in rural and remote areas?**

- **How can the viability of aged and community care services in small rural communities be guaranteed?**

- **What can be done to provide and improve integrated health and aged care services?**

- **What strategies will ensure community control of such services?**

- **How can the workforce issues facing rural communities be addressed?**