

Committee Secretary – Dr Margot Kerley
Standing Committee on Ageing
House of Representatives
Parliament House
Canberra ACT 2600

Submission to the Standing Committee on Ageing from ACAS Victoria

ACAS Victoria is the peak body for Aged Care Assessment Services (ACAS) in this state (ACAS is known as ACAT in all other states). A major responsibility of the group is to facilitate consistency of best practice and quality service across all 18 ACAS in Victoria. It has led the way with a proven track record of a systematic approach to comprehensive assessment. This is achieved through providing an independent, autonomous, client focused view, as well as identifying gaps in service provision. Our role affords us input into planning on both a regional and state-wide basis.

Professor Len Gray was appointed by the former Minister for Family Services, the Hon Warwick Smith MP, in June 1998 to conduct the 'Two Year Review of Aged Care Reforms' released early in 2001. Unfortunately, the terms of reference were narrow so the report did not give a comprehensive view of what is currently happening in the Aged Care sector. At present there are many interrelated issues influencing the delivery of quality aged care services in Victoria, which have remained formally unacknowledged. Aged Care Assessment Services Victoria is obliged to provide critical, but constructive, comment on the current impact of these issues on clients and the delivery of aged care.

The 'Two Year Review of Aged Care Reforms' indicated that there has been improvement to the infrastructure of residential care facilities, and the evidence is that the physical fabric of high care facilities is improving. At the same time the accreditation system aimed to make residential care facilities more accountable and consistent in the provision of care. In reality there is evidence that accreditation has been a short term documentation process (a paper exercise) that has not necessarily translated into long term direct care improvements for residents. It would seem that there was concentrated activity around the time of the accreditation visits, but the industry itself reports that measures have largely not been sustained.

In addition, improvements to building stock and the accreditation system cannot be implemented in isolation to the current staffing issues that many facilities report. We have seen in the acute sector significant strategies necessary to attract nurses to address shortfalls in staffing, but this has further compounded the problem for staffing of Aged Care facilities. Equity of pay for nurses across all sectors, working conditions, retention of experienced nurses and the recruitment of new nurses into the industry need to be broadly and pro-actively addressed through government policy.

Staffing issues are not just restricted to nurses. Reports from across the aged care system including Home and Community Care (HACC), Community Aged Care Packages (CACPs) and the residential sector refer to the increasing problems recruiting and retaining personal care attendants who underpin much of the day-to-day delivery of hands on care. This has undermined the sector's ability to provide adequate care, and has significantly increased the waiting time for people to receive community based services. As with nurses, career structure, pay and conditions, recruitment and retention are the challenge facing both industry and government. Training and support are also critical.

Another future challenge is the concept of Ageing in Place (AIP). AIP was a concept that aimed to allow residents to remain in the one residential care facility through the continuum of care needs. In practice this concept has been difficult to implement because many facilities are struggling to provide the necessary skill mix to provide higher levels of care adequately. ACAS assess for high and low care needs to determine the most appropriate type of facility. We do not have the mandate to determine the level of funding facilitated through the residential care funding tool called the Residential Classification Scale (RCS). Currently, the RCS and ACAS level of care assessments do not correspond to each other which sometimes causes funding problems for facilities, and can affect the relationship of ACAS with the residential care facilities in their area. It is appropriate and relevant to the client receiving care for ACAS to be involved in assessing people who will be moving from their current facility to a higher level of care. However, if residents are to “age-in-place” the whole issue related to RCS funding needs to be reviewed. ACAS Victoria invite the Commonwealth to conduct a review of AIP with ACAS and the residential care sector in order to work collaboratively to find a solution.

The number of residential care beds remains a very contentious issue and the perception is that it is insufficient to meet demand. Len Gray predicts a growing under-supply of aged care beds for an increasing ageing population (**‘Australasian Journal on Ageing’ article (Policy Update. Beyond the Two Year Review – The new generation of issues in Aged Care ? pp 124 Vol 20 No 3 September 2001)**). The unresolved issues between the acute and residential care sector (State vs. Commonwealth governments) require a joint effort to find a solution. Until this is collaboratively addressed families will continue to be put under undue stress seeking residential care in a very tight market. ACAS are well placed to improve co-ordination and waitlist management, if adequately resourced. However, using limited resources, currently we are in the unenviable position of supporting clients and their families through the process of looking for residential care where there are multiple factors beyond our control. It is in this environment that placement agencies (recently referred to as “bounty hunters”) have emerged in a vacuum of any standards, accreditation or complaints procedures to monitor this new industry.

Aged Care residential issues should not overshadow issues of community care. In recent years the number of new CACPs released after each funding round has been welcomed. However, the number of CACP providers has also increased dramatically in the past two years which has affected the capacity of ACAS to maintain close working relationships with each provider. The industry has requested future allocations of packages to be given to existing providers in order to limit the complexity and fragmentation of the system. The Commonwealth Government’s aim to provide choice of provider has in practice not been successful as clients and their families report feeling overwhelmed when presented with such a choice, and are not in the position to fully understand the differences between providers.

In addition to growth of individual CACP numbers, funding growth within existing CACPs is also critical. CACP providers report the increasing difficulty of maintaining people at home in the context of a static funding base due to rapidly escalating costs associated with delivery of service and increasing client care requirements. The dramatic increase in costs, such as personal carers, wages, increased Workcare premiums, full-cost recovery for brokered services, and clients, non-eligibility for Aids and Equipment Program Victoria (formerly PADP) translates to clients receiving a lower level of service than the the same client would have received two to five years ago on a CACP.

The ACAS role has been that of a ‘gatekeeper’ to ensure that clients access appropriate levels of care. To enable ACAS to fulfill this role, there needs to be an increase in funding to deal with the expanding demands, and also for greater support for the independent role that ACAS play. The fragmentation of the service system, and the State and Commonwealth “silo” funding has all added to the demands on the ACAS role. With the increasing involvement of the private sector in aged care, there is an even greater need to maintain the independence of services such as ACAS that are government funded and accountable.

The challenges outlined in this article reflect the major issues influencing the current environment that Victorian ACAS work within. They are complex and many, and, therefore, we are looking forward to working with governments, industry, the acute sector, and client groups to identify workable solutions. In the short term, ACAS require more resources.

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