

Australian Government Response

to the

Senate Community Affairs References
Committee's Report of the Inquiry into
Aged Care – *Quality and Equity in
Aged Care*

September 2007

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ISBN: 1 74186 139 X
Publications Approval Number: 3947

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Online ISBN: 1 74186 140 3
Publications Approval Number: 3947

FOREWORD

**By the Minister for Ageing,
The Hon Christopher Pyne MP**



I am pleased to present the Australian Government's response to the Senate Community Affairs References Committee's report *Quality and equity in aged care*.

The matters raised in the report are wide-ranging. Our overwhelmingly positive response to the report reflects the fact that most of the matters raised were under consideration by Government. Action has been taken consistent with our commitment to maintain Australia's high quality and world class aged care system.

Overall, since the 2004-05 Budget the Australian Government has committed close to \$2.1 billion in new initiatives that address the issues identified in the recommendations made by the Committee. This is in addition to the announcements made in the 2004-05 Budget including the \$2.2 billion package of reforms in response to the *Review of Pricing Arrangements in Residential Aged Care* (the Hogan Review).

This year's Budget continues the Australian Government's strong commitment to supporting older Australians. It contains more than \$1.7 billion for further improvements to our aged care system. This includes an extensive package of reforms, called *Securing the future of aged care for Australians* which was announced by the Prime Minister in February 2007.

Our record of unprecedented investment in aged care clearly demonstrates the Government's commitment to provide for the best of care for Australians as they age. Total Australian Government expenditure on ageing and aged care activities will have grown from some \$3.1 billion in 1995-96 to an estimated \$10 billion in 2010-11 – more than a three-fold increase.

The number of Australian Government subsidised aged care places also continues to increase. At 30 June 2006, there were 204,869 operational aged care places. This number exceeds the election commitment we made in 2001 to provide 200,000 operational aged care places by June 2006. In February 2007 we announced that we will lift the overall provision ratio to 113 places for every 1,000 people aged 70 years or over, including an increase in community care places from 20 to 25. This will yield 250,000 places by June 2011 of which 100,000 will have been added by the Australian Government since 1996.

A handwritten signature in black ink, appearing to read 'Chris Pyne', written over a thin red horizontal line.

Christopher Pyne

INTRODUCTION

On 23 June 2004, the Senate referred the following matters to the Senate Community Affairs References Committee ('the Committee') for inquiry and report by 30 September 2004:

- a) the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training;
- b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:
 - (i) assessing and monitoring care, health and safety,
 - (ii) identifying best practice and providing information, education and training to aged care facilities, and
 - (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;
- c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements;
- d) the adequacy of Home and Community Care programmes in meeting the current and projected needs of the elderly; and
- e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

On 1 December 2004 the Senate agreed to the Committee's recommendation that the reference, not disposed of at the end of the 40th Parliament, be re-adopted with a reporting date of 23 June 2005.

The Committee received 243 public submissions and 10 confidential submissions. The Inquiry also drew extensively on evidence and analysis published in the *Review of Pricing Arrangements in Residential Aged Care, Final Report* ('the Hogan Review').

The Committee's report, entitled *Quality and equity in aged care*, was tabled and released on the 23 June 2005. The report included 51 recommendations. In the majority of cases the recommendations focused on matters which the Australian Government was considering or on which action was being taken.

The Australian Government's response to the *Review of Pricing Arrangements in Residential Aged Care* in the 2004-05 Budget provided a \$2.2 billion package, *Investing in Australia's Aged Care: More Places, Better Care*. The large majority of the reforms included in this package, many of which address issues identified by the Inquiry, are now in place. The outstanding matters have required complex and rigorous development and testing over time including the new funding model and related information technology systems. The Government has announced that the new Aged Care Funding Instrument (ACFI), which has been developed with extensive involvement of many residential care providers, will be in place on 20 March 2008. The ACFI will be supported by the implementation of eBusiness and an updated payments system for aged care subsidies which are being developed by Medicare Australia.

Beginning with the enactment of the *Aged Care Act 1997*, the Australian Government has pursued a reform agenda to ensure that older Australians can access a world class, high quality and affordable aged care system that is responsive to their needs and preferences.

Since the \$2.2 billion package in the 2004-05 Budget the Australian Government has continued to closely monitor the effectiveness of the aged care system. Where necessary, new reforms have been introduced and reforms in progress built on through strengthened arrangements or additional funding.

This year's Budget continues the Australian Government's strong commitment to supporting older Australians. It contains more than \$1.7 billion in new funding for further improvements to our aged care system. This includes an extensive package of reforms, called *Securing the future of aged care for Australians* which was announced by the Prime Minister in February 2007.

The package allocates \$1.1 billion to increase Government payments for residents of aged care homes including an additional \$92.2 million in the Budget taking the total funding in the package to \$1.6 billion. Of this funding, \$884 million will support initiatives related to matters identified by the Inquiry.

In addition, funding for new aged care initiatives in the Budget totals a further \$255.4 million. Overall, including resident contributions, funding for residential care will increase by \$1.3 billion over the next four years, on top of increases for indexation and the increased places already factored into Budget estimates.

Overall, since the 2004-05 Budget the Australian Government has committed close to \$2.1 billion in new initiatives that address the issues identified in the recommendations made by the Committee. In relation to a number of the new initiatives funding has been augmented by additional resources from the states and territories through the Council of Australian Governments or other avenues. Details of the initiatives are provided in the responses to the recommendations.

Consequently, the Government considers that the large majority of the recommendations made by the Committee are being addressed.

The Government does not agree with four recommendations. Each of these is inconsistent with current whole-of-government policies on such matters as workplace relations and programme indexation.

The Government's responses to the recommendations made by the Committee are set out below. They clearly demonstrate the Government's willingness to invest in reform and the development of care for older Australians.

RESPONSE TO EACH RECOMMENDATION

Aged care workforce

Recommendation 1

The Committee welcomes the Commonwealth's allocation of 400 extra nursing places at universities in the 2004-05 Budget. However, the Committee recommends that the Commonwealth further increase the number of undergraduate nursing places at Australian universities to 1000 as recommended by the Hogan Review.

In addition to the 440 aged care nursing places funded in the 2004-05 Budget and Additional Estimates, a further 1,036 general nursing places have been allocated to universities across Australia in 2006 for commencement in 2007. Universities are able to bid for new places for aged care nursing. Aged care nursing is regularly identified by the Department of Employment and Workplace Relations and state and territory health ministers as a skill in demand which informs the allocation of new places. Universities are also able to redistribute places from general nursing or other disciplines toward aged care nursing to meet student and employer demand.

Funding of \$4.1 million for up to 410 more post-graduate nursing scholarships over four years was committed by the Australian Government in its final response to Hogan Review announced on 11 February 2007. The scholarships are part of a \$32 million package of support designed to encourage more and better qualified people to work in community care and complement the Aged Care Nursing Scholarship Program which provides up to 250 scholarships each year.

Commonwealth Grant Scheme funding to assist nursing clinical training has increased this year from around \$690 to \$1,045 per nursing unit of study (2007 prices) to enable eligible higher education providers to expand and improve their clinical training arrangements. In addition, as part of the 2007-08 Budget, funding for nursing units of study will increase by an additional 1 per cent from 2008. These initiatives will enable higher education providers to expand and improve their nurse teaching and clinical training arrangements.

The 2007-08 Budget also provided \$211 million over four years to increase university flexibility. A part of this measure was a relaxation on the caps on university places (both Commonwealth supported and full fee) which may lead to further increases in the number of nursing places offered at universities across the country.

Recommendation 2

That the Commonwealth work with aged care providers to ensure that their shared responsibility to assist enrolled nurses to complete medication management training meets the target as recommended by the Hogan Review.

The Australian Government has responded to Professor Hogan's recommendations by supporting the full cost of 5,250 additional certificates of attainment in medication management over four years from 2004-05. Providers are expected to share responsibility in ensuring more enrolled nurses complete medication management training.

Recommendation 3

That the Commonwealth implement a strategy which allocates an appropriate number of undergraduate nursing places on the basis that recruitment for those places occurs from the current residential and community care workforce in both rural and urban settings proportionally.

For all universities receiving the new aged care nursing places that commenced in 2005, a clause has been included in their Commonwealth Grant Scheme Funding Agreement which requires the aged care places to be allocated with a preference for applicants with experience working in the aged care industry and that the course must respond to the needs of students who continue to work in the aged care industry. Of the 440 extra places allocated to aged care nursing from 2005, 195 were allocated to campuses in the capital cities and 245 to regional campuses.

Recommendation 4

That the Commonwealth investigate the effectiveness of incentives for staff to work in aged care settings in rural and remote areas.

The Australian Government provides a viability supplement for small residential aged care facilities and those in rural and remote locations in recognition of the difficulties faced by such services in attracting and retaining staff. In the 2004-05 Budget, the Government increased this viability supplement by \$14.8 million over 4 years. In the 2006-07 Budget, \$19.4 million over 4 years was provided to extend a viability supplement to providers of Community Aged Care Packages, Extended Aged Care at Home (EACH) and EACH Dementia programmes.

A new initiative to support staff to deliver services in remote and very remote aged care services was announced in the Australian Government's final response to the Hogan Review. As part of this initiative, practical support will be available for providers delivering care to difficult-to-service populations through access to skilled aged care professionals who are able to tailor assistance to the needs of the particular service/provider including longer term training and developmental support.

The 2007-08 Budget includes funding of \$8.5 million over four years to provide 120 Indigenous Australians with the opportunity to gain continuing jobs working in community care in place of positions previously subsidised through the Community Development Employment Projects (CDEP) program. This includes 30 positions in remote areas under the National Respite for Carers program and 90 in regional and urban areas in the Home and Community Care (HACC) program. The conversion of CDEP positions into continuing jobs will contribute to the development of a stable and skilled workforce in rural and remote areas.

The wages and other employment conditions offered by aged care employers in rural and remote areas are matters between the employers and their employees subject to relevant legislation including the *Workplace Relations Act 1996*, as amended by the *Workplace Relations (Work Choices) Act 2005*. This legislation provides flexibility for parties to negotiate conditions (including incentives) of employment in a workplace agreement.

Recommendation 5

That the Commonwealth, as a matter of priority, expand the National Aged Care Workforce Strategy to encompass the full aged care workforce, including medical and allied health professionals, and all areas of the aged care sector, in particular the community care sector.

The National Aged Care Workforce Strategy developed by the industry through the Aged Care Workforce Committee acknowledges that further work will be needed to cover the full aged care workforce. The Committee is overseeing the implementation of the Strategy.

In keeping with the strategy, the Australian Government will repeat the Census and Survey of the residential aged care workforce in 2007 and is providing additional funding for a concurrent community care workforce census and survey. These initiatives will broaden understanding of the aged care workforce and will assist the Aged Care Workforce Committee with any further development of the National Aged Care Workforce Strategy.

Recommendation 6

That the Department of Health and Ageing and the Department of Education, Science and Training, as part of the National Aged [Care] Workforce Strategy, ensure the inclusion of quality aged care curricula in undergraduate nursing.

The Australian Government encourages and supports the adoption by universities of an aged care core component in undergraduate nursing curricula through such measures as the allocation of aged care nursing places. Universities are self-accrediting institutions that decide the courses they will offer and the curriculum for those courses. Industry bodies can seek to work with individual universities (or other higher education providers) to develop courses that meet their needs.

Recommendation 7

That the Commonwealth consider implementing mechanisms to ensure that the conditional adjustment payment aimed at restoring wage parity for nurses, personal carers and other staff in the aged care workforce is used to meet this aim.

The Government does not agree with this recommendation. The aim of the conditional adjustment payment (CAP) is not 'to restore wage parity'. Wages and other employment conditions are matters between employees and employers subject to relevant legislation including the *Workplace Relations Act 1996*, as amended by the *Workplace Relations (Work Choices) Act 2005*.

The Australian Government has made clear the purposes of the CAP and stipulated the conditions that providers must meet to receive the CAP. To remain eligible for the CAP, approved providers must encourage staff to undertake training, prepare audited financial reports and participate in a periodic workforce census. The payment is provided on top of the annually-indexed subsidy, to assist aged care homes to continue to provide high quality care to residents, including paying more competitive wages to nurses and other staff.

In 2007-08, the value of the CAP will rise by 1.75 per cent to 7 per cent. Consistent with the Government's commitment, the CAP will be reviewed in 2007-08.

The Accreditation Agency, accreditation standards and complaints resolution

Recommendation 8

That the Agency ensure that the training of quality assessors delivers consistency in Agency assessments of aged care facilities.

The Aged Care Standards and Accreditation Agency (the Agency) has implemented a multi-faceted quality assurance programme as part of its aim to ensure that assessments are accurate. This programme includes:

- creation of new positions in its offices of Principal Assessor and Assessment Manager whose roles include ensuring audits are carried out effectively in accordance with the Agency policy and procedures;
- inclusion of observers on samples of audits and support contact visits to assess conformance with Agency processes;
- updating training for assessors; and
- providing revised guidelines for assessment in the publication *Results and processes in relation to the Expected Outcomes of the Accreditation Standards*.

Agency assessors must complete an approved training course and be registered with RABQSA International. Eligibility to continue as an assessor is also reviewed annually

Recommendation 9

That the Agency publish data on the accuracy of assessors' decisions in conducting assessments against Agency benchmarks and that this data be provided in the Agency's annual report and on its website.

Agency assessors do not make the decisions concerning compliance with expected outcomes or whether a service is granted accreditation. These decisions are made by senior Agency delegates based on a wide range of information including assessors' reports. Assessors monitor the processes and practices that services have in place to meet the Accreditation Standards and complete a report which is provided to the Agency and the service's approved provider. This report, together with any submission by the approved provider to the Agency, information obtained from the Department of Health and Ageing and other information provided to the Agency is considered in making the accreditation decision. The Agency also has quality assurance processes in place including observers on audits, support contacts, and reviews of assessors' reports.

Recommendation 10

That the Agency further develop and improve information provided to residents and their families about the accreditation process, including those from CALD backgrounds and Indigenous people, and more actively involve residents and their families in the accreditation process.

The Agency has developed consumer guides and an audio visual presentation on DVD to better explain accreditation and to assist people in making decisions about residential aged care.

These products are also aimed at providing aged care residents with information about the quality they should expect, the accreditation process and what it means for them.

During an accreditation audit a minimum of 10 per cent of residents and/or their relatives are interviewed and their comments taken into account when the assessment is being conducted.

In order to assist residents and their families understand and be involved in accreditation, the Agency obtains information from aged care homes about any particular cultural services and language issues. This also assists in deciding the formation of an assessment team including, as appropriate, multi-lingual assessors and an interpreter. Similarly, the Agency uses assessors with either Indigenous backgrounds or knowledge of Indigenous culture where there is a predominance of Indigenous residents.

The Community Partners Program also assists people from culturally and linguistically diverse communities to have informed expectations about community and residential aged care services. New funding of \$13.2 million over five years from 2006-07 for the Community Partners Program will double the number of projects funded. This will expand the development of information and education approaches, such as the use of ethnic media to provide information on aged care, the development of peer support networks, and the provision of assistance to aged care providers so that they can offer culturally appropriate care.

The new funding is in addition to the \$10.2 million the Government has already committed to continuing the Community Partners Program over the next four years.

Recommendation 11

That the Agency develop a rating system that allows residents and their families to make informed comparisons between different aged care facilities. The Committee notes that work is being done on a web-based prototype; however it considers that the rating system should not be limited to a 'star rating' but should include easily understood descriptions of a range of attributes, such as type and range of services provided; physical features of homes; staffing arrangements; costs of care; and current accreditation status.

In 2005, the Department of Health and Ageing commissioned an independent study by the Centre for Evidence Based Aged Care at LaTrobe University. This study suggested that there are challenges in developing such information so that it is both reliable and useful to consumers.

The Australian Government Department of Health and Ageing also developed the Aged Care Australia web site (www.agedcareaustralia.gov.au) in response to the Hogan Review recommendations. The web site provides people with a single point of reliable and easy to understand information about aged care, carer support and other relevant health information.

Web site visitors are able to view important information about each Australian Government-funded aged care home, including accreditation and certification details, type of services offered and activities available to residents.

People can also access information about the quality of accommodation by viewing photographs, floor plans of sample rooms and details of recreational areas, including descriptions of garden areas.

The Aged Care Home Finder also allows a comparison of up to five aged-care homes, based on how they meet the particular needs of a potential resident. People can tailor their comparison of different homes by selecting desired features such as, proximity to a specific town or suburb and type of care offered. Users of the Aged Care Home Finder are also able to view maps that show the home's proximity to local facilities.

Another feature of the website is the Community Care Service Finder which assists people who need support in their own home to locate care services available in their area. This search tool provides information on providers who offer services such as assessment services, including Aged Care Assessment Teams and assessors for Home and Community Care. Details of the services offered by each provider, contact information and operating hours are included.

Recommendation 12

That the Agency ensure that all facilities be subject to a minimum of one annual random or targeted spot check and at least one site visit with notification over its accredited period.

From 1 July 2006 around 5,200 visits will be made by the Agency each year to residential aged care homes. This will include about 3,000 unannounced visits, compared to 563 unannounced visits conducted in 2004-05. Every home will receive at least one unannounced visit every year and the average number of overall visits will increase to 1.75 visits per home per year. These extra unannounced visits will provide aged care residents, their families and the public with greater confidence that the high standards of care required by the government are being met on a consistent basis.

These visits will be in addition to accreditation site audits, support contact visits and review audits. As a result the Agency will be visiting homes at a greater frequency than ever before.

Recommendation 13

That the Agency, in consultation with the aged care sector and consumers, develop a benchmark of care which ensures that the level and skills mix of staffing at each residential aged care facility is sufficient to deliver the care required considering the needs of the residents. The benchmark of care that is developed needs to be flexible so as to accommodate the changing needs of residents.

The Government does not agree with this recommendation. Under the Accreditation Standards, all approved providers are responsible for ensuring that they have appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the standards to meet the care needs of all residents in their home. The Government notes that the Accreditation Standards are consistent with the *Workplace Relations Amendment (Work Choices) Act 2005*.

Recommendation 14

That the Commonwealth, in consultation with industry stakeholders and consumers, review the Accreditation Standards to define in more precise terms each of the Expected Outcomes and that this review:

- *address the health and personal care needs of residents, especially nutrition and oral and dental care; and*
- *include specific consideration of the cultural aspects of care provision, including the specific needs of CALD and Indigenous residents.*

The Australian Government has undertaken an evaluation of the impact of accreditation on quality of life and care of residents in aged care, including identifying options for the measurement of quality improvement into the future. Wide stakeholder consultations were undertaken during the evaluation. All of the project's iterative stages are currently being integrated into a final comprehensive evaluation. Any consideration of changes to the Accreditation Standards would benefit from waiting until the outcomes of that evaluation are available.

Recommendation 15

That the Agency make greater use of interpreters during accreditation visits to aged care facilities, especially those facilities that cater for specific or predominant numbers of CALD or Indigenous residents; and that assessors be trained in cultural competency as part of their formal training courses.

The Agency obtains information from homes in their accreditation applications about any particular cultural services and language issues to assist in deciding the formation of an assessment team including, as appropriate, multi-lingual assessors and an interpreter. Similarly, the Agency uses assessors with either Indigenous backgrounds or knowledge of Indigenous culture where there is a predominance of Indigenous residents.

Recommendation 16

That the Commonwealth review the operations of the Aged Care Complaints Resolution Scheme to ensure that the Scheme:

- *is accessible and responsive to complainants;*
- *provides for a relaxation of the strict eligibility criteria for accepting complaints;*
- *registers all complaints as a complaint, with the complaints being categorised by their degree of severity, such as moderate level of complaint, complaints where mediation is required or where more significant levels of intervention are required; and*
- *provides that the mediation process is responsive and open and that sufficient support for complainants is provided in this process.*

Recommendation 17

That the Commonwealth examine the feasibility of introducing whistleblower legislation to provide protection for people, especially staff of aged care facilities, disclosing allegations of inadequate standards of care or other deficiencies in aged care facilities.

Recommendation 18

That the Commissioner for Complaints conduct an investigation into the nature and extent of retribution and intimidation of residents in aged care facilities and their families, including the need for a national strategy to address this issue.

Major reforms of aged care complaints-handling processes were announced by the Australian Government on 27 July 2006. The Government is making available \$90.3 million over four years to establish new complaints investigation arrangements, compulsory reporting of assault and protections for approved providers and staff who report, to be managed through the new Office of Aged Care Quality and Compliance.

The Complaints Investigation Scheme, which commenced on 1 May 2007, investigates all complaints and information relating to residential and community aged care services directly subsidised by the Australian Government under the *Aged Care Act 1997*.

All contacts will be handled through a structured intake arrangement with senior, trained staff and each contact will be investigated by trained investigation officers. The capacity for conciliation will be retained where the matter and the parties are amenable to this method of resolution. There are also powers to issue Notices of Required Action to aged care providers where a breach of their responsibilities is identified. If the requirements of the Notice of Required Action are not met, compliance action may be taken and sanctions imposed.

Decisions and actions of the Office of Aged Care Quality and Compliance in relation to complaints investigation and the conduct of the Aged Care Standards and Accreditation Agency will be subject to examination by an independent Aged Care Commissioner who will report annually to the Minister for Ageing. This report will be presented to Parliament.

Aged care providers of residential aged care services will be required to compulsorily report all cases of sexual assault or unreasonable use of force on a resident in a residential aged care service from 1 July 2007. This report must be made to both police and the Department of Health and Ageing. Failure to report a prescribed incident may result in compliance action being taken against the provider. The subordinate legislation will also include discretion for approved providers not to report where an assault has been carried out by a resident suffering from dementia or another form of mental impairment.

The legislation also provides protection for staff members and approved providers who are compelled to report suspected abuse of care recipients to their employer or to another appropriate authority. The legislation specifically gives protections to those people who are legally required to report under these requirements. Other people who become aware of abuse are encouraged to report and can do so openly, confidentially or anonymously. Further, others also have access to existing protections from defamation action through common law.

The legislation to implement these reforms, the Aged Care Amendment (Security and Protection) Bill 2007, was introduced into the Parliament on 8 February 2007 and was passed through the Senate on 22 March 2007.

To further protect residents of aged care services directly subsidised by the Australian Government under the *Aged Care Act 1997*, it will be a requirement that certain staff and volunteers, both new and existing, undergo a police record check, with the implementation occurring progressively from 1 March 2007.

Under this arrangement, approved providers will be required to ensure that there is a police record check for all staff and volunteers who have, or are reasonably likely to have, unsupervised access to care recipients and that this police check is undertaken every three years. Where the police record check records that the person has a conviction of murder, sexual assault, or a conviction of, and has been sentenced to imprisonment for, any other form of assault, then the approved provider will be required to ensure that that person is not allowed to provide unsupervised care within their aged care service.

This measure will supplement the existing requirement for approved providers to ensure the suitability of staff working in aged care services and the protection of aged care recipients.

Through an international and national literature review, the then Commissioner for Complaints has reviewed all available evidence to identify the strategies that have been used to deal with potential and actual retribution. The findings of the review have been considered by the Aged Care Advisory Committee, made up of industry, professional and consumer representatives. Aged care industry representatives have committed to develop strategies to deal with the issue in residential care. A copy of the literature review is available on the Commissioner's website at: <http://www.commissionerforcomplaints.net.au/>

This industry-based response complements and reinforces the existing consumer protection provisions already in place including the accreditation process, the quality assurance and compliance framework, the Charter of Residents' Rights and Responsibilities, the Aged Care Complaints Resolution Scheme and the National Aged Care Advocacy Program.

Recommendation 19

That the Agency's role in promoting 'best practice' continue and that it:

- *develop a standard evidence-based approach to defining 'best practice' in aged care; and*
- *provide regular aggregated information to the industry on methods for achieving 'best practice' in the provision of aged care services.*

The Committee further recommends that the Agency consider ceasing its direct role in providing direct staff training given the potential conflict of interest that this entails.

While further development of best practice is desirable, this should not necessarily be primarily the responsibility of the Agency, nor should the Agency cease its role in direct staff training.

In the 2006-07 Budget funding of \$21.6 million over four years was allocated to encourage best practice in residential aged care. This initiative will improve the evidence base for clinical care for residents, and enable nationally consistent application of clinical best practice in aged care homes and closer links to the Standards under the *Aged Care Act 1997*. Leading aged care services will work with groups of aged care homes, researchers and educators to define and implement the most up-to-date, evidence based, care practices. Under the Program there will be two funding rounds. The first funding round closed on 7 December 2006.

Successful applicants will be required to contribute to national dissemination of best practice developments, sharing their findings with other services and through clinical seminars and workshops.

The Agency's legislated role in staff training is appropriate and provides an avenue for disseminating and promoting best practice.

In addition, the Agency regularly runs 'Better Practice Seminars' around Australia. These events promote and celebrate better practice and innovation in aged care, with participants having an opportunity to hear of the experiences of award-winning homes, and learn from subject-matter experts about ways to achieve better practices.

Documentation and technology

Recommendation 20

That the Agency, in consultation with industry stakeholders and consumers, review the information required to be provided in the document Application for Accreditation and consider the feasibility of other options such as reporting by exception, with a view to reducing superfluous and time consuming reporting.

The Agency has reviewed the Application for Accreditation form taking into account extensive feedback from stakeholders – approved providers, staff from homes, and Agency assessors. The form has been considerably simplified and incorporates improved explanation about the types of information that could be included to demonstrate how the home is performing against the Accreditation Standards. Released in April 2005, the revised form has been designed to allow electronic completion and lodgement.

Other initiatives through which the Government is streamlining business transactions and reporting include the encouragement and facilitation of greater use of IT in both care and administration. See response to Recommendation 21.

Recommendation 21

The Committee welcomes the Commonwealth's initiatives in promoting IT in the aged care sector and recommends that the implementation of these initiatives, as well as increasing the take-up rate, should be a matter of priority.

The Australian Government's aged care IT initiatives are aimed at both streamlining and automating administrative processes to increase efficiency and reduced paperwork for providers, and improving the quality of care provided to recipients of aged care services.

The Department of Health and Ageing has already moved towards supporting electronic processing of key transactions between aged care providers and the Department. The Department is also working with Medicare Australia on the implementation of eBusiness and a new system to support the payment of aged care subsidies. The software providers are presently working to incorporate the latest releases of the eBusiness capability.

The Government is continuing research into the IT readiness of the sector to better understand the level of IT usage and capacity to increase use of IT. The research will also assist in developing strategies to encourage and support successful take-up of IT across the aged care sector.

A one-off payment to aged care providers was made in June 2005, totalling \$152 million, to help them take advantage of new technology, improve their business practices and focus on staff training.

In addition, through the Clinical IT in Aged Care project, the Department is examining how the application of clinical IT into aged care can increase the availability and accuracy of clinical information, improve clinical decision making, and support efficient and safe clinical practice.

The Australian Government's final response to the Hogan Review announced on 11 February 2007 provides \$21.4 million over the four years to 2010-11 to support and encourage the adoption of assistive technology (such as systems to help people remember their medication). This will improve the independence of frail older people and help them to remain safely in their homes for as long as possible.

Young people in residential aged care

Recommendation 22

The Committee is strongly of the view that the accommodation of young people in aged care facilities is unacceptable in most instances. The Committee therefore recommends that all jurisdictions work cooperatively to:

- *assess the suitability of the location of each young person currently living in aged care facilities;*
- *provide alternative accommodation for young people who are currently accommodated in aged care facilities; and*
- *ensure that no further young people are moved into aged care facilities in the future because of the lack of accommodation options.*

Recommendation 23

The Committee notes that the Council of Australian Governments has agreed that Senior Officials are to consider ways to improve Australia's health care system, including helping young people with disabilities in nursing homes, and to report back to COAG in December 2005 on a plan of action to progress these reforms. The Committee recommends that the Senior Officials clarify the roles and responsibilities of all jurisdictions in relation to young people in aged care facilities so as to ensure that:

- *age- appropriate accommodation options are made available; and*
- *funding is available for the provision of adequate services to those transferring out of aged care facilities.*

The Committee supports every endeavour to reach a positive outcome.

Recommendation 24

That Senior Officials' report to the Council of Australian Governments include:

- *support for a range of accommodation options based on individual need;*
- *ways in which the successful accommodation and care solutions already in place can be extended to other jurisdictions;*
- *identification of barriers to the successful establishment of accommodation options and provision of adequate support services by all levels of government; and*
- *identify a timeframe for the establishment of alternative accommodation options and the transfer of young people out of aged care facilities.*

The Australian Government agrees that the accommodation of young people in aged care facilities is unacceptable in most instances and, as the Committee noted, is working cooperatively with states and territories through the Council of Australian Governments (COAG) to improve their accommodation and care options. Senior Officials were aware of the recommendations of the Senate Community Affairs References Committee Report when reporting to COAG.

At its February 2006 meeting, COAG agreed that from July 2006, the Australian Government and the states and territories will work together to reduce the number of younger people with disabilities in aged care homes.

Governments will jointly establish and fund a five-year programme, worth \$244 million over five years, to reduce the numbers of younger people with disabilities in aged care homes, with an initial priority given to people aged less than 50 years. The Australian Government is contributing \$122 million, with the states and territories also contributing \$122 million on a proportional basis.

The programme is being managed on a day-to-day basis by state and territory governments. Younger people with disabilities in aged care homes are being offered a care needs assessment and an appropriate alternative accommodation and care option where this can be made available. Participation in the programme is voluntary.

State and territory governments are developing new age appropriate services and working towards reducing future admissions of younger people with disabilities into aged care homes.

All states and territories have now signed bilateral agreements with the Australian Government to help younger people with disabilities move out of aged care homes.

Recommendation 25

That the Commonwealth and state and territory governments work cooperatively to ensure that any barriers to accessing funds available under the Innovative Pool are removed so that the desired objective of this initiative in providing alternative accommodation options for young people in aged care facilities is met.

Appropriate funding is being provided under the initiative being implemented through the Council of Australian Governments (see above).

The Aged Care Innovative Pool generally supports time-limited pilot projects. Providing continuing funding for alternative accommodation options for young people currently in aged care homes from this source is not appropriate.

Aged Care Innovative Pool funding was provided to enable state and territory governments to work collaboratively with the Australian Government on time-limited pilot projects to demonstrate ways of assisting younger people with disabilities in aged care homes to access more appropriate care options. Although the Australian Government invited applications for this funding over three years from 2004, the response from state governments was disappointing. Only two pilots were established, one in South Australia looking to offer relocation to 15 people, and one in Victoria through which three people have been supported to move to more appropriate care. The results of these pilots are available to inform action by the states and territories under the COAG initiative described in the response to Recommendations 22, 23 and 24.

Recommendation 26

The Committee recognises that in rare instances, a young person may choose to remain in an aged care facility. In such circumstances, the Committee recommends that the Commonwealth and the states and territories work cooperatively to reach agreement on:

- *an assessment tool to address the complex care needs of young people in aged care facilities;*
- *mechanisms, including a funding formula, to provide rehabilitation and other disability-specific health and support services, including specialised equipment; and*
- *ways to ensure that the workforce in aged care facilities caring for young people has adequate training to meet their complex care needs.*

This recommendation is being addressed by the initiative being implemented through the Council of Australian Governments (see above).

Younger people with disabilities are eligible to enter aged care homes essentially as a last resort. Under the *Approval of Care Recipients Principles 1997*, younger people with disabilities are eligible for aged care services only where they meet the eligibility criteria for aged care services and where ‘there are no other care facilities or care services more appropriate to meet the person’s needs’.

As noted in the response to Recommendations 22, 23 and 24, a five-year programme is being implemented to provide more appropriate care for younger people with disabilities and reduce the number of young people with disabilities in aged care homes. For those younger people with disabilities in aged care homes who do not wish to move, the funds available through the COAG initiative can be drawn on by the states and territories to provide additional disability services to younger people with disabilities who remain in aged care homes.

Recommendation 27

That the Department of Health and Ageing collect data on young people in aged care facilities by disability type.

For each person they assess, Aged Care Assessment Teams are required to record data on up to ten health conditions, coded using the International Classification of Diseases Version 10, Australian Modification, further modified for the Aged Care Assessment Program Minimum Data Set, and comparable to the Australian Bureau of Statistics four digit code used for the Survey of Disability, Ageing and Carers. These data are captured in Departmental systems for people who have entered care.

Recommendation 28

That the Commonwealth and state and territory governments give priority to the efforts of the Working Party established in November 2004 to examine succession planning for ageing carers of children with disabilities and appropriate support for respite for carers.

On 13 October 2005, the Prime Minister announced a package to assist families wishing to make private financial provisions for the current or future accommodation and care for their family member with severe disability. Since 20 September 2006, parents and immediate family members have been able to place up to \$500,000 indexed annually in a special disability trust for the future care of the person without being affected by social security or veterans' affairs means test. Other assistance provided in the package will support mediation and counselling services for families, financial information kits and more research. It is estimated that the package will cost around \$230 million over four years.

Funding for appropriate respite for ageing carers has been substantially increased. In the 2004-05 Budget, the Government made available \$72.5 million over four years subject to matching commitments by state and territory governments, to support:

- up to four weeks respite care a year for parent carers aged 70 years and over caring for a son or daughter with a disability; and
- up to two weeks respite care a year for parent carers aged between 65 and 69 years of age who themselves need to spend time in hospital and who are caring for a son or daughter with a disability.

This initiative is being implemented through bilateral agreements signed with the states and territories and now operational under the Commonwealth State/Territory Disability Agreement.

Carers who are ageing are continuing to benefit from funding provided for the National Respite for Carers Programme which has increased more than twelve-fold since 1996-97 to an estimated \$179 million in 2007-08. This includes \$26.5 million as part of the Government's final response to the Hogan Review announced on 11 February 2007. Carers will benefit from the provision of additional respite – an extra 100,000 days of respite over four years.

The Carers of Young People with a Severe or Profound Disability Program assists carers who are experiencing significant stress in caring for a person with a disability under 65 years of age. Some of these carers may be ageing carers. The 2007-08 Budget committed a further \$6 million for this measure over four years in addition to the \$23.9 million already provided.

Funding for aged care residents with special needs

Recommendation 29

That the supplementary funding for aged care for residents with dementia be provided for by additional funding and not funding from within the current budget.

The intent of this recommendation will be met by recent initiatives and the introduction of the new Aged Care Funding Instrument (ACFI). Legislation to introduce the ACFI, the *Aged Care Amendment (Residential Care) Bill 2007*, was agreed to by both Houses of Parliament on 21 June 2007.

Extra funding for the care of residents has been made available to approved providers through measures in the \$2.2 billion 2004-05 Budget package, *Investing in Australia's Aged Care: More Places, Better Care*. This was further boosted in the 2005-06 Budget by a \$320.6 million package to increase dementia research, and improve care training and early intervention programmes for people with dementia, their families and carers. As part of this package, more than \$25 million over four years is being provided for dementia training for aged care workers and people in the community likely to come into contact with people with dementia. This package was on top of a one-off payment in June 2005 (which equated to \$1,000 per resident) to help aged care providers in a number of ways, including increasing staff training, particularly in dementia care.

The new ACFI will measure a person's need for care including in relation to cognition, challenging behaviours, and complex health and care needs. Hence it will facilitate the allocation of funding based on the relative care needs of residents.

The Australian Government's final response to the Hogan Review includes an additional \$393.5 million over four years, commencing 20 March 2008, to provide additional funding under the ACFI. Of this, an additional \$102.7 million has been provided to top up the new supplements. This will benefit residents with complex health care needs and challenging behaviours.

Recommendation 30

The Committee recognises that the Australian Health Ministers have jointly agreed to the development of a National Framework for Action on Dementia and that the Commonwealth has recognised dementia's significance with a \$320.6 million package of support over five years. The Committee recommends that all jurisdictions work together with providers and consumers to expedite the finalisation and implementation of the Framework to assist all dementia sufferers.

The *National Framework for Action on Dementia* was endorsed for implementation by the Australian Health Ministers Conference in April 2006 and by the Community and Disability Services Ministers' Conference on 26 July 2006. Implementation of the Framework is being oversighted by the Health Policy Priorities Principal Committee of the Australian Health Ministers' Advisory Committee.

Recommendation 31

That the Commonwealth undertake a review of the additional costs of providing care for those with dementia and those needing palliative care to ensure that the new funding supplement will be sufficient to provide adequate care.

The Department has undertaken a national trial of the Aged Care Funding Instrument (ACFI) which is being developed as the new basis for the allocation of basic subsidy in residential aged care. The ACFI measures a person's basic dependency (need for care) – rather than the care planned by an aged care home as under the RCS. Hence it will facilitate the allocation of funding based on the relative care needs of residents.

The national trial collected comprehensive data on resident dependency and care needs including cognition, challenging behaviours, and complex health and care needs including palliative care. This data has informed the final design of the new funding model including the calibration of funding scales for the two new supplements.

The Australian Government's final response to the Hogan Review includes an additional \$393.5 million over four years, commencing 20 March 2008, to provide additional funding under the ACFI. Of this, an additional \$102.7 million has been provided to top up the new supplements. This will benefit residents with complex health care needs and challenging behaviours.

Recommendation 32

That the Commonwealth establish a funding supplement for residents in residential aged care who have additional needs arising from mental illness.

As the new Aged Care Funding Instrument will measure a person's basic dependency (need for care), funding for residents with mental illness will better reflect their relative care needs.

The Australian Government's final response to the Hogan Review includes an additional \$393.5 million over four years, commencing 20 March 2008, to provide additional funding under the ACFI. Of this, an additional \$102.7 million has been provided to top up the new supplements. This will benefit residents with complex health care needs and challenging behaviours.

In addition, residents with mental illness and complex care needs are eligible for up to five allied health services per calendar year, including by psychologists and mental health workers, where their GP has contributed to the care plan prepared for them by their residential aged care facility.

The Australian Government is also examining suitable service arrangements for older people with a mental illness by supporting two pilot projects in this area under the High Needs category of the Aged Care Innovative Pool. In keeping with the joint government responsibilities for people with both mental health and aged care needs, these pilots are also supported with funding from the relevant state governments.

Recommendation 33

That the Commonwealth investigate the provision of psychogeriatric services and the effectiveness of psychogeriatric care units.

The Government has reviewed the psychogeriatric services and care units it funds and is expanding and refocusing these programmes.

The Dementia Behaviour Management Advisory Services Programme builds on previous arrangements, and will provide increased coverage of advice and support to improve dementia care in Australian Government funded residential and community care services.

Recommendation 34

That the Commonwealth provide targeted funding for the education of the aged care workforce caring for people with mental illness.

An increase in the capacity of the mental health workforce is a major component of the Australian Government's \$1.8 billion contribution to the Council of Australian Government's recent initiative for *Better Mental Health Services for Australia*. This includes funding for 431 new mental health nursing places which will increase the pool of nurses available to work in aged care. The allocation of these to universities was announced on 13 July 2006.

Recommendation 35

That the Commonwealth establish a funding supplement for residents in residential aged care who have additional needs arising from homelessness.

The new Aged Care Funding Instrument (ACFI) will better target funding towards the care of people with more complex care needs and challenging behaviours. The ACFI assesses problems of cognition, regardless of whether they are caused by Alzheimer's disease or the effects of long term alcohol and drug abuse. It takes into account the management of challenging and inappropriate behaviours and measures the need for supervision or physical assistance with personal hygiene and toileting. Because the ACFI focuses on core impairments, it does not prescribe how care should be delivered. Hence it will allow care providers to respond flexibly to residents whose care needs may arise from homelessness.

Further support for addressing needs arising from homelessness is being provided through increased funding of \$5.7 million over four years to 2010-11 for the Assistance with Care and Housing for the Aged Programme. This was announced by the Australian Government in its final response to the Hogan Review announced on 11 February 2007.

Recommendation 36

That the Commonwealth respond to the growing needs of people ageing with disabilities by consulting with the states and territories and stakeholders to identify ways to improve access by people ageing with a disability to appropriate aged care services including service provision in supported accommodation.

Through the Aged Care Innovative Pool, the Department established a time-limited pilot programme to explore the provision of aged care services for people with disabilities who are ageing in state and territory government funded disability accommodation. The pilot programme proved to be a useful exploration of the issues to be faced in attempting to identify and meet ongoing related care needs for people already in receipt of disability services. Even so, following the completion of this pilot programme, further work is being undertaken to more fully understand this complex area, and to inform any consideration by governments of the ageing related care needs of people already in receipt of disability services.

Under the current Commonwealth State Territory Disability Agreement (CSTDA), disability Ministers endorsed 14 priority areas for action, including “people with a disability who are ageing”. This is recognised as a significant ‘interface issue between state and territory specialist disability services (accommodation, community support and community access), Australian Government disability employment and aged care services, and jointly managed community services, especially through the Home and Community Care (HACC) Program.

As the entity responsible for the implementation of the CSTDA, the then National Disability Administrators (NDA) commissioned research to better understand the changing needs of people with disability as they age, and the roles of the disability and aged care sectors in supporting people to age properly.

The final report of this research project is currently before Ministers for consideration and possible public release.

Community care programmes

Recommendation 37

That, while welcoming the increases in Commonwealth and state and territory funding for the Home and Community Care Programme over recent years, the Commonwealth and state and territory governments increase funding for HACC services to ensure more comprehensive levels of care can be provided to existing clients and to ensure sufficient growth in funding to match growth in demand.

Current Home and Community Care (HACC) Programme funding growth rates exceed growth in the HACC target population. Over the 11 years since 1995-96, national funding for HACC services has more than doubled from \$698 million to \$1,652 million in 2007-08. On top of indexation, annual real growth in the Australian Government's contribution in recent years has been 6 per cent.

This growth exceeds growth in the relevant HACC target population and means that relatively more people are able to access HACC services and that more services have been available for existing clients as their needs increase.

In 2007-08, the Australian Government will provide one off HACC funding of \$30 million to assist states and territories build on and extend the work agreed by COAG in February for improved and nationally consistent arrangements for providing access to services, assessment and referral for HACC.

Recommendation 38

That the Commonwealth review the indexation arrangements for the Home and Community Care Programme to reflect the real costs of providing care.

The Government does not agree with this recommendation. The indexation arrangements for the HACC Programme provide for changes in cost and are in addition to real growth in the Programme. Cost indexation increases are based on movement in economy-wide indices and are consistent with those used in other Government programmes. The state and territory governments also contribute cost indexation using indices that are pertinent to each jurisdiction. Overall programme funding grew by 8.1 per cent in 2004-05 and 8.3 per cent in 2005-06.

Recommendation 39

That the Commonwealth and states and territories substantially increase funding for identified special needs groups within the HACC target population including people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people with dementia; financially disadvantaged people; and people living in remote or isolated areas.

Current Home and Community Care (HACC) Programme annual planning arrangements give appropriate priority to special needs groups. Under HACC, special needs groups have been defined to ensure consideration is given to the particular needs of those designated groups within the HACC target population.

State and territory governments have primary responsibility for day-to-day management of the HACC Programme including the allocation of funds to particular services and service-delivery agencies. In each state and territory there are specific initiatives aimed at increasing and improving services targeted to meet the needs of special needs groups. While much has been achieved, special needs groups continue to be given priority in each jurisdiction's annual planning.

Recommendation 40

That the HACC guidelines be amended to recognise homeless people or people at risk of homelessness as a special needs group.

The Australian Government will work with states and territories to develop approaches to ensure that the programme meets the needs of homeless people.

The Home and Community Care Programme is a joint responsibility of the Australian Government and the states and territories.

Recommendation 41

That the Commonwealth introduce a funding supplement to reflect the additional costs of providing community care services in regional, rural and remote areas.

In the 2006-07 Budget, funding of \$19.4 million over four years was provided for a viability supplement for community care services in rural and remote areas.

The supplement, which recognises the higher costs and recruitment difficulties faced by these services, will benefit providers and recipients of Community Aged Care Packages and Extended Aged Care at Home Packages.

Community care services in remote and very remote areas will also benefit from additional support announced by the Australian Government in its final response to the Hogan Review on 11 February 2007. Funding of \$42.6 million over five years will enable service providers to access tailored assistance from skilled aged care professionals. This includes emergency funding of \$800,000 in 2007-08 rising to \$900,000 in 2010-11 to ensure continuity of care in unforeseen circumstances.

Recommendation 42

That, while welcoming the increases in Commonwealth funding for Community Aged Care Packages and Extended Aged Care at Home packages over recent years, the Commonwealth increase funding for these programmes to meet demand for these programmes and to provide viable alternatives to residential aged care.

In response to the *Review of Pricing Arrangements in Residential Aged Care*, the Australian Government committed to increase the aged care provision ratio to 108 operational places for every 1,000 people aged 70 or over. At the same time, in recognition of the need to accommodate increasing community care provision, the proportion of aged community care places was doubled from 10 places to 20 places for every 1,000 people aged 70 or over. Provision is on track to achieve this target by December 2007.

The 2005-06 Budget provided funding for 2,000 places targeted at people with high care needs and who also have dementia.

In addition, in its final response to the Hogan Review, the Australian Government announced a significant increase in the number of community care places: 7,200 places by the end of 2010-11, over and above those that would be provided by the current ratio at a cost to Government of \$298 million over five years. This includes 1,600 high level community care places. This will take the overall ratio for community care places from 20 to 25 places for every 1,000 people aged 70 years or over. Four in every 25 community care places will be high care places, shifting the balance towards greater emphasis on high level care and ensuring that the number of places will grow as the population aged over 70 grows. This increase in community care will lift the overall provision ratio to 113 places for every 1,000 people aged 70 years or over.

Recommendation 43

That the Commonwealth provide a clearly defined timetable for implementing all aspects of A New Strategy for Community Care: The Way Forward.

As part of the 2004-05 Federal Government Budget initiative, *Investing in Australia's Aged Care: More Places, Better Care*, \$26.1 million over four years was allocated to undertake research, development and commence implementation of key action areas identified in *A New Strategy for Community Care: The Way Forward*. The Australian Government has committed to a broad timetable involving research and development work, consultation, pilots and staged implementation. Implementation timetables will vary by jurisdiction and will need to take account of sector capacity and readiness for implementation. These issues are being explored as part of the development and consultation processes. The Australian Government in 2006 announced \$30 million to assist implementation in the HACC Programme from 2008 onwards.

Recommendation 44

That, in supporting the approach in The Way Forward for implementing a more streamlined and coordinated community care system, the Commonwealth address the need for improved service linkages between aged care and disability services.

State and territory governments have primary responsibility for services for people with disabilities. The Australian Government is exploring better linkages between aged care and disability services through development work related to *The Way Forward* and discussions leading up to the negotiation of the next Commonwealth State/Territory Disability Agreement.

Recommendation 45

That the Commonwealth and state and territory governments assess the appropriateness of the compulsory competitive tendering process for future programmes as part of the implementation of The Way Forward strategy.

The Government does not agree with this recommendation. Open competitive grant processes are used by Australian Government and state and territory funding bodies in community and human services in order to give an equal opportunity for services to apply for funding and to demonstrate that they will provide the best possible services and value for money.

Recommendation 46

That The Way Forward implementation strategy recognise the central role of carers in the community care system.

The role of carers in the community care system is being taken into account in the development of improved arrangements under *The Way Forward*. Carer organisations and individual carers are being involved in consultation processes.

Recommendation 47

That, while welcoming the increases in Commonwealth funding for carer-specific programmes over recent years, the Commonwealth increase funding for these programmes through the National Respite for Carers Programme and the Carer Information and Support Programme.

Funding provided through the 'Recognising Senior Australians – Their Needs and Their Carers: Caring for Carers' is delivering the Australian Government's 2004 election commitment and demonstrates the continued commitment to carers. \$207.6 million over four years is being provided through the 2005-06 Budget to assist the 474,600 primary carers in Australia with better access to respite.

As part of its final response to the Hogan Review, the Australian Government has committed \$26.5 million additional funding over five years to the National Respite for Carers Programme. This will increase access to community based respite to assist carers as the number of people receiving high level community care packages increases.

In addition, in the 2007-08 Budget, the Government increased its commitment to encouraging innovative respite care options through the funding of demonstration sites for day respite in residential aged care facilities. \$41.2 million over four years is being provided to establish 20 demonstration respite centres, in both metropolitan and rural areas. The demonstration sites will explore new options to provide flexible day care in aged care facilities. They will enable carers to attend to personal business without leaving their frail older relatives or friends unattended.

Overall, funding for the National Respite for Carers Programme has increased from approximately \$19 million in 1996-97 to an estimated \$185.4 million in 2007-08 – a more than nine fold increase.

Transitional care

Recommendation 48

That the Commonwealth and the states and territories improve coordination in the development and implementation of transitional care programmes, and that the development of programmes include input from the community sector and health professionals.

The Australian Government announced the establishment of the Transition Care Programme in the 2004-05 Budget. Transition care was jointly developed by the Australian Government and the states and territories with advice from the Care of Older Australians Working Group's Clinical Reference Group, which includes community representatives and health professionals. As described in the Inquiry's Report, transition care provides a short-term package of services to help older people, after a hospital stay, to complete their recovery process. It seeks to minimise inappropriate extended hospital stays and premature admission to residential care.

2,000 transition care places have been allocated and when fully established it is expected that transition care will assist 13,000 older Australians each year. The first transition care places were allocated in June 2005 with services now operational in all states and territories.

Recommendation 49

That the results of innovative pilot programmes funded by the Commonwealth and the states and territories be widely disseminated and that mechanisms be developed to coordinate information about these pilots across jurisdictions so that innovative models of transitional care can be more readily developed based on these models.

Independent evaluations have been conducted for the following Innovative Pool pilots:

- *Innovative Care Rehabilitation Service projects* – The report of the evaluation has been completed and is expected to be published soon.
- *Dementia projects* – The projects have been evaluated and the report of the evaluation is now publicly available.
- *Disability/Aged Care Interface (ageing in place) projects* – The report of the evaluation is now publicly available.

The Transition Care Programme is being evaluated in 2007. Findings from this evaluation and the evaluation of the Innovative Care Rehabilitation Service projects will inform the development of any future models of transition care.

Recommendation 50

That, the Commonwealth, in conjunction with the states and territories, develop a national framework for geriatric assessment and discharge planning and the provision of post-acute and convalescent services and facilities, including community services; and that discharge planning be coordinated across a range of medical, allied health and community care professions and involve the patient, their family and carers in the development of these plans.

Recommendation 51

That common assessment procedures for patients be implemented across the various health sectors so that medical records and diagnostic results can be easily transferred across these sectors.

The intent of these recommendations is supported, noting that the complex issues involved are being progressed through a range of initiatives in conjunction with the states and territories.

A guide for assessing older people in hospitals has been developed by the Centre for Applied Gerontology following research which demonstrated problems associated with hospital assessment processes for older people. This work was commissioned by the Care of Older Australians Working Group (now the Health Care of Older Australians Working Group) of the Australian Health Ministers' Advisory Council. The guide is now assisting with the comprehensive assessment of older people in hospital, which in turn helps with the development of care plans and discharge planning. The guide can also be used in other settings, including hospital emergency departments, outpatient clinics, hospital-based community outreach programmes, and ambulatory, community and residential care settings.

Critical to the coordination of care across care settings is the capacity to safely share care records. The National E-Health Transition Authority (NEHTA) was established as a jointly funded collaborative initiative of the Australian and state and territory governments to accelerate the adoption of e-health. NEHTA is developing the specifications, standards and infrastructure necessary for an interconnected health sector.

In line with *A New Strategy for Community Care – The Way Forward*, the Australian Government is working collaboratively with state and territory governments to develop a common assessment approach across community and residential aged care. This assessment framework will be designed to operate at the interface of a range of other service sectors including post-acute and convalescent services. An important element of this will be the ability to transfer information on client health and care needs across sectors. The Department will be guided by NEHTA regarding standards for data transmission.