SUBMISSION TO THE

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO AGED CARE

Submission by

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The Organisation

Aged and Community Services is the peak body representing more than 300 not-for-profit providers of residential aged care, retirement housing, and home & community based care to over 24,000 elderly people throughout SA and NT.

The ACS Mission is: "*To support and provide leadership to member organisations that provide services to the aged.*"

The ACS Vision is: "*To be a dynamic peak body representing, leading and supporting members to achieve excellence in providing a range of quality and affordable housing, community and residential services to older people.*"

The adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training

ACS applauds the Government's commitment to alleviate workforce difficulties experienced by the aged care industry. The following comments reflect issues associated with or impeding resolution of workforce shortages.

Community Care Response

The Community Aged Care sector employs/contracts multi-skilled community workers who provide a wide and diverse range of services to clients. The community workers respond to the wishes of the client or carer/family/advocate. The tasks they undertake incorporate a range of skills that could cover a number of industries – eg. Domestic, Diversional Therapy, Occupational Therapy and Nursing. Community workers are different from workers in any other industry because of the implicit requirement to be multi-tasking and consequently the skill and experience necessary to fulfill these duties is likewise very broad. In addition, most community workers perform their duties unsupervised and with almost no assistance exposing them to occupational health and safety risk factors above that of other workers. Despite these requirements, community care workers are paid poorly most receiving only $14-$17 per hour on a casual basis.

There is no doubt that elderly people would rather live in their own home than in institutional care. With a progressively ageing population, there is a real need to assist the elderly to remain in their own home and familiar surroundings if aged care is to remain affordable into the future. Residential aged care should be an option of last resort for those no longer able to remain at home. Consequently, to meet this growing need of community based care services, providers must recruit and retain appropriately qualified and experienced staff. Meeting the demand has been made more complex by an increasing demand for home based dementia services and for agencies to provide support to people with mental health needs and/or those with disabilities.

The community care workforce is comprised mostly of part-time or casual workers, contractors and volunteers. There is a high turnover of paid staff which then poses difficulties in obtaining suitable replacement staff, particularly in rural areas. Reasons for the high turnover include low pay, lack of career path, having to work in relative isolation, Occupational Health & Safety challenges associated with working in the client's own home and the ageing profile of the community care workforce. The continued demands for tighter resource management in community care are having a negative impact on scope to staff services with appropriately qualified workers (with salaries commensurate with credentials).

The current proposals recently announced by the Government tend to address residential aged care workforce issues only. There needs to be a long term and planned approach to workforce recruitment, support, training and retention that covers the whole sector, and not just a portion of it.

Residential Aged Care Response

Professor Warren Hogan in his recently released Pricing Review Report recommended that, "the Government should refocus and expand its support for the education and training of aged care nurses and care workers." In particular he cited that the Government should increase the number of registered nurse places at Australian universities by 2700 over the next three years, with 1000 first-year places commencing in the 2005 academic year. He also recommended a number of other initiatives to enhance the knowledge and skill base of enrolled nurses and care workers.

The Commonwealth Government however in it's 2004/05 Budget announcement, provided for only 400 additional places for registered nurse training in 2004/05 increasing to 1094 over four years. In addition The Government provided a range of other training initiatives for care worker training and upskilling of staff.

The lack of registered nurses in residential aged care is a very critical issue. It has been reported that the average age of registered nurses working in aged care is approximately 47 years of age reflecting the ageing workforce that is simply not being supplemented by younger registered nurses entering the industry workforce.

In South Australia, all registered nurse graduates from last year were absorbed directly into the public health system, private acute system, or nursing agencies with no graduates entering aged care as a professional choice. This is very reflective of the competing demands of the various sectors operating under the health care banner.

Indeed there is no guarantee that any nurses trained as a result of the Government's recent initiatives will ever work in aged care. Most likely they too will be seduced into working in other aspects of the health care system.

Impediments, to attracting registered nurses into residential aged care include:

- Generally lower rates of pay than other nurses in the Public/ Private acute sectors;
- Generally greater responsibility than other nurses in the acute sector as often only one registered nurse is on duty and required to supervise a large number of EN's and care workers;
- The work is labour intensive and physically demanding;
- Overly burdensome paperwork;
- Obligations to be involved in quality improvement activities, occupational health & safety, or other extra curricular activities much of which is not paid; and
- Perceived lack of career path.

The situation in rural and remote regions of Australia is, in most cases, beyond critical. Often the Director of Care or other senior registered nursing staff work double shift to

cover shortages or sickness. Recruitment and retention of nurses in country regions is a very major issue in much the same manner as lack of doctors and other allied health professionals. Australia's rural and remote regions are rapidly becoming wastelands in terms of health care provision.

Other Workforce Issues

It is worth noting note that aged care providers also find it extremely difficult to entice general practitioners, specialist geriatricians, other medical specialists, as well as, psychologists, podiatrists, physiotherapists, Speech Pathologists, Dietitians, Occupational Therapists, and Dentists to visit residents in residential aged care facilities. It seems there is a workforce shortage of practically every aspect of healthcare. With a population that is rapidly ageing, Australia is finding itself in a position where it has too few human resources that are appropriately trained and qualified to deal with the needs of the future.

Workforce shortage issues are not new, they have been looming for many years however both the State and Federal Governments have not been active in putting measures in place through the higher education system to address the inadequacies that are now impacting on the Australian population, especially the elderly and frail.

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The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

1. **Assessing and monitoring care, health and safety**

2. **Identifying best practice and providing information, education and training to aged care facilities**

3. **Implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff**

Aged and Community Services SA&NT Inc supports the view of Aged and Community Services Australia as follows:

It is ACSA's view that the current structure of the aged care accreditation system - a single stand-alone process applying to only one of the many programs in the aged care field and on a single agency with a monopoly on accreditation service provision - is less than optimal and inhibits its overall effectiveness.

There are three main issues relating to the current provision of accreditation services:

- The lack of exposure of the Agency to price and quality pressures;
- The inability of the Agency to respond to the whole range of accreditation needs of aged care providers. Many of our members are involved in providing services to older people under a number of different government programs, or directly to older people themselves, and are therefore compelled to participate in multiple accreditation systems to cover the whole scope of their activities. This could be addressed if a market in the provision of accreditation services were to be allowed to develop and to respond to the industry's accreditation needs.
- The fact that a market exists for the provision of accreditation services to other industries, including other parts of the health and care system, and that this market is regulated under the Joint Accreditation System for Australia and New Zealand (JAS-ANZ).

The industry has also had long standing concerns with the internal quality control procedures in place in the Agency around such issues as consistency and objectivity. The existence of an overarching and active quality control framework in JAS-ANZ guards against this.[1]

[1] The Agency is understood to be currently seeking accreditation from Standards Australia International. This is a positive move which would in fact go some way to equipping the Agency to compete in an accreditation market place though its legislative base may still be an obstacle.

JAS-ANZ accredits accreditation bodies and subjects them to the same type of scrutiny that the accreditation processes apply to services. In so doing it provides for a regulated marketplace of accreditation providers who are able to tailor the range of areas in which they are certified to meet the needs of their customers.

If such a framework were to be adopted for the aged care sector in Australia ACSA believes it would confer the following advantages:

1. It would enhance the credibility of the residential aged care accreditation process by providing for ongoing and regular scrutiny of the systems and processes employed by accrediting bodies. The Federal Government would retain responsibility for setting the standards against which services are assessed, though this should be done with input from stakeholders including providers, staff and consumers.

2. It would provide for greatly reduced duplication of effort in circumstances where an increasing proportion of our members provide a range of services, more than just residential aged care, to frail older people and currently are subject to a different accreditation process for each one.

   Providers of community care services suffer similarly - one ACSA member reported to a recent national Community Care Forum of having to comply with eight different accountability regimes for its total funding of $250,000!

   The open structure of the JAS-ANZ framework would facilitate a common approach to accreditation regardless of the funding source, though some additional work may also be required on the Standards themselves. This, in turn would promote the continuity and consistency of care for older people across their whole range of needs.

3. The JAS-ANZ framework is premised on the principle of continuous improvement both for the industry in question and its accreditation bodies.

4. The independence of the accreditation process would be assured, further enhancing its credibility.

5. Because accrediting bodies are able, under JAS-ANZ arrangements, to spread their fixed costs over a much broader range of clients and industry sectors they are in principle more economical.

6. One of the keys to the robustness of the JAS-ANZ arrangements is that they provide for contestable service provision. This is not about shopping around for a 'soft' auditor - the rigour of JAS-ANZ accreditation militates against this- but it is a powerful mechanism to ensure responsiveness to client needs, in terms for example of the range of services covered, and for continuous improvement.

The demonstrated effectiveness of the Agency in ensuring improved quality for residents was questioned in a report last year by the Australian National Audit

Office[2], and the subsequent findings of the parliamentary Joint Committee of Public Accounts and Audit[3], on the management of the residential care accreditation process. Any accreditation system in a human services context should have the prime outcome of improving the quality of care for consumers.

While it is generally acknowledged in the aged care industry that the accreditation process has represented a step forward, it remains ACSA's view that better outcomes would be achieved if competitive service provision and quality control under the JAS-ANZ framework were to be introduced.

Some additional comments specific to Aged and Community Services SA&NT Inc.

ACS SA&NT members have reported comments and concerns to this office about various aspects of the Aged Care Standards and Accreditation Agency as referenced below:

- Members feel intimidated and threatened by the so-called 'support visits' conducted by the Agency. In most cases, providers are only given two days notice of an impending visit. Providers feel intimidated and threatened by the Agency in some instances, believing that if they do not comply, or object to the timing of the visit there will be retribution against them by the Agency. One member referred to the Agency as akin to the 'Gestapo of Nazi Germany.'

- Members feel that on occasions Agency assessors go way beyond what should reasonably be their domain in assessing facilities, and in other cases there is inconsistency in approach to assessing.

- There is a concern amongst members that the Agency are insisting on more and more paper trails creating more work at a tie when the industry is trying to become more efficient and effective. There is no evidence that the additional paper trails lead to better quality outcomes only increased workloads for aged care staff.

- There is also a concern that the Agency is 'hand in glove' with the Department of Health and Ageing throwing doubts over the independence of the Agency.

- The Agency's recently held education and information session in Adelaide was very expensive ($500) for the two day event. The cost prevented more staff from aged care facilities attending this valuable information session.

[2] *Report No 42 of 2003*
[3] *Review of Auditor-General's Reports 2002-03: Fourth Quarter*

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

According to the Young People in Nursing Homes Consortium, as at January 2003 there were 62 people between the ages of 0-49, 135 people between the ages of 50-59 and 184 people between the ages of 60-64 in residential aged care facilities in South Australia. Although these figures have not been recently updated they are indicative of the extent of the situation.

It is generally recognised that residential aged care facilities are not the best housing option for younger people for a variety of reasons including:

- Contemporary disability policy should seek to locate people in their own communities, and residential services should be of between 5-8 people: aged care facilities have significantly more residents with a minimum of 30 but often in excess of 90;
- Younger people are often isolated socially and emotionally by being separate from age peers and valued social contacts;
- The care regime around younger people with complex health care and disability support needs is often much more demanding in time and intensity for aged care staff;
- Many younger people require therapy and equipment services to improve or maintain function. Therapy services paid for out of the bed subsidy is severely rationed across all residents is no where near enough to meet the needs of a younger person.
- Younger people in aged care facilities are often excluded from accessing other services that may be available to those in the community by virtue of the fact that they live in a residential aged care facility.

Residential aged care providers also experience difficulties managing the needs and special requirements of younger people particularly with diversional therapy activities which are generally aimed at the older population within the facility. Some of these special needs include:

- Being physically bigger, stronger and heavier they require more staff to transfer and task care;
- More difficult to manage when they have challenging behaviour;
- More susceptible to a acute boredom and depression;

It is apparent that the special needs of caring for younger people within an aged care setting are significantly more expensive and do not clearly align with the RCS funding model. Consequently, aged care providers can find themselves out of pocket as a result of caring for younger people.

As outlined previously, a residential aged care facility is not the ideal environment for younger people. However, often it is the only option available to those people who require continuous care and or monitoring.

The national summit on young people in nursing homes held in Melbourne on the second of May, 2002 called for the following action to be taken by the government:

1. Bipartisan and agreement and commitment between major political parties and two years of government by 2004 to:
    - Direct resources to enable young people in nursing homes to access their life choices;
    - Develop alternative housing and support options for younger people wishing to move out of nursing homes;
    - Reduce further admission of younger people into nursing homes through the provision of flexible care packages to ensure they are able to access choices about where they live;
    - Develop and implement research designed to complement the commitment to action which is underpinned by the needs and experiences of young people and their families and friends to identify models of care, extent of needs, costs and resources required to provide alternative accommodation and support for younger people with disabilities needing a high level of care.

2. Measures and resource allocation built into the commonwealth state disability agreement.
    - Inclusion of performance targets for the state's regarding the creation of alternative services for young people in nursing homes;
    - Add this cohort to the measurement of unmet demand in the calculation of growth funds; and
    - Establishment of a Commonwealth State Working Group to resolve the funding responsibilities and ensure sustainable service delivery.

3. Commonwealth to take leadership in resolving the issue of responsibilities and resources.
    - The Department must define and clarified areas of discrete fiscal responsibility for younger people in nursing homes;
    - Recognition that the resources available to make these nights have not been adequate; and
    - Revision of the current policy regarding admission of younger people to residential edged care.

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The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly

Care in the Community in the context of the Community Care Coalition is defined as being a range of support/care services (delivered by both paid and volunteer staff) and providing assistance to older people with varying needs, and younger people with a physical, or mental disability, as well as carers of these people.

Most older people and younger people with disabilities prefer to live at home. Provision of informal care by families and formal community care is an essential and effective way to help people to live in their own homes.

The rapid growth in numbers of people needing community care will place increased pressure on both unpaid carers and the formal service system which currently cannot deliver enough community based care to meet existing demand.

The demand for residential care will also rise dramatically if there is no-one to care for these people and not enough care is available for them at home.

According to research undertaken by the Community Care Coalition the following information is highlighted:

- By 2006, 1,327,100 Australians will have a severe or profound disability;
- By 2021, Australia's population aged 65 and over will have increased from 2.4 million to 4.2 million, moving from 12% to 18% of Australia's total population;
- By 2031, there will only be 35 primary unpaid carers for every 100 older Australians needing care in the community – a drop of 40% in the ratio of carers from 2001;
- In 2002/03, 58,549 clients obtaining personal care through Home and Community Care (HACC) Program received on average less than **10 minutes a day.** Personal care refers to assistance with daily self-care tasks such as eating, bathing, toileting, dressing, grooming, getting in & out of bed and moving about the house;
- 2002/03, 198,746 clients obtaining domestic assistance through HACC received on average just **38 minutes per week;**
- 25,000 people accessing a Community Aged Care Package (CACP) received on average **52 minutes per day**. This is to cover their daily personal, household and living care needs; and
- People in metropolitan Adelaide are waiting for 12 to 18 months from the time of assessment to actually receiving a Community Aged Care Package.

Funding for community care services needs to be increased to ensure that services are available at appropriate levels and when they are needed. The Home & Community Care Program requires an initial 20% increase ($146m Federal Government and $98m State Governments) and at least 6% growth per annum (plus indexation) thereafter.

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Another problem appears to be a worsening of relations between the State and Commonwealth Governments regarding the management of HACC funding arrangements. The South Australian Minister for Families and Communities, The Hon Jay Weatherill MP, recently wrote to all HACC providers informing them of the deterioration in relationship between State and Commonwealth and in particular the Commonwealth's desire to micro manage the HACC funding allocations causing much frustration and time delay in funding approved programs. Successful applicants for HACC funding from last years (2003) allocations round were only notified of their success in late May 2004. This time delay factor does not give confidence to providers and substantially hinders program planning, implementation and staff resourcing when you have to wait so long to receive funding for approved projects.

Another issue of significant concern to providers, especially those with small grants, is the onerous reporting requirements. Many small organisations receive less than $10,000 in HACC funding, and for these services, the reporting criteria is too surmountable and many are now wondering whether to continue providing these services. In some cases, providers have declined accepting the money because of the burden of reporting. It must be remembered that many of these organisations are run by volunteers with limited financial and accounting skills. Many of these small organisations provide valuable services to cultural and linguistically diverse communities or to Aboriginal and Torres Strait Islanders. The commonwealth government needs to seriously consider this matter and perhaps allow recipients of small HACC funding grants to submit a shorter version or short form of the reporting format to reduce the burden for these small organisations.

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The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

The interface between the acute and aged care systems is a crucial (but underdeveloped) one for the well-being and best outcomes for older people.

Aged care providers in SA have worked cooperatively with the hospital sector and between levels of Government to develop a "pathways" approach to this interface. Several innovative joint ventures between aged care providers and other partners have been developed, some of which include –

- the Acute Transition Alliance (ATA) (Home Support and Rehabilitation Service) a partnership between the State and Australian Governments, public hospitals and aged care providers to provide rehabilitation options for older people who had been identified as requiring residential care. *The ATA is a pilot program for older people who have been in hospital and are expected to benefit from rehabilitation & support. The service provides short term rehabilitation and support services either in a person's own home or temporarily in a residential aged care facility. The ATA aims to provide planned services to achieve the best possible level of function, and a resumption of the lifestyle and accommodation of choice.*
- Metro Home Link, a metropolitan-wide hospital avoidance program
- The Advanced Care in Residential Living program where additional resources are available to residential care providers to avoid or reduce hospital admission
- City Views, a residential transition care facility. *City Views is a joint venture between three major southern hospitals, Aged Care providers and the State and Australian Governments to pilot a 36 bed aged care Transition unit based at the Julia Farr Centre, Fullarton. The service offers specialised rehabilitation and care services to support recovery and provide transition pathways into the aged care system aiming to reduce hospital stay and improve outcomes for older people targeted for, and awaiting, residential placement*.

The essential difference between the client groups for the ATA and "City Views" is that the "City Views" accepts more "difficult" clients (including clients with higher levels of behavioral problems, histories of family breakdown, dementia, mental health problems etc)

While these initiatives have been significant and have showcased some excellent opportunities to extend the options for older people, the initiatives to date are largely funded on a pilot basis, and do not yet operate systemically. In addition, there is not a secure funding stream for such initiatives, with most funding still based on long term care models which do not reflect the real costs of this type of care. Despite this, these projects especially ATA and City Views have produced excellent outcomes in terms

of both benefits to consumers and the hospital system. Details of this are outlined in Appendix 1 & 2.

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