

COTA NATIONAL SENIORS
WORKING IN PARTNERSHIP



SUBMISSION to

Senate Community Affairs References Committee

Inquiry Into Aged Care

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Contents

	Terms of Reference	3
	Executive Summary and Recommendations	4
1.	Workforce Shortages and Training	7
2.	Aged Care Standards and Accreditation Agency	8
3.	Residential Aged Care and Funding	10
3.1	Current Funding Arrangements	10
3.2	Younger People with Disabilities in Aged Care	11
3.3	Residents with Specific Needs	12
4.	Home and Community Care programs	14
4.1	An Integrated Approach to Health & Community Care	14
4.2	The Adequacy of HACC Programs	14
4.3	Support for Carers	16
5.	Transition from Acute Hospital Settings	17
	References	19
	COTA National Seniors	20

Terms of Reference

- (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 programs in meeting the current and projected needs of the elderly;
- (e) the effectiveness of current arrangements for transition of the elderly from acute hospital settings to aged care settings or back to the community.

Executive Summary and Recommendations

COTA National Seniors has been working with Federal, State and Territory Governments, and in partnership with non-government organisations in the aged care and health sectors to explore ways of providing flexible and responsive aged care services to older Australians. Together with Carers Australia and Alzheimer's Australia, COTA National Seniors provided input to the Federal Government's *Review of Pricing Arrangements in Residential Aged Care* and will continue to be an ongoing part of the consultative processes arising from this review. We refer the Senate Committee to our Joint Submission available on our website at: www.cota.org.au.

COTA National Seniors has also participated as a member of the Australian Health Care Agreements Reference Group on the Interface between Aged and Acute Care and has taken a keen interest in the work of the Reference Group on Collaboration on Workforce, Training and Education. We recommend that the Senate Inquiry into Aged Care support the directions contained within these reports and encourage their implementation.

While COTA National Seniors acknowledges the \$2.2 billion dollars allocated in the 2004-2005 Federal Budget for delivery to the aged care sector over the next four years, we believe that there remain some fundamental issues to be addressed. These include:

- development of a 'benchmark of care' against which the adequacy of funding provision for both residential and community aged care can be measured
- ensuring competitive pay and working conditions for aged care workers with staff from other health sectors;
- provision of quality care to those with specific needs including Indigenous Australians, those from culturally and linguistically diverse communities and those with dementia;
- adopting an integrated approach to the provision of health services (including disability services and acute services) and aged care.

This submission addresses the concerns of COTA National Seniors within the context of the Terms of Reference for the Senate Inquiry into Aged Care and makes the following recommendations:

Workforce Shortages and Training

In relation to workforce shortages and training COTA National Seniors recommends:

1. The Senate Inquiry into Aged Care take account of the report of the Australian Health Care Agreements Reference Group on Workforce, Training and Education and support the suggested directions and implementations, in particular to locate aged care workforce initiatives within the broader national health workforce framework.

Aged Care Standards and Accreditation Agency

In relation to the Aged Care Standards and Accreditation Agency COTA National Seniors recommends:

2. Residents and their carers and advocates be provided with education and information programs in order to increase their knowledge and understanding of accreditation and that they be actively involved in the accreditation process.

Residential Aged Care and Funding

In relation to residential aged care and funding COTA National Seniors recommends:

3. The Government redress the capital funding shortfall for high care facilities, facilities in rural and remote Australia and facilities located in socio-economically depressed areas.

4. A 'benchmark of care' be developed to enable quality aged care services to be adequately costed and funded.

5. Younger people with a disability and older people who prefer to live within the community be provided with adequate support to do so.

6. Younger people with a disability and older people currently in residential aged care facilities be assisted to access community-based day programs appropriate to their personal interests.

7. Improved linkages between disability and the aged care sector be pursued within a broader view of Australia's health and aged care system covering all elements of the services that people are likely to use later in life.

8. Support for the recommendation by ACROD for the development of a national equipment strategy incorporating input from both government and non-government organisations.

9. *That Government increases funding and support for respite services for unpaid carers themselves often seniors.*

10. *Government funding is sufficient to provide secure accommodation and staff training, for the care of patients with dementia-specific behaviour within aged care services.*

Home and Community Care programs

In relation to Home and Community Care programs COTA National Seniors recommends:

11. *The Government review the level of funding for home care services, provide catch up funding and set growth targets that anticipate population growth and cost increases.*

12. *The Government improve targeting and resource allocation to ensure that seniors with low, medium and high care needs have access to the range of services they need to remain living independently in the community.*

13. *An increase in funding and support, including more respite care services, for informal carers who are themselves often seniors.*

14. *Planning for community care be embedded in a broader view of Australia's health and aged care system covering all elements of the services that people are likely to use later in life. This broader view of the health and aged care system also needs to be effectively linked with other sectors providing service to older people, including housing, employment and transport.*

Transition from Acute Hospital Settings

In relation to transition from acute hospital settings COTA National Seniors recommends:

15. *Planning and funding of transitional care places occur within the broader health and aged care framework and in particular be closely related to acute care, residential aged care and community care.*

1. Workforce shortages and training

(a) the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training;

The provision of high quality aged care depends significantly upon the ability of the aged care sector to attract and retain appropriately qualified and skilled staff. Skilled staff expect equitable remuneration, good working conditions and ongoing skills training to assist them to deliver high quality care. COTA National Seniors notes concern from around Australia that staffing levels have deteriorated in recent years as nursing and other care staff leave the aged care sector seeking improved wages and conditions elsewhere in the health sector. The National Aged Care Alliance reports that “the wages gap between nurses working in aged care and their public hospital colleagues...has doubled” in recent years (National Aged Care Alliance 2004, p. 4).

A limited pool of available qualified staff has led to low staff to patient ratios and an inability to provide the high levels of care required particularly for those older people with more complex medical conditions and behaviours. Government requirements for extensive paperwork have also reportedly contributed to high staff turnover and low morale.

Rectifying these problems requires a government commitment to:

- providing competitive salaries and conditions in order to attract and retain highly skilled nursing and other care staff in the aged care sector; and
- ensuring that the skills and knowledge of the aged care workforce are up-to-date by providing appropriate and ongoing training for staff. This is particularly important for staff working with complex, chronic conditions (such as dementia) and episodic acute care.

COTA National Seniors welcomes the 2004-2005 Federal Budget allocation of \$101.4 million over the next four years for workforce training and education in the aged care sector. However we are concerned that any workforce initiatives be located within the broader national health workforce framework in line with recommendations of the Australian Health Care Agreements Reference Group on Workforce, Training and Education, to ensure that there is parity across sectors.

COTA National Seniors recommends that the Senate Inquiry into Aged Care take account of the report of the Australian Health Care Agreements Reference Group on Workforce, Training and Education and support the suggested directions and implementations, in particular to locate aged care workforce initiatives within the broader national health workforce framework.

2. Aged Care Standards and Accreditation Agency

(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;**

COTA National Seniors strongly supports the need for accreditation services to the residential aged care industry but has some concerns about the current debate on whether this is best done through a government monopoly of these services in the form of the Aged Care Standards and Accreditation Agency or through enabling providers to select from a range of agencies as is common practice in other industries.

Consumers expect that government will and should play an active role in ensuring the quality of services and protection of vulnerable residents as a matter of public interest not just as a purchaser of services. COTA National Seniors believes that this requires the government to have at least a regulatory compliance role and a complaints mechanism and to be satisfied that the accreditation requirements are effective. In addition the boundaries and linkages between these three aspects of regulation, complaints and accreditation must be clear to all stakeholders. We hold the view that these various roles have become blurred in the current arrangements and that change is necessary.

Other concerns include:

- the ability of a single agency to cope with the size and needs of the aged care sector;
- the rigour of the agency's internal quality control, particularly in relation to the consistency and objectivity of assessments;
- the high level of fees charged for accreditation and
- the extent to which accreditation leads to high quality care and real options about lifestyle for residents

COTA National Seniors understands from its members that the Agency appears to be undertaking fewer "spot checks" and less monitoring of facilities and is more involved in education.

The accreditation system needs streamlining to reduce the requirement on providers for excessive amounts of paperwork. A greater attempt needs to be made to involve residents and their carers in the accreditation process in order to achieve significant lifestyle improvement for residents.

Given appropriate attention to the criteria for recognition of alternative accreditation bodies COTA National Seniors would support the development of an accreditation scheme with multiple accreditation bodies based on the JASANZ framework and

principles. The criteria should also include the need for accreditation to ensure assessment of providers against the publicly mandated aged care standards and to demonstrate their capacity to bring professional judgements of contemporary leading practice to bear in assessing quality. Residents and their families must understand the accreditation process and be directly involved in the process not just as complainants or informants but assessing the quality of provision particularly in relation to Standard 3:Resident Lifestyle.

COTA National Seniors recommends that residents and their carers be provided with education and information programs in order to increase their knowledge and understanding of accreditation and that they be actively involved in the accreditation process.

3. Residential aged care and funding

- (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;**

3.1 Current Funding Arrangements

COTA National Seniors provided input on these matters to the Federal Government's Review of Pricing Arrangements in Residential Aged Care and will continue to be an ongoing part of the consultative processes arising from this review. We refer the Senate Committee to the Joint Submission made to this review by COTA National Seniors, Carers Australia and Alzheimer's Australia, available on COTA National Seniors website at: www.cota.org.au

In that submission we did note that for pensioners in residential care, "about 85% of the pension is allocated directly to the provider as a user pays contribution towards the total cost of care" (Carers Australia, Alzheimer's Australia & COTA National Seniors 2003, p. 12). The remaining \$50 per fortnight of the pension is inadequate to provide for additional expenses such as medical, dental and other specialist health care, pharmaceuticals, clothes, telephone, personal care items, entertainment and outings.

While aware that accommodation bonds have not been introduced for high care facilities, COTA National Seniors submitted to the Hogan Review that bonds, as part of user contributions to capital costs, are acceptable with the following provisos:

- consumers rather than the providers should have a choice between a bond and/or rent or any other form of payment devised;
- the value of the bond is transparent, that is the facility declares its maximum bond or range of bonds rather than negotiating any amount within the "residual assets" test;
- the "residual assets" test is indexed at least annually to maintain its real value and reviewed periodically;
- continued protection of the resident's home when a partner or carer occupies it;
- concessional and assisted residents continue to receive a public subsidy that is sufficient to ensure their access to high quality accommodation and care;
- rural and remote locations, and areas of low housing value, receive grants or other publicly funded support, necessary to ensure an adequate supply of suitable places;
- development of appropriate models to raise capital such as Reverse Mortgage;
- treatment of any bond as "home ownership" for pension assets tests;
- security of the bond with appropriate prudential arrangements with the funding of any bond insurance by the provider ie. the borrower of the money;
- the funding for accommodation and for care are clearly distinguished.

Capital funding issues need to be addressed particularly for:

- high care facilities which are expensive to build and maintain;
- facilities in rural and remote Australia where smaller more flexible facilities are required in a greater range of locations to enable older people to remain closer to home and family; and
- facilities in socio-economically depressed areas where residents have few assets and minimal savings to fund their accommodation.

COTA National Seniors recommends that the Government redress the capital funding shortfall for high care facilities, facilities in rural and remote Australia and facilities located in socio-economically depressed areas.

While the 2004-2005 Federal Budget provided some additional funding Government subsidies do not cover the increasing costs of care. Long term solutions to residential aged care funding depend upon the development of an appropriate pricing mechanism. This requires agreement as to what constitutes quality aged care. A properly costed 'benchmark of care' or 'basket of services' should take account of all the costs – capital, staffing and operating – involved in providing a quality service. However, this 'basket of services' cannot be prescriptive as it needs to be flexible enough to respond to regional differences and individual circumstances, including providing culturally appropriate care for older Indigenous Australians and people from culturally and linguistically diverse backgrounds. COTA National Seniors recommends that a 'benchmark of care' be developed to enable quality aged care services to be adequately costed and funded.

3.2 Younger People with Disabilities in Aged Care

The most recent figures from the Australian Institute for Health and Welfare indicate that at the 30 June 2003, 6,208 residents of aged care facilities were aged under 65 years, representing 4 per cent of the total number of all residents. Figures from other sources indicate that the majority of these people are aged between 50 and 65, with a much smaller number aged under 50 including some aged under 25. These younger people have conditions that include MS, acquired brain injury (ABI) and other neurological conditions and require ongoing high-level care.

For most in the disability sector this situation is seen to be less than ideal and highlights a breakdown between Federal and State Government funding arrangements across the aged care and disability sectors. Many people with a disability, as well as disability advocacy groups, express a preference for housing younger people with disabilities in a community setting and providing them with the support required to maintain this. Where this is not possible, access to age-relevant community-based day activities is suggested as important for the health and well being of younger residents of aged care facilities.

Most older people would also prefer to remain within their own homes and communities for as long as possible given appropriate levels of support. Once the move to a residential facility becomes necessary, maintaining links with local community is just as important for the older person's health and well being. Currently however, residents of aged care facilities are ineligible for funding to participate in community-based day activities as

these are funded through Home and Community Care programs and this would be considered “double dipping”.

COTA National Seniors recommends that younger people with a disability and older people who prefer to live within the community be provided with adequate support to do so.

COTA National Seniors recommends that younger people with a disability and older people currently in residential aged care facilities be assisted to access community-based day programs appropriate to their personal interests.

3.3 Residents with Specific Needs

The number of older people in the community with long standing disabilities is increasing and with ageing also comes an increase in acquired disabilities such as hearing loss and vision impairment. The current connections between the aged care and disability service systems are inadequate to deal with increasing demand. Flexible and responsive systems that enable access to both disability and aged care services according to need are necessary. This will require the development of improved linkages between sectors as well as the development of flexible funding models that facilitate pathways between the systems.

COTA National Seniors recommends that improved linkages between disability and the aged care sector be considered within a broader view of Australia’s health and aged care system covering all elements of the services that people are likely to use later in life.

Providing appropriate aids and equipment to support older people with disabilities can improve their quality of life and assist them to live independently within their community for longer. This strategy can assist in effectively reducing the pressure on residential care places.

COTA National Seniors supports the recommendation by ACROD for the development of a national equipment strategy incorporating input from both government and non-government organisations.

A recent report by Access Economics (2003) estimates that within twelve years the greatest cause of disability in Australia will be dementia and that currently dementia accounts for the largest mental health expenditure in the country. This has enormous ramifications for health and aged care funding.

Providing appropriate support for those with dementia can enable them to continue living in the community for longer. This is less stressful for the dementia patient and can also take the pressure off residential care services. However best practice carer education and support is essential in achieving this. In particular there is an increasing demand for residential respite care to enable unpaid carers – spouses, adult children and other relatives who are often seniors themselves – to have a break from the constant demands

of dementia-specific behaviour. In spite of an increase in funding for residential respite care in recent years through Home and Community Care programs and the Federal Government's National Respite for Carers program, COTA National Seniors is aware that there is still a shortfall in supply.

COTA National Seniors recommends that the Government increases funding and support for respite services for unpaid carers themselves often seniors.

Amongst residents of aged care facilities dementia is common. The Federal Government's *Two Year Review of Aged Care Reforms* (2001) indicated that 60% of nursing home residents and 30% of hostel residents have dementia with the vast majority of these, experiencing moderate to severe dementia. Providing quality care for residents with dementia requires purpose built secure accommodation, specialised nursing staff and training for all staff in the care of patients with dementia-specific and challenging behaviours. The 2004-2005 Federal Budget allows for new supplements to be developed to "support the provision of high quality care for residents with dementia exhibiting challenging behaviours and residents who need complex palliative nursing care" (Budget 2004-2005, Ageing 7, p. 1) to be developed in consultation with the community and aged care providers and introduced in 2006. To be effective these measures would need to include:

- a national framework for dementia services
- incentives for providers to offer quality dementia care including an improved mix of capital/recurrent funding
- appropriate training for staff caring for people with dementia and
- adequate provision for those with dementia and mental health issues who fall between the aged care and mental health systems.
- Support for innovation in care for people with dementia

COTA National Seniors recommends that Government funding is sufficient to provide secure accommodation and staff training, for the care of patients with dementia-specific behaviour within aged care services.

4. Home and Community Care programs

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly;

4.1 An Integrated Approach to Health and Community Care

It is not possible to consider Home and Community Care services in isolation from residential aged care, acute care and the health needs of older people more generally. COTA National Seniors supports the view that the health and aged care needs of older Australians be considered as a continuum that includes preventative health care, primary health care, acute care, community care, transitional care and residential care for those who require it.

Inadequate planning and funding in one area is likely to impact negatively on another. For example the inadequate funding of residential aged care has led to a shortage of places. This in turn means higher care needs must be catered for in HACC and this makes it difficult for those with lower care needs to get access to the services they need to keep them successfully at home. Adequate care for those with low level needs prevents an escalation of health concerns.

COTA National Seniors recommends that planning for community care be embedded in a broader view of Australia's health and aged care system covering all elements of the services that people are likely to use later in life. This broader view of the health and aged care system also needs to be effectively linked with other sectors providing service to older people, including housing, employment and transport.

4.2 The Adequacy of HACC programs

Enabling older people to remain in their homes for longer requires a significant funding commitment by Government to ensure there is adequate and appropriate community care to achieve this. While there has been growth in community care services in recent years, including an increase in funding allocated in the 2004-2005 Federal Budget, COTA National Seniors believes there needs to be an examination of whether this growth in services and funding is adequate in light of the rapidly increasing numbers of older people in the population and changes in other parts of the health system.

COTA National Seniors looks forward to the forthcoming report from the Federal Government's Community Care Review and anticipates improvements to the overall efficiency and effectiveness of the community care system. However, while such improvements are essential – in Victoria there are currently 42 community care programs with individual funding arrangements, administrative and reporting requirements – efficiency gains alone will not substitute for inadequate funding and planning of services.

The Home and Community Care program, jointly funded by the Federal and State governments and by local governments and non-government organisations is the largest program with funding in 2003 of around \$1 billion. The contribution of local

governments has added significantly to the quality, range and level of services provided through Home and Community Care. This is not sustainable in the longer term however, with a predicted increase in the number of people aged 65 and over from 2.4 million in 2001 to 4.2 million by 2021 at which time this age group will account for 18% of Australia's total population (Community Care Coalition 2004, p. 31).. The 2004-2005 Federal Budget increase in the number of community care places from 10 to 20 for every 1,000 people aged 70 or over does not address current levels of demand for community care services nor provide for the projected population growth.

The response by HACC providers to inadequate funding has been to cap the services they provide. In an April 2004 document the Community Care Coalition outlined some startling facts in a *Key Messages Document* regarding the amount of care received by HACC clients in 2003, including:

- the average amount of domestic assistance received by 198,746 HACC clients last year was 38 minutes per week;
- the 46,919 HACC clients aged 65 and over receiving personal care assistance average 50 minutes per week;
- at least 60,000 older Australians with very high care needs were formally assessed by Aged Care Assessment Teams in 2001-2002 as needing more community care than they were getting. (Community Care Coalition 2004, p. 36)

These figures graphically illustrate the inability of the community care system to provide adequate support for those currently requiring assistance. Instead, the rationale has been to limit the time available to each client in order to provide as many people as possible with some service. COTA National Seniors is aware of older people who are either unable to access necessary services or who have had their services cut back. Seniors advise us they have difficulty in obtaining services including:

- household support
- community transport
- gardening and home maintenance
- essential home modification

COTA National Seniors has a range of concerns regarding community care services including:

- lack of capacity to provide preventative services for low care clients because of the necessity to attend to those with higher care needs who are unable to or do not wish to access residential services;
- lack of case management of clients to follow through with care plans;
- excessive rationing of services with outcomes such as cut backs for individuals, premature withdrawal of services or long waiting times;
- limited access to services in regional Australia; and a
- scarcity of certain types of services including community transport

COTA National Seniors also has serious concerns regarding HACC services for older Indigenous Australians and for people from culturally and linguistically diverse (CALD)

backgrounds. Both groups are underrepresented in the uptake of HACC services. There are many “myths” about the role of family and a consequent lack of need for formal services, but the reality is that many older people from culturally and linguistically diverse backgrounds need the support of community care services. And there are specific challenges involved in delivering this support including:

- ensuring that all community groups are aware of the existence of HACC services;
- delivering appropriate training to a diverse workforce;
- ensuring access to interpreter services where these are necessary;
- providing culturally appropriate meals.

It is important that community care be person-centred, taking a holistic view of each individual in assessing their needs (not just physical) and developing an appropriate response.

COTA National Seniors recommends that the Government review the level of funding for home care services, provide catch up funding and set growth targets that anticipate population growth and cost increases.

The Federal Government’s *New Strategy for Community Care* with its proposed tiered model of service provision and improved access for consumers via Community Care Access Points is in theory a step in the right direction. However this new model will need to ensure a balance of services is available at all levels of community care and that the funding to support this is forthcoming.

COTA National Seniors recommends that the Government improve targeting and resource allocation to ensure that seniors with low, medium and high care needs have access to the range of services they need to remain living independently in the community.

4.3 Support for Carers

Carers Australia notes that around 2.5 million Australians are providing caring support to family members and friends with disabilities, mental illness, chronic health concerns or who are frail and aged. The support provided by carers accounts for over 70 per cent of current community care and enables those requiring support to remain in their homes. This saves the community billions of dollars each year (Carers Australia 2004). However, the work that carers do is constant and exhausting and without a assistance carer burn-out is likely to lead to increased numbers of older people in high cost residential aged care. Carers need assistance with:

- loss of income from paid work
- increased medical expenses
- increased physical and emotional stress
- isolation due to the demands of caring

COTA National Seniors recommends an increase in funding and support, including more respite care services, for informal carers who are themselves often seniors.

5. Transition from acute hospital settings

(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.

In most cases two options are available to older people requiring on-going support following admission to hospital for an acute episode – return to home and family with access to a limited range of community care services or rushed admission to residential care if a place is available. Neither of these choices is ideal. Inadequate community care is likely to prevent the older person remaining at home for any length of time forcing either a return to hospital or admission to a residential facility. Rushed admission to residential care is very stressful for the older person and their family and a chronic shortage of available places means there is often a wait of two to three weeks for a bed and little choice of facility. Instead the facility is in a position to choose whether or not to accept the older person and this decision is likely to be based at least in part on ability to pay.

Alternative transitions for older people from acute care settings should provide for gradual rehabilitation in a ‘transitional’, ‘interim’ or step-down facility and support their return home with ongoing access to more appropriate levels of community care. Such facilities could also offer respite options for carers and assistance when necessary with a less rushed move to a residential facility. Pilot programs, operating in a number of Australian States in recent years, illustrate the benefits of providing transitional care to older people exiting acute or sub-acute hospital settings.

In South Australia for example, the Acute Transition Alliance (ATA) program, jointly funded by the Federal and State Governments through the Innovative Care Rehabilitation Scheme, is providing “short term community intervention and rehabilitation to improve the physical functioning of older people following a hospital stay” (ACH Group 2003). Following discharge from the ATA program over 60 % of patients are able to return home with a clearer understanding of their needs and the level of care they require to meet these needs. Transition care gives older people linkages to providers across the health and aged care systems for the supports they require to remain at home.

The Interim Care Program pilot initiative of the Victorian Department of Human Services, run in five Metropolitan Health Services in 2001-2002 aimed to ease the pressure on acute beds in the hospital system – beds tied up with patients no longer requiring acute or sub-acute care but waiting for residential care. An evaluation of the pilot found that increased numbers of older people were able to return home following rehabilitation with increased physical functioning and an improved quality of life (Health Outcomes International 2002). In the case of Home-based Interim Care, as many as 26% of patients were able to return home instead of moving on to residential care. However, the evaluation warns that the “waiting period, of months, not weeks for community care

options...[is] a significant barrier to patients being discharged home” (Health Outcomes International 2002, p. 76).

COTA National Seniors acknowledges that the 2004-2005 Federal Budget allocated funding for a further 2,000 transitional care places on a cost share basis with states and territories, but cautions that the end result of this is likely to be increased pressure on Home and Community Care services as these people return home requiring additional supports.

COTA National Seniors recommends that planning and funding of transitional care places occur within the broader health and aged care framework and in particular be closely related to acute care, residential aged care and community care.

Older people require access to different types of care services according to need including community care, acute care, respite care, transitional care and residential care. Better linkages between the health and aged care sector are required at a national level in order to achieve this. COTA National Seniors has been participating in the work undertaken by the Australian Health Care Agreements (AHCA) Reference Group on the Interface between Aged and Acute Care. We refer the Senate Committee to the work of this reference group and recommend support for the directions and implementations outlined in the report.

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ABOUT COTA NATIONAL SENIORS

COTA National Seniors Partnership is the largest seniors' organisation in Australia with more than 280,000 individual members and over 1500 seniors organisations under its umbrella. It offers members a vast range of services and benefits and is an influential vehicle for contributing to policy debates affecting older people in Australia. The Partnership, effective from 11 December 2002, joined the State and Territory COTAs and Council on the Ageing (Australia) with National Seniors into a joint national operation that merges and shares various operations of the eleven organisations.

COTA National Seniors Partnership has a pre-eminent role in representing, advocating for and serving older people throughout Australia. In terms of policy, it adheres to four principles:

Policy Principle 1: maximising the social and economic participation of older Australians.

The Partnership seeks to maximise opportunities for social and economic participation by older Australians, including promoting positive approaches to the contribution of seniors and the ageing of the Australian population, and by breaking down age discrimination in all areas of social and economic life.

Policy Principle 2: promoting sustainable, fair and responsible policies

The Partnership is committed to the development of fair and sustainable policies for seniors that take account of the needs of the entire community in the short and long term. It develops policies which are fiscally and economically responsible and which fairly balance the competing needs and interests of diverse groups amongst the senior population and other sectors of the community.

Policy Principle 3: protecting and extending services and programs that are used and valued by older Australians

The Partnership develops policies and provides advice on maintaining and improving services and programs which seniors use and value. These include primary health care, hospitals, pharmaceuticals, employment services, utilities, public transport, residential care, housing and community care. It will seek to ensure that there is an adequate "safety net" of services and income support which all seniors can access according to fair and equitable criteria in order to maintain a reasonable quality of life.

Policy Principle 4: focus on protecting against and redressing disadvantage

The Partnership believes that all seniors have the right to security, dignity, respect, safety, high standards of treatment and care and to equal participation in the community regardless of income, status, background, location, frailty or any other social or economic factor. As a result we will have a strong focus on seniors who are most vulnerable or disadvantaged in terms of these criteria.