NSW
Aged Care
Alliance

Submission to the Senate Community Affairs References Committee Inquiry into Aged Care

August 2004

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE
INQUIRY INTO AGED CARE

The NSW Aged Care Alliance

The NSW Aged Care Alliance communicates with over 50 organisations concerned with the adequacy and quality of aged care services to older people in New South Wales. Convened by Council of Social Service of NSW (NCOSS), it comprises consumer representatives, industry organisations, universities and education facilities and others actively promoting the needs, rights and interests of older people focussing on all forms of aged care, including healthy ageing. The NSW Aged Care Alliance meets on a bi-monthly basis at NCOSS to discuss issues and strategies to advance our objectives.

NCOSS

The Council of Social Service of NSW (NCOSS) is the peak body for the social and community services sector in New South Wales. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in NSW.

The NSW Aged Care Alliance congratulates the Senate Community Affairs References Committee for undertaking this important Inquiry into Aged Care and welcomes the opportunity to respond to the Terms of Reference.

The NSW Aged Care Alliance appreciates the extension to the deadline provided by your officer Ingrid Zappe**.**

The NSW Aged Care Alliance Federal Election Issues Kit can be accessed on the NCOSS website www.ncoss.org.au

We are pleased to present our submission to the Senate Community Affairs References Committee Inquiry Into Aged Care.

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

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

Aged and Community Care[1]

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

Difficulties in recruiting trained staff for aged and community care services threaten to reach crisis proportions. There is a worldwide shortage of nurses. Recent workforce surveys have found:

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

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

A key to quality care is to ensure that there is a well-trained workforce for aged care. Employment in aged care services requires sophisticated and ongoing training to ensure staff have the most up-to-date skills and knowledge. Significant progress has been made in recent years, with recent surveys finding around 60% of Assistants in Nursing and Care Service Employees now have formal qualifications.

There are not enough university places to meet the current and growing demand for registered nurses. Research has shown that the demands of an ageing population will exacerbate the current shortage of registered nurses and create an Australia wide shortfall of more than 4,000 graduates by 2006. Yet in the 2004 academic year universities had to knock back 3,000 aspiring nurses due to a lack of funded places.

In addition to this refresher and re-entry programs are not consistently available.

Plans must be put in place to ensure that there is a workforce willing to deliver aged and community care services both now and in the future to meet the growing demand for aged and community care. Work has been done in this area with the Federal Government commencing development of a National Aged Care Workforce Strategy – which does not consider the community care workforce demands and issues - and introducing nursing scholarships. To date there has been no practical outcomes from these initiatives for homes and services around Australia.

[1] NSW Aged Care Alliance Federal Election Issues Kit 2004; NCOSS

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

A range of strategies must be pursued to address the workforce shortages:

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

Dentists and Allied Health

The Alliance receives frequent reports of the need for more podiatrists, physiotherapists, speech pathologists, and occupational therapists to treat older people. Often there are too few qualified people to fill positions.

One critical example is the current availability of dentists. Insufficient numbers of dentists are graduating to replace those currently leaving the workforce. This situation is exacerbated by the ageing population and the retirement of dentists in the baby-boomer demographic. There are few incentives for general and specialist dental practitioners to join the public system, while there are increasing disincentives for private practitioners to work in rural and regional areas. Related to this are demonstrable disincentives for dentists to engage in specialist training. There is inadequate availability of public dental services, and access to them is determined by criteria on the acuity of treatment needs while management of most oral disease is hampered due to lengthy waiting lists. Low delivery levels of oral care in NSW are reflected by low levels of public funding of oral health compared with other States as well as the absence of clear public policy in this area. There are insufficient incentives for dentists and other oral health professionals to be retained in the public sector, such that in the order of only 10% of dentists are available to serve the 30%-40% of NSW citizens eligible for public dental services.

The health and support needs of older people are obviously and increasingly jeopardised when there are no available qualified health professionals to provide necessary treatment and preventative strategies to older people. Without this necessary treatment, the support needs of many older people quickly escalate, requiring possibly avoidable and very expensive, high level and often permanent interventions.

The NSW Aged Care Alliance makes the following recommendations:

- Develop and adopt an industry wide (residential and community) workforce plan, including a national training strategy, with a timetable for action and funding for implementation.
- Adopt an indexation formula for aged care services that reflects the cost pressures experienced by industry, including wage increases.

- Take the lead in developing national responses to supporting the training of aged care workers, including nurses. For example, reduce the HECS payment for nurses and allied health professions and develop best practice models, which bridge the gap between school or university and industry.
- Introduce a Federal Age Discrimination Act to match those of sex, race and disability and implement an education campaign to complement introduction of the Act.
- Develop strategies to increase the availability of qualified dentists and allied health professionals available in the public system to support older people.
- Create appropriate incentives to attract workers to rural and remote areas.
- Develop strategies to improve the aged care workforce participation of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

Improved skills for service providers

The NSW Aged Care Alliance has discussed workforce issues at Alliance meetings for several years. These discussions have included the issues of:

- The number of qualified nursing staff available in residential aged care
- The ratio of nursing staff to residents
- The issue of medication management by non-nursing aged care staff
- The adequacy of staff numbers in residential aged care
- Recruitment, training and support of trained staff into residential aged care and community care for older people
- The impact of rising costs on staffing levels and the consequent possible impact on quality of care
- Rural and remote workforce issues can be acute. Providers have difficulty finding staff with higher qualifications; do not have access to flexible professional development or formal training for their staff, or the funds to purchase such training from far afield.

b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:
i) assessing and monitoring care

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

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

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

Complaints Mechanism
The Aged Care Complaints Resolution Scheme is available to the consumers, family, carers and advocates who wish to make a complaint about a Commonwealth funded aged care service. Currently the Scheme does not work well for either consumers or operators of aged care services.

The Australian Government must develop a complaints scheme that is:
1. Independent and established as a separate authority based on leading practice eg. the Benchmarks for industry based dispute resolution schemes released by the Minister for Customs and Consumer Affairs.
2. Publicly accountable through published accounts of decisions and determinations.
3. Subject to periodic independent review of its performance.
4. Able to highlight and report on systemic industry problems where they exist.

Choice
Enabling choice in aged care remains a priority. Under perfect market conditions certain opportunities for choice exist for consumers, which allow consumers some power in determining the nature, quantity and quality of services received. These same opportunities do not exist within the aged care sector.

In the residential aged care industry, clients are not the primary purchasers and have very little influence as the buyers of services. Predominantly, it is the Australian Government that is the primary purchaser of residential aged care services, and this relationship – between the Commonwealth, the service provider, and the 'consumer' - creates a potentially problematic relationship between proprietors and clients / residents. There are a number of factors, which complicate true market choice, including the lack of a diversity of providers in a given area (this is especially true of rural / non-metropolitan regions) and problems relating to the provision of information to consumers on available choices. Additionally, in an industry with over 96% filled capacity, and given the significant proportion of potentially vulnerable clients with an insignificant purchasing role or capacity, it is problematic to assume that competitive market principles can be satisfied. In this respect the residential aged care industry is more accurately characterised as a planned economy rather than as a

competitive market. Within such an economy, in which there are limits to the diversity and number of available outlets for service provision, and a variety of social and institutional barriers to decision making by consumers, there must be an increased emphasis placed upon information, comprehensive mechanisms for feedback and complaints, and clearly articulated avenues for consumer partnership.

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

ii) identifying best practice and providing information, education and training to aged care facilities

Governmental Commitment to Residential Aged Care
Whilst it is appropriate for the Commonwealth to seek to maximise available community resources in order to enhance the provision of quality residential aged care to those who are in need, it would be remiss of the Government, through this same process, to negate its own responsibility to ensure the well being of older Australians. It is frequently observed that Australia has an 'ageing population.' The background paper for the Review of Pricing Arrangements in Residential Aged Care ("The Context of the Review") for example observes that the number of people over 65 is set to increase to 4.1 million in 2022 and 5.7 million people in 2042: increasing the proportion of the population over 65 to levels above 20%. The Australian Government holds a responsibility for ensuring that older Australians may have access to appropriate, affordable and quality aged care into the future. This requires an alignment of priorities *in the present* to enable the continued viability of the aged care sector.

Consumer Information
Consumers of residential aged care are at present provided information about their rights and responsibilities through Resident Agreements made prior to entry into residential aged care. Whilst there is an obligation upon providers to offer resident agreements to new residents in a facility, there is no obligation for the agreement to be signed by the resident.

Whilst the NSW Aged Care Alliance recognises that it is imperative that consumers are informed about rights and responsibilities, policies and procedures, and relevant complaint mechanisms upon entry to residential aged care, the Alliance also emphasises the need to provide ongoing information to consumers for the duration of their residence.

iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff

Paperwork

Support services for older people have increasingly been required to perform along business lines despite increasing recognition that the principles of a perfect market do not apply in human services. This has resulted in an overwhelming contractual and regulatory demand for paperwork. While the intention was to improve the efficiency of service provision, the result is actually reducing the amount of time providers can spend with clients. This is exacerbated for providers that receive funding from a number of different sources, with different reporting requirements.

(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;

Younger People in Nursing Homes

The NSW Aged Care Alliance believes that younger people with disability should not reside in residential aged care facilities. It is estimated that over 1800 people under 65 are currently living in nursing homes in NSW. Of these, over 400 people are estimated to be under 50 years old; further, recent data from the Commonwealth Department of Health and Ageing indicates that there are presently people under 30 years old living in residential aged care. Given that residential aged care facilities are designed for older people, it is inappropriate for younger people with disability to be placed in these facilities. Government must develop an innovative response to this problem, both by preventing any new admissions of younger people with disability to residential aged care facilities, and by comprehensive provision of more appropriate services to younger people to prevent premature admission to residential aged care. Commonwealth and State governments must develop a plan for moving younger people with disability into more appropriate community living options. The Alliance will refer the Senate Committee to the NCOSS Submission on this issue.

Mental Health

It is increasingly recognised that older people have specific needs for mental health services. It is economically acceptable to provide specialised funding to respond to the special needs of older people for mental health services. The Alliance contends that funding towards the treatment and support needs of older people with mental health issues should be on an evidence-based proportional basis. The unacceptably high incidence of depression in older people due to illness, isolation, death of a loved one, changing life circumstances must be deliberately and specifically treated. Depression is increasingly recognised as a significant problem. In many cases of depression in older people, the medical practitioner or health professional treats the resultant presenting symptoms without attention to the underlying cause. One of the highest rates of suicide is among older men and the Alliance fears that this incidence is under-reported.

Further, the impact on carers of older people is a critical factor in the treatment and prevention of devastating mental illness in older people. Carers must receive the support they need to maintain the caring relationship and their personal health and to support the treatment of their loved one.

The skills of General Practitioners (GPs) in recognising and treating mental health problems in older people must be improved. There must be appropriate non-health aged care services to support older people with mental health problems. As community supports and preventative measures, these non-health aged care services will enhance the positive mental health of the older population.

The NSW Aged Care Alliance recommends that the Australian Government work with State and Territory Governments to improve the range and quality of mental health services to ensure greater access to older people with mental illness and their carers.

Dementia

The inclusion of dementia within the Better Outcomes in Mental Health Care Initiative would assist in promoting a more effective approach by GPs to diagnosis, planning and review of the care of people with dementia.

There is good evaluative evidence to show that the timely provision of accessible information and support to people with dementia, their families and carers has high cost benefits. Deliberate investment could maximise outcomes for people with dementia.

Well-resourced community care services are fundamental to supporting carers who provide 75% of the required care. Within community services the greatest deficit for people with dementia and their families and carers is inadequate access to appropriate respite care, especially more flexible kinds of respite including emergency and overnight respite.

A significant one off injection of funds into community care services is needed to promote access together with growth into the system of at least 20%.

There is an urgent need for a mix of capital and recurrent funding incentives to residential care providers that will result in improved dementia care in mainstream facilities. In addition, dementia specific services must be planned and allocated within the residential planning care framework. The proportion of dementia specific care places within residential aged care must be raised from almost 6% to at least 15% to cope with the large populations of people with dementia in that system.

It is increasingly understood that delaying the onset of dementia by as little as five years will have an enormous impact on the overall toll of the condition. It has been estimated in the USA that a five year delay in onset will halve the number of people with dementia.

It is also increasingly understood that what is good for the health of the heart is good for the health of the brain. So controlling high blood pressure and high cholesterol, reducing obesity and alcohol and tobacco consumption and increasing physical exercise will all reduce the prevalence of dementia. Increasing mental exercise also appears to have a positive effect.

More research is required to better understand the causes of dementia, but we already know enough to advocate for substantial increases in funding for programs that reduce risk through interventions which address the above issues.

The NSW Aged Care Alliance has determined the following unmet needs in dementia:

- There is not enough respite suitable for people with difficult dementia-related behaviours.
- The effectiveness of psychogeriatric unit (PGU) assistance for people with challenging behaviour needs review. NSW has one such unit based in the Illawarra. No support of this kind is available elsewhere in NSW.
- Community service workers must be well trained in dementia management to provide quality care.
- 30% of residents in low care facilities and 70% of residents in high care facilities have a diagnosis of dementia, but fewer than 6% of residential care beds are dementia-specific.
- It has been very difficult to find residential care places for people with more difficult dementia-related behaviours.
- Carers/family members need education in understanding dementia, its symptoms and management. This will enable them to continue caring for longer, if they choose to do so.
- Residential care staff and management do not have access to dementia-specific training to enable them to provide quality care.
- Dementia-specific training should be obligatory for residential care staff and management to enable them to provide quality care.

The NSW Aged Care Alliance recommends that:

- Dementia becomes a National Health Priority.
- The Australian Government funds, encourages and initiates research into the causes and treatment of dementia.
- Develop strategies for improved quality and access to dementia care services to support older people.
- Specific responses to the dementia care needs of Aboriginal and Torres Strait Islander people are designed and implemented.
- Specific responses to the dementia care needs of people from culturally and linguistically diverse backgrounds are designed and implemented.
- The Australian Government ensures that sufficient dementia care services are locally available to people in country areas.

Culturally Appropriate Care

Over the next 20 years, the residential and community aged care services sectors are set to experience unprecedented levels of demand for culturally appropriate services. Current strategies for improving access and service quality are insufficient to keep up

with culturally and linguistically diverse (CALD) population growth and unmet demand.

Data and demographics
Current use of both HACC and residential care services by consumers and carers from culturally and linguistically diverse backgrounds is poor, whereas access rates to Community Aged Care Packages (CACPs) are excellent.

- Population Projections: Between 2001 and 2011 the numbers of people aged 65+ (for community care) and 70+ (for residential care) who were born in a non-English speaking country are set to increase by 174, 400 and 139, 000 people respectively.
- Home & Community Care (HACC): At 14.7 %, the national usage of HACC services by consumers born overseas in a non-English speaking country falls 4.6 % short of the national benchmark of 19.1 %, according to the latest available HACC Minimum Data Set.
- CACPs: Consumers from CALD backgrounds currently use 23% of the total number of CACPs. This demonstrates the effectiveness of this model for CALD older people & carers.
- Residential Care: In 2001, 19 % of people in Australia aged 70+ were born in a non-English speaking country. Current statistics show, however, that only 7.1% of people in residential aged care are from a CALD background. (The Australian Institute of Health & Welfare and the Australian Bureau of Statistics)

Access, Unmet Need, Unknown Demand
Clearly, the needs of older people and their carers from CALD backgrounds are disproportionately under-serviced in comparison to the general population. Levels of demand and type of need are currently under-researched and under-valued. As a result, levels of need and demand from CALD communities are hidden, leading to inequitable service utilisation. Anecdotal evidence suggests that, within these communities, there is a general lack of awareness of service availability due to culturally (and regionally) inappropriate information and referral networks. An additional barrier to service provision for older people and family carers from CALD backgrounds persists in the now discredited stereotype that CALD communities do not demand or need services because 'they will look after their own'. The increase in the numbers of CALD older people makes the access issue increasingly urgent.

Quality of Service Delivery
Arguably, the quality and outcomes of service delivery will impact on equitable service usage for CALD consumers. The growing number of CALD older people will increase the importance of a number of issues in service provision, including but not limited to:

- Respectful care that is responsive to the cultural beliefs and practices and preferred language of the older person and their family carers
- Ongoing education and training in culturally and linguistically competent service delivery for all staff, in both mainstream and ethno-specific services.
- Services provided in the person's preferred language by accredited interpreters or, where this is not possible, with competent language assistance services

- Organisations which regularly assess and report improvements in capacity to respond to CALD older people and carers
- Regularly updated needs assessment and service planning that reflects a current demographic and cultural profile of the local area
- Participatory, collaborative partnerships with CALD communities
- Conflict and grievance resolution processes are culturally and linguistically sensitive

In order to effectively meet the needs of the increasing number of older people and carers from CALD backgrounds, and ensure the service system can respond in timely, efficient and resourceful ways, the Aged Care Alliance recommends a number of strategies across aged and community care services. In this way, the Australian Government, in consultation with States and Territories, will be able to develop sustainable strategies to effectively manage the demands and needs of CALD communities and to ensure equitable service access and client outcomes.

1. Standards:
The Australian Government initiates the development of one set of comprehensive National Culturally Competent Performance Standards for aged and community services for CALD consumers, to be incorporated within the Ethnic Aged Care Framework, including independent assessment of performance against those standards.

2. World Class System:
Through concrete, coherent actions and resources, including systematic research and evaluation, the specific needs and demands of older people and carers from CALD backgrounds can to be recognised and addressed within the National Aged Care Strategy. This will offer a world class national response, through the definition of national objectives, strategies and outcomes to be delivered at state and regional level, to the twin challenges emerging from the rapid rate of CALD population ageing, and the rapidly growing unmet demand for formal and informal local services.

3. Flexible Planning Mechanisms:
Current planning methods must allow greater flexibility at the local level and will involve a more flexible aged care service planning ratio for community and residential aged care services to enable CALD communities equitable choices and preferences. An integrated network of services is required to meet the changing needs of CALD older people and carers in order to achieve a more appropriate level of equity and consistency. This process would involve relaxing existing funding boundaries and classifications that separate residential from community care, and high and low-level care.

4. CACPs:
The obvious success of CACPs in addressing the needs of older people from CALD backgrounds must be protected and extended. Such levels of access to CACPs must be sustained into the future.

Residential aged care for Culturally and Linguistic Diverse Communities.
Given the large number of people in residential aged care who are from an English speaking background, there is evidence to suggest that there is a need to address issues around equity of access to residential aged care for people from a non English speaking country who are from a culturally and linguistically diverse background. Allocation of targeted placements for older people from a culturally and linguistically diverse background is one strategy for increasing the utilisation rate of people with diverse cultural and linguistic needs to residential aged care. Targeted funding for specific placements must be accelerated in order to meet the projected demands of older people from culturally and linguistically diverse backgrounds, as this group is growing at a rate 2.4 times that of older people who are born in Australia.

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

Funding and Service Expansion
There have been increases in community care funding in recent years. However, insufficient funding in the system restricts access to an increasingly significant number of people who require support to remain at home. Inadequate supply of community care services may result in older people suffering declining health and well-being and/or unnecessary admission to hospital or nursing home care.

Data from the 1998 Australian Bureau of Statistics indicates that approximately one quarter of households of people aged 65+ years reported needs that were not fully met. The main types of assistance required were: personal care, transport, domestic assistance, respite, meals and home maintenance. On top of this, inadequate indexation of grants has resulted in an effective reduction of $120million to community care. Unlike their residential aged care counterparts, existing community care services received no additional increase on top of indexation in the 2004 Federal Budget. Community care providers have absorbed the reduction as best as they can by restructuring, cost cutting and generally taking all steps to improve productivity. The result has been an increasingly thin spread of community care services – for example older people only being showered once a week instead of every day.

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

The following key actions must be taken:

- **increase Home & Community Care (HACC) funding by 20%** as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand.
- **increase other community care programs by 10%** to relieve pressure on quality of care from years of underfunding eg. Veterans' Home Care, National Respite for Carers Program etc.
- **replace the inequitable indexation model currently used**. The existing indexation method is inappropriate for community care, as it does not reflect the real staffing and other costs of running services. Nor does it reflect the real movement in costs of providing Community Aged Care Packages and HACC and it is calculated in a slightly different way for each program resulting in different levels of compensation for similar cost increases.
- **expand the range and level of care available, particularly:**
  ~ *care management programs*, both for people with high and lower needs
  ~ *programs to support homeless older people*

~ *comprehensive carer support services* by the development of a comprehensive package of co-ordinated carer services tailored according to the needs, preferences, culture and age of the carer as well as the person requiring support.

- **Increase the provision of equipment to older people.** The affordability and availability of equipment can be a determining factor in whether a person can be supported in their own home and maintain their independence. Aids and equipment must be available to support older people at home, thereby avoiding high cost and often premature admission to residential aged care.

Reform

The Federal Government commenced a review of the national community care system in 2003, following pressure from industry, consumer and professional groups. A major issue for the community care sector is the growing number of community programs which, while largely compatible, create separate reporting requirements, have different eligibility rules and inhibit the provision of quality care to individuals while replicating management overhead costs. Many organisations which provide community care programs complete 2 or 3 sets of essentially similar accountability information. Therefore, the Review must create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and for providers, eliminate the duplication of reporting and management systems among the plethora of programs.

Responses to Consumer Needs

The sheer complexity of the community care system and its plethora of programs can be defeating for people needing to access the system. Indeed, many providers complain of their own difficulty in navigating the system. This complexity for consumers is a barrier in itself and creates unnecessary hardship, inequities and inconsistencies for consumers and families, sometimes resulting in an escalation of consumer need simply to access the system. This in turn results in system inefficiencies and provider confusion. Further, consumers report to the Alliance the undeniable need for locally responsive services, provided in local areas by providers with local expertise. A significant percentage of carers are aged 65 + years. Many services, including respite care, are provided to both the carer/family and the person receiving care. The adequacy and appropriateness of respite can be a critical element in the decision to access residential care. Respite and community support services to older people without family and/or who are homeless, are conspicuously important in the protection of especially vulnerable older people.

The NSW Aged Care Alliance recommends that:

- Increase HACC funding by a 20% as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand.
- Increase other community care funding rates by 10% to relieve pressure on quality of care from years of underfunding.
- Improve the indexation funding method for community care to ensure true costs are covered in the future.
- Implement strategies to improve community care programs to create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and for

providers, eliminate the duplication of reporting and management systems among the plethora of programs.
- Improve access to aged and community care services for people with special needs and older Australians in rural and remote communities.
- Provide funding to examine the effectiveness and sustainability (including cost) of the full range of existing examples of flexible respite options and to pilot and evaluate new 'carer friendly' models of respite care
- Provide significant additional recurrent funding to promote best practice in respite care and develop incentives for specialisation and diversification of models of respite care,
- Increase packages of support for family carers which address the range of needs, including flexible respite, quality in-home support, counselling, education and access to quality residential care.
- Double the inadequate national funding for the Assistance with Housing and Care Program which assists homeless older people.
- Ensure that the community care needs of Aboriginal and Torres Strait Islander people are identified and addressed in a manner that is timely and culturally appropriate.
- Ensure access to an appropriate mix of mainstream and ethno-specific community care services for older people from culturally and linguistically diverse backgrounds.

Home and Community Care (HACC)
There seems to have been little growth in NESB consumer access to the HACC program between 1995, when the proportion of consumers from diverse language and cultural backgrounds was estimated at 12% nationally and 2000 when the proportion for this consumer population was estimated at 13%. Assuming these access figures are correct, a dismal increase of 1% in access over a five-year period calls for a more effective statewide coordination of access strategies, and an urgent prioritisation of equity targets. The Government should set a realistic target of 4% growth in access by consumers from diverse cultural and language backgrounds to HACC services across NSW.

Improved skills for service providers
HACC (Home & Community Care) and related community support services must be better trained in the recognition of mental health problems. Training is also needed to provide an integration of knowledge of addressing and responding to problems and understanding of the role and function of specialist services

Transport in Residential Aged Care
There is an issue around the lack of accessible and affordable transport options available to people in residential aged care. The availability accessible transport is essential for people with mobility difficulties to enjoy relative independence. Whilst residential aged care providers carry some responsibility for delivering transport services to residents, it is clear that current funding levels do not adequately cover the costs involved in providing residents with accessible transport options. This situation is exacerbated in the case of people who require transport to health related destinations - particularly those residing in low care facilities (formerly hostels) –

when the demands of frequent travel to medical appointments can take its toll on both consumers and providers. If residential providers do not have the capacity to deliver this transport, then either the provider, or worse *the resident* must rely either on expensive and frequently unreliable taxi services, or must purchase at full cost, services from HACC funded community transport providers. It is clearly unsatisfactory that already financially disadvantaged older people should be asked to meet the high cost of transport to necessary health related appointments.

Community Care

Community aged care – provided through the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs) or other programs such as Veteran's Home Care or Extended Aged Care at Home (EACH) – allow older people to stay at home longer – or indefinitely - and receive appropriate services. The Aged Care Alliance advocates a more effective integration of the Home and Community Care Program with residential aged care, to ensure that older people receive appropriate levels of care irrespective of need. Enhancing the provision of community care services will increase the flexibility of options available for older people who acquire disabilities as a product of ageing, and allow an smoother transition between community based care and residential aged care.

Older Aboriginal and Torres Strait Islander People

The NSW Aged Care Alliance commends the Work of the NSW State HACC Gathering Committee. The Alliance fully supports the comments and recommendations contained in the NCOSS Submission to this Inquiry.

(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.

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

Geriatric Rehabilitation
Such services are essential at the interface between acute in-patient care and the next phase, be it "transitional care", home or long-term residential care. Indeed, geriatric rehabilitation facilities should be available for those older people living in the community who have developed disabilities, which may be remediable without admission to the acute hospital system.

Discharge Planning
At the present time due to the lack of resources in the acute sector, older people are sometimes forced to leave hospital before they are fit enough and/or without appropriate discharge plans. This can place undue stress on carers. Poor discharge planning can contribute to an increased risk of rehospitalisation and premature admission to residential care. In order to avoid premature readmission it is essential that discharge planning involving medical, nursing (hospital and community) allied health representation and carers/family members be implemented for all older patients. Such planning must take into account the capacity and willingness of the carer to continue caring. Encouraging the use of teleconferencing, involving the patients, carers, GP and the other health professionals is important in developing a discharge plan.

Transitional Care
Transitional care provides care that assists the older people moving from acute hospital care to their home or residential care. Transitional care provides an opportunity for those older patients discharged from an acute hospital setting to receive care that would enhance their level of independence and allow the opportunity to arrange for more complex service provision at home. Care can be in the form of support services through Community Aged Care Packages, health and community services or a specific short term residential service. Transition care can reduces the incidence of premature or inappropriate admission to long-term residential care facility. A recent transition pilot in Newcastle found that about 30% of clients improved to the extent of being able to return home with community support. These findings lend support to the effectiveness of transitional care for older persons, which is cost effective in the long term.

Short-Term Supports on Discharge
The NSW Aged Care Alliance has long been concerned for the well-being of older people upon discharge from hospital, especially in light of earlier discharge practices. NCOSS research into the effects of earlier discharge identified possible areas of risk, especially relevant to older people:

1. People living alone
2. self-care problems
3. caring for someone else
4. other health problems

The NSW Aged Care Alliance supports any of the innovative programs now underway in NSW (refer NCOSS Submission) which deliver improved outcomes for older people upon discharge, especially if they serve to maintain independence and avoid premature entry into residential aged care.