



**The Secretary  
Senate Community Affairs References Committee  
Suite S 1 59  
Parliament House  
Canberra ACT 2600**

29 September 2004

Dear Committee Secretary

**Community Care Coalition's Submission to Inquiry into Aged Care**

Please find attached our submission to this important Inquiry. The Submission focusses on Term of Reference (d) as this is a major concern. The Community Care Coalition (CCC) has been established as part of a Community Care Awareness Program which Aged & Community Services Australia (ACSA) has implemented during 2004 with funding from The Myer Foundation.

The Community Care Coalition aims to influence public policy by undertaking the following:

- highlighting the strategic importance of care in the community to Governments and policy makers;
- raising the profile of care in the community so that the general public is aware of community options and the need for these to expand
- strongly putting the case to all governments the need for significantly increased funding to community care
- ensuring that steps are taken by Governments (and the industry) to simplify and enhance the effectiveness of the community care system in Australia over the next 3 years

There are 21 national organisations who have agreed to a formal Memorandum of Understanding and who are actively supporting the work of the Community Care Coalition. They are:

Australian Council of Social Service  
ACROD  
Aged and Community Services Australia  
Alzheimer's Australia  
Anglicare Australia  
Australian Association of Gerontology  
Australian Council of Community Nursing Services  
Australian Local Government Association  
Australian Meals on Wheels Association  
Australian Medical Association  
Australian Nursing Federation  
Australian Nursing Homes and Extended Care Association  
Australian Society for Geriatric Medicine  
Baptist Community Services  
Carers Australia  
Catholic Health Australia  
Catholic Welfare Australia  
Federation of Ethnic Communities Council of Australia  
Mental Health Council of Australia  
Uniting Care Australia  
Volunteering Australia

We hope this Inquiry continues following the Federal Election, as we consider the matters to be addressed are significant and will impact on the lives of frail older people both now and in the future.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Greg Mundy', with a long horizontal stroke extending to the left.

Greg Mundy  
CEO ACSA

(Attachments)



**SUBMISSION TO THE SENATE COMMUNITY AFFAIRS  
REFERENCES COMMITTEE**

**SEPTEMBER 2004**

# **SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO AGED CARE**

## **Comment on Term of Reference (d) The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly;**

### **1 The HACC Program**

Current data from the Home and Community Care Program indicates that:

- the average amount of domestic assistance received by nearly 200,000 HACC clients last year was just 38 minutes per week; and
- 47,000 frailer HACC clients aged over 65 needing help with personal care (help with showering, shaving etc) received just 50 minutes per week on average.<sup>1</sup>

In terms of service intensity, the HACC Minimum Data Set makes it clear that 45 percent of HACC clients received only one type of assistance. A further 24 per cent of clients received two assistance types and only 14 per cent received more than three assistance types.

The Community Care Coalition maintains that this is not enough care to adequately support very frail people to live with dignity at home, particularly when more than half of these recipients report having no unpaid carer.

### **2 The Community Care System**

The community care system in Australia is not meeting all the needs of Australians who currently require it. There are inadequate levels of service provision; it is fragmented, services are often difficult to access and they are unevenly distributed across the country. In addition, there is evidence of considerable unmet need and there are waiting lists for many HACC services. This results in considerable time being spent by service providers in rationing very limited service hours.

Community care, including HACC, is particularly important as the numbers of people with severe or profound disability living in the community will grow significantly in the coming years as Australia's population ages.

It is estimated that by 2006, 1,327,100 Australians will have a severe or profound disability. Australia's population is ageing in both actual numbers (with those aged 65 and over increasing from 2.4 million to 4.2 million over the 20 years to 2021) and proportionally with this age group moving from being 12% to 18% of Australia's total population.

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<sup>1</sup> Figures derived from HACC MDS 2002-03 Annual Bulletin. These figures do not allow for client turnover but the fact remains that services are thinly spread.

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

### **3 Reform is needed**

The Community Care Coalition believes that significant reform is needed to Australia's community care system. The Community Care Coalition welcomed the release of the long awaited Government Reform Paper for Community Care (*The Way Forward: A New Strategy for Community Care*). However, the Community Care Coalition considers that the achievement of these reforms depends on there being a truly collaborative approach between the Federal and all State and Territory Governments.

It is considered that the funding and administrative functions of the current range of community care programs both State and Commonwealth need to be reviewed and re-vamped. This may involve radical changes to the ways these services are structured, provided and integrated with other health care services and residential care. This major reform will also require considerable financial reform, as new funds need to be identified and invested in the community care system if it is to adequately meet the needs of the growing numbers of Australians requiring this care.

### **4 Recommendations**

4.1 In the short-term, the Community Care Coalition calls on all political parties and candidates in the federal election to support an immediate 20% increase in Home and Community Care (HACC) funding. This would add a total of \$244 Million to HACC including \$146 M of Federal funds matched by \$98 M from states and territories. Annual increases of at least 6% growth, plus indexation to match cost increases, are required into the future to ensure that HACC services can continue to keep pace with demand.

4.2 The Community Care Coalition also wants a 10% boost for other Government funded community care programs.

4.3 There is an urgent need for designated Community Care research funds to calculate accurately and independently the need for community care now and in the future, and how best it can be provided and funded.

# **THE COMMUNITY CARE COALITION'S OVERVIEW OF COMMUNITY CARE**

## ***What is Community Care?***

In its broadest sense community care encompasses a wide range of programs providing support to all people in society – from maternal and child health programs, through family support to positive ageing programs.

It includes informal care (through the unpaid workforce of carers) and formal care, GP's, broad community health, allied health, pharmacists, preventative programs and education as well as those programs funded by Commonwealth and State Governments to provide community care. Hospitals also play a role in community care – for example, in rehabilitation and discharge planning.

The Community Care Coalition and the awareness campaign is focussing on community care as it relates to supporting people with functional disability. This effectively targets the Home & Community Care (HACC); Community Aged Care Packages (CACP's) and other State and Commonwealth Government community care programs.

## ***Why Community Care?***

Significant changes are under way in how people wish to receive aged and community care. Since the mid-1980s, government policies have encouraged older people and people with disabilities to remain in their own homes rather than enter residential care services. People with disabilities now tend to live in smaller group homes in local communities accessing a range of disability specific and generic community services. More people receive support at home, both formal and informal, than in residential care settings.

At the same time, there is a growing recognition that 'community care' is about caring for people in their communities, irrespective of whether that care comes from paid service providers or informal carers. The growth of carers' programs provides evidence of this shift, although more remains to be done.

## ***Community Care Now***

There is increasing recognition that community care programs can no longer be considered separately from the myriad of intersecting service sectors, including residential aged care, disability services, mental health services and primary and acute health services.

Changes in any one of these systems inevitably affect the others, as has been the case with the reduction of length of stay in hospitals. This increased the care needs of some community care clients after their discharge home. Another result was that many carers, families and services had a wider range of responsibilities, including management of more complex care situations.

### ***Level of Funding for Community Care***

The demand for community care will continue to grow. The Minister's Strategy estimates, based on current service use patterns, that the number of people across all age groups who rely on community care services will rise from approximately 650,000 people in 2002 to nearly 970,000 people in the year 2019.<sup>2</sup>

This will require additional resources to all of the community care system. As The Myer Foundation report points out, to function effectively the community care system needs to be appropriately resourced. Modelling undertaken as part of that project suggests that the costs of providing aged care could rise by almost 60% by 2020<sup>3</sup>.

While funding for community care has increased in recent years it has not been adequately indexed which means that it is effectively falling behind the real cost of providing care. In addition to this there are insufficient funds to meet the current demand, let alone the anticipated growth in the coming years.

Community care funding faces two key issues:

1. the major restructure and streamlining of the total number of Commonwealth and State programs, their accountability, reporting requirements and interface with other health and aged care programs – to ensure effectiveness of already available resources; and
2. the need for dramatically increased funding to meet growing demand and increasing complexity of care.

These issues both need to be addressed if quality care is to be available to all people who require it.

### ***Community Care in the Future***

***Community care will support lifestyle choices to enable people who need support and their carers to live optimally in their own communities.***

Caring is a personal, social and public responsibility, shared by individuals, families, business, community organisations, public institutions and all levels of government.

Community Care needs to be available to people of all ages, who require support as a result of a functional disability, and their carers<sup>4</sup>. This is a very diverse group of people.

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<sup>2</sup> Commonwealth Department of Health and Ageing "A New Strategy for Community Care – Consultation Paper", March 2003.

<sup>3</sup> The Myer Foundation *2020: A Vision for Aged Care in Australia*

<sup>4</sup> Of all ages includes older people, younger people with disabilities, people with (or recovering from) illnesses or medical conditions. This list is not meant to be exclusive of any group who might genuinely require support.

Community care support will need to respond appropriately to:

- People of Culturally and Linguistically Diverse Backgrounds
- Indigenous People
- People in rural and remote areas
- Homeless people
- People with dementia
- People with mental illness.

**KEY MESSAGES DOCUMENT (ATTACHED)**