29 July 2004

The Secretary
Senate Community Affairs References Committee
Suit 5159
Parliament House
CANBERRA

Dear Sir/Madam

RE: Inquiry into Aged Care

The Brotherhood of St Laurence welcomes the opportunity to provide a response to the Senate Community Affairs References Committee Inquiry into Aged Care.

Our response covers all areas identified in the Terms of References (TOR), however you will note that we have addressed TOR C, D & E collectively.

The Brotherhood of St. Laurence is a charitable, not-for-profit organisation with the vision of an Australia free of poverty. Brotherhood services, generally targeted at people on low incomes, include:

- employment services
- family and children programs
- community building initiatives
- research and advocacy
- aged and community care services

The Brotherhood provides a diverse range of aged and community care services across the Melbourne metropolitan area. The specific services we provide are as follows:

- Residential Aged Care
  - 1 high care facility; 30 beds
  - 3 low care facilities; 50 beds, 43 beds and 42 beds
- Community Care
  - day centre; catering for 200 people
  - respite services; 130 clients receive services via 2 day centres (one dementia-specific), overnight care, in-home respite and host-home care
  - social program for older people with disabilities; 50 clients
  - Community Aged Care and Linkages packages; 484 clients (including EACH)
- Independent Living
  - 175 independent living units for older people
  - 15 people in rooming house accommodation

We wish the Committee well in their deliberations and would welcome the opportunity to be invited to present a more detailed submission at a public hearing.

Please contact myself on (03) 9483 1375 if further information is required.

Yours sincerely

SANDRA HILLS
General Manager Aged and Community Care

RESPONSE FROM BROTHERHOOD OF ST LAURENCE

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE
INQUIRY INTO AGED CARE

TERMS OF REFERENCE (TOR)

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

Aged and community care services must be provided by a mix of appropriately skilled and motivated staff.

Currently aged and community care is attempting to deal with a national shortage of Registered Nurses, difficulty for many in attracting and retaining personal care workers, an ageing workforce, wage rates set in the public hospital sector and an environment characterised by the excessive paperwork requirements of the Government's regulatory and administrative regime.

Australia as a whole has an ageing workforce. This is impacting in a number of employment areas and is having a marked effect in aged and community care. 57% of all aged care workers are older than 45 years of age and that this is higher than the Australian average for all workers.

Nurses
The ageing of the aged care workforce is most acute for Registered Nurses. When this is combined with the existing shortage of nurses it places the system under considerable pressure. The model of care provided in high level residential care in particular is predicated on the availability of Registered Nurses.

Personal Care Workers
Personal Care workers make up the majority of the residential and community workforce. They are relatively lowly paid and generally work on a part time or casual basis.

In the community, personal carers work in relative isolation which makes it difficult to attract and retain workers. Of particular concern is the fact that many of these workers lack regular support and supervision, a situation that must not be allowed to continue. Also concerning is the fact that many organisations provide limited support to workers to undertake training—in some cases all training costs, including time, are borne by the worker (Angley & Newman 2002).

Plans must be put in place to ensure that there is a flexible and growing workforce able to deliver residential and community care services. Co-ordination of efforts of State, Commonwealth and Industry – leading to the development of an industry wide (residential and community) workforce plan is urgently required.

Recommendations

The current National Aged Care Workforce Strategy effort needs to be continued and:

- Reflect the changing nature of the workforce with less availability of nurses requiring more strategic use of their time;
- Deal with community care workforce demands and issues;
- Expand the availability of traineeships for personal care workers entering either residential or community aged care and progressing to higher levels;
- Pay special attention to developing innovative approaches to promoting aged care careers, particularly among young people; and

- Address a number of, mainly state-based, regulatory barriers to the efficient and flexible deployment of existing staff which inhibit the provision of safe, economical and genuinely person-centred care.

A long term solution (tied to the ongoing funding of services) to improve the pay for aged care nurses must be found. The additional short term funding in the budget will stop short of achieving pay consistency with public hospital nurses.

TOR(b)(iii) Implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands of staff.

Aged and community care services are choking on excessive regulation and administrative requirements which add significantly to the costs of service provision and inhibit innovation and consumer driven flexibility.

Residential aged care is probably one of the most closely regulated sectors in the entire human services area in Australia. There are many reports of excellent staff leaving residential care positions due to the onerous administrative demands that take valuable time away from caring for their clients.

The community care sector operated within a complex maze of individual programs, funding rules, and duplication (of funding, accountability, eligibility, standards, management overhead costs) by Commonwealth and State Governments.

Much of the regulation established to manage the industry is based on planning for worst case scenarios. While there is generally in-principle support for the intent of many of the regulations there is also considerable concern that there is excessive paperwork and reporting requirements.

There is also a substantial financial cost to industry in meeting the regulation and reporting requirements. There needs to be a streamlining of these requirements to strike that important balance between appropriate safeguards & monitoring and industry responsibility for the care it provides.

Recommendations

Quality Assurance – Residential Care

- The current system of residential aged care Accreditation in which a publicly-owned company is granted a monopoly to administer a 'unique-to-this-program' system of quality assurance is an obstacle to efficient, flexible client-centred service delivery. It should be replaced by a more open, and more accountable, system under the Joint Accreditation Scheme – Australia New Zealand (JAS-ANZ) framework.

  This would locate residential aged care accreditation in the established system of quality management, make it subject to independent review and continuos improvement and provide robust mechanisms for appeal and review. It would enable residential care, housing and community care services operated by the same provider to be accredited under a single system.

  The Commonwealth adopted a similar arrangement in 2002 for accreditation of employment services in the disability sector. This system is currently used in the private hospital sector and for General Practitioners.

Quality Assurance – Community Care

- Each community care program has its own set of standards and quality reporting requirements. There should be one set of standards (not all standards would apply to all services) and reporting across all community care programs to avoid services having to complete up to 17 different sets of forms (not counting State Programs) providing essentially

the same information. It is understood that the proposed quality reporting system for CACPs, EACH and NRCP which has been developed and for which $13.7 million has been allocated and will commence from 1 July 2005, does not meet this recommendation. (unless other programs adopt this system).

- The introduction of a new funding system for aged and community care based on a defined and properly costed "benchmark of care". This "benchmark of care" should reflect the real costs, both capital, staffing and operating, of providing a quality aged care services throughout Australia, and allow for the flexible delivery of aged care services responsive to the needs of the individual.

Community Care Review

- The Australian Government released "A New Strategy for Community Care – A Discussion Paper" in 2003. The paper proposed a series of reforms including streamlining reporting and accountability requirements for community care programs. There is:
    - In principle agreement with much of the shape of reform proposed in that document; and
    - An urgent need for reform which creates a sensible and flexible program structure to meet consumer needs, reduce consumer confusion and time wasted by services on reporting on and managing multiple programs.

  As yet the sector has not seen any detailed plans for how the proposed reforms would translate operationally or for the appropriate funding of their introduction. It is imperative that the next steps be taken with release and consultation on a detailed implementation plan which:

    - addresses how the reform would work operationally; and
    - provides a commitment to trial and fund the introduction of these reforms.

TOR (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 and homelessness/challenging behaviours or specific conditions are met under current funding arrangements;

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

TOR (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.

Currently there are many older people, and people with disabilities, who need assistance with daily living but who do not receive sufficient, or any, service when they need it. This often leads to:

- Individuals experiencing worsening health problems, isolation and poor quality of life;
- Carers suffering from stress and poor quality of life; and
- Governments incurring increased costs as people are inappropriately forced into the acute care system and residential care as a result of their care needs not being addressed early enough.

In addition, there are currently;

- 1 in 5 people assessed as needing high care residential services wait more than 3 months for a bed;
- One quarter of households of people aged 65 years and over reported needs that were not fully met with the main types of assistance required being personal care transport, housework, meals and home maintenance; and

- People in receipt of community care may have services rationed when their needs are much higher. The Home and Community Care Program Minimum Data Set 2002-03 Annual Bulletin shows that on average people receive approximately half an hour per week of domestic assistance and approximately 1 hour and 10 minutes per week of personal care. These are averages so many people receive less service per week than this.

There are some people who have more difficulty accessing services than the general population including:

- **People with dementia** – who may not access residential respite care because it is a new environment with different carers;
- **People from culturally and linguistically diverse backgrounds** – who may experience difficulties in residential homes or community programs if they can't communicate effectively with others;
- **Homeless people** – who may need to access services at a younger age than others and for whom available services may not be suitable. As the Brotherhood of St Laurence has considerable experience in working with older people in insecure housing we have provided a more detailed response to this area.

  In general, people who are homeless or at risk of homelessness lack proper accommodation, have poor diets, experience multiple health problems and are subject to social isolation. All of these factors combine to produce a life style which hastens the ageing process. This premature ageing can often be found in people aged in their 40s who have been homeless for a number of years as they often have the appearance, characteristics, and physical movements of people aged in their late 60s or older. As a result people in this situation often require the intensive care services appropriate to older people, such as HACC, CACP and residential aged care, but they are often excluded from these services as they do not meet the age criterion. There is a need to change the Commonwealth Aged Care Act to include homeless people as a special needs group so they can become eligible for Commonwealth funded aged services. Similarly the HACC guidelines need to expand the section on homeless people as a special needs group to emphasise that younger people in this category are eligible for HACC services because of their premature ageing.

  It also needs to be recognised that homeless people are a special needs group and may require specialised services not generally available. For example, many homeless people have learnt coping behaviours which are not suitable in a normal community setting and so extra resources are often required to assist and retrain these people in acceptable behaviours. This example applies in HACC settings such as day centres as well as in residential aged care. Also, homeless people are often suspicious of people they don't know, including service providers, and it takes a great deal of time, which is not funded, to build up the trust relationship to a stage where the homeless people will accept the service offered. At present this need for extra resources is not recognised in the HACC funding guidelines nor is the RCS equipped to measure this need.

- **Residents of aged care homes** – who do not have adequate access to medical/health services provided by GPs, allied health therapists and other medical professionals such as Geriatricians;

- **Younger people with disabilities who reside in residential aged care facilities**

  The BSL operates a 30 bed high care aged residential facility and at present 4 of the residents are young people aged under 40. These younger people where admitted only as a last resort as they had nowhere else to go and their families were desperate for them to be placed in residential care. While these young people receive a excellent level of service it is clear they are not comfortable mixing with the older residents and their interests are quite different to those of the other residents. As the facility is aimed at meeting the needs of older people it becomes extremely difficult to cater specifically for younger people and it i obvious

that it is inappropriate to place younger people in these aged care facilities. There is an urgent need to establish more residential care facilities for younger people.

It is the experience of BSL aged care services that older people who are homeless or at risk of homelessness are often not discharged appropriately from hospital. In general these people are socially isolated with no supports, have inadequate financial incomes and lack the necessary social and personal skills to provide proper care for themselves. Transitional services are urgently needed to support these people after discharge and to properly prepare them for their return back to the community. An excellent model for this transitional care for homeless people is The Cottage program operated by St Vincent's Hospital in Fitzroy and it is recommended that this model be replicated in other locations.

- **People who are in insecure housing**, limiting their opportunity to access community care services.

Housing

- There are older people who are homeless or living in insecure housing. It is important that support is provided to these people to help them obtain appropriate housing and/or support services.
- The recent research on "Housing Futures in an Ageing Australia" undertaken by AHURI and funded by The Myer Foundation identified that;
    - Past and projected trends of population ageing have not been matched by housing policy, which remains focused on low income elderly, with provision of public housing through the jointly funded Commonwealth State Housing Agreement, and Commonwealth Rent Assistance.
    - A relatively high rate of home ownership is expected to continue for the next 20 years, but there are questions about how policy can assist older owners to operate in the housing market to adjust their housing to fit their changing preferences and needs.
    - The current high level of home ownership may result in policy complacency and obscure the need for more creative options, especially those that realise the potential of the private and social housing sectors.
    - The level and range of public housing is insufficient, and rent assistance is ineffective in overcoming the affordability difficulties faced by older renters competing in the private housing market.

There have been a number of projects over time, that link housing and support such as; The Assistance with Care and Housing for the Aged Program (ACHA). However, whilst these programs have been effective in preventing inappropriate residential care placement, they remain on a small scale, are localized and many have been one-off.

The development of Independent Living Units (ILU's) by the social housing sector, supported by matched funding under the Aged and Disabled Persons Homes Act (ADPHA) to the mid 1980's has been discontinued AHURI's research shows that the potential of the existing ILU's is for from fully realised.

Access to Rehabilitation & Sub-Acute Care

- There is a variable level of access by older people who need slow stream rehabilitation or transitional care to either enable them to return to their own home or enter/return to appropriate care and accommodation with optimum functioning.
- The range of care services needed and used by older people is not restricted to those funded under the Australian Government's Aged Care Program.

Recommendations

- There is a need to develop clear strategic objectives in housing policy that address the increasingly diverse housing needs of older Australians and their varying capacity to use their housing assets to meet these needs, including paying for residential aged care.
- Greater recognition of the links required between different parts of the care system and, in particular, the key role of rehabilitation, convalescent and sub-acute care services for older people, and their link with the acute health sector is needed. There is only limited capacity to provide these services to older people regardless of whether they live in their own homes or in an aged care home. The extension of programs such as 'Hospital in the Home' and transition care pilot programs would support the provision of better care for older people. Consultation with and involvement of, the aged care industry in improving availability of such services is essential. Proposed changes to the funding system need to consider support for such services.

REFERENCES

- National Advocacy Alliance for Young People in Nursing Homes – 5 Point Plan for a Sustainable Future - www.ypinh.org.au

- AHURI Housing Futures in an Ageing Australia (May 2004) – The Myer Foundation Project 2020

- Aged and Community Care (July 2004): The Next Steps 2004 Federal Election. Critical Issues Summary.

- Angley, P & Newman, B 2002, *Who will care? The recruitment and retention of community care (aged and disability) workers*, Brotherhood of St Laurence, Fitzroy, Vic.