



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

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Background on UnitingCare Australia

UnitingCare Australia advocates on behalf of the national network of the community services agencies of the Uniting Church in Australia and supports the following principles:

- All people have intrinsic value; physical, spiritual and social needs. This means that all people have a just claim to be heard, either directly or through those who are close to them and understand their strengths and hopes;
- All people have the right to participate in community as fully as they wish and are able;
- All people have a right to opportunities that will enhance their life chances and quality of life.

UnitingCare agencies provide services for people across the entire lifespan and agencies are located in every State and Territory. Comprising more than 400 agencies nationwide, the UnitingCare network is one of the largest providers of community services in Australia. This includes approximately 12% of the aged care places that are funded directly by the Commonwealth. A table summarizing the scope of UnitingCare involvement in aged care is at Attachment A. UnitingCare also provides a range of services, including accommodation, community support and employment, for people with disabilities.

UnitingCare Australia seeks to connect the social justice concerns of the Uniting Church with the role and function of providing a continuum of care in the community and residential settings. Informed by the size and nature of our involvement in ageing and aged care, UnitingCare Australia contributes to the national policy debate on ageing through active involvement in policy and advocacy industry peaks.

UnitingCare Australia seeks to focus the policy debate on:

- the quality of care and quality of life that is experienced by the aged;
- the need to ensure access to quality care in remote and regional areas;
- the need to ensure access to quality care for the socially and economically disadvantaged.

UnitingCare Australia welcomes the opportunity to address the terms of reference of the Senate Community Affairs References Committee Inquiry into Aged Care. Representatives of the UnitingCare network are available to provide expert comment at forthcoming hearings.

The Senate Inquiry

On 23 June 2004 the Senate referred the following matters to the Senate Community Affairs References Committee for inquiry and report by 30 September 2004.

The terms of reference for the inquiry are:

- (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; and
- (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. Written submissions are invited and should be addressed to:

The *UnitingCare* Australia submission addresses each of these terms of reference.

A THE ADEQUACY OF CURRENT PROPOSALS, INCLUDING THOSE IN THE 2004 BUDGET, IN OVERCOMING AGED CARE WORKFORCE SHORTAGES AND TRAINING

Current issues

There are serious staff shortages in the aged care sector, especially of qualified staff including registered nurses and allied health professionals. A UnitingCare centre in Tasmania recently reported that it was unable to attract a single application, despite advertising for 8 weeks, to fill a registered nurse position.

UnitingCare providers report being overwhelmed by:

- the national shortage of registered nurses and allied health workers;
- the difficulty of recruiting and retaining qualified staff;
- an ageing workforce;
- in a constrained funding environment competing with a wage structure set by the public hospital sector;
- a work environment fraught with rules and regulations that introduce excessive paperwork and compliance with over regulation;
- staff burn out and error caused through excessive work hours.

A concerted effort will be needed to turn around the significant workforce issues that are currently being faced in the aged care sector. With a workforce that is itself ageing, and the demographic of an ageing population - these difficulties will become progressively worse unless system change is implemented.

Staffing levels impact on quality of care and quality of life

UnitingCare Australia believes that quality of life for people requiring aged care must be the paramount consideration in assessing the adequacy of current workforce related proposals, including those in the 2004 Budget. Reduction in staff hours or availability tends to have a negative effect on the quality of life of residents, as there are fewer opportunities for interaction, social support and activities.

It is difficult to assess the adequacy of current proposals in relation to the workforce in the absence of a clearly defined benchmark of care. Ideally the level of care that is required should determine the workforce needed to provide that care. It would then be possible to assess whether the workforce is large enough, or well trained enough to provide this level of care.

The Review of Pricing Arrangements in Residential Aged Care (the Hogan Pricing Review), released with the May 2004 Budget, did not seek to define a benchmark for the cost of staffing aged care. Rather it sought to examine the price of providing aged care within existing staffing parameters that arguably do not provide for the optimal care and quality of life. Working within existing staffing parameters still led to a recommendation for the expansion of support for the education and training of the aged care workforce.

The Hogan Pricing Review recommendation on workforce training, and the Government response, are summarized in the following table:

Hogan Pricing Review Recommendation		2004 Budget response¹	
(i)	Registered Nurse places 2,700 over three years	(i)	Registered Nurse places 1,094 places over 4 years
(ii)	1,000 in 2004/05	(ii)	400 in 2004/05
(iii)	12,000 Enrolled Nurses (ENs) to complete medication training by 2008	(iii)	5,250 ENs to complete medication training by 2008
(iv)	6,000 aged care workers complete Certificate IV and 24,000 Certificate III by 2007/08	(iv)	15,750 aged care workers complete Certificates over the next 4 years
(v)	--	(v)	2,000 workplaces for Workplace English Language and Literacy (WELL)

It is disappointing that the Government has not accepted the Hogan Pricing Review's recommendations on the scale of additional training that is required to address the significant workforce issues that face the aged care sector.

Funding affects ability to retain and recruit staff

It is hard to attract and retain quality staff when funding for wages, and the other components of care, are constantly under pressure. It is reasonable for staff to expect a fair rate of pay for their work, and to be in an environment with access to training and career development opportunities. The aged care sector is struggling to be competitive both in relation to wages and career opportunities for staff.

The current price paid by the Australian Government for residential aged care services has not kept pace with the actual costs of providing that service. The inadequacies of the current indexation system result from inaccurate costing of wages in the sector. The Australian Institute for Primary Care (AIPC)² notes that the use of the safety net adjustment as the basis for calculating movements in the cost of labour in aged care has resulted in significant, and increasing underfunding of services. The failure to provide indexation to cover actual costs increases for community aged care programs is also a concern.³

One UnitingCare provider in Queensland has indicated that over the last three years wages have been rising by approximately 6 percent a year, while indexation has been closer to 2.5 percent.

¹ Australian Government's response of the Review of Pricing Arrangements in Residential Aged Care, released with the Budget Papers 11 May 2004

² Australian Institute of Primary Care. 2001, 2002 and 2003. *Estimates of the shortfall in residential aged care funding brought about by use of inappropriate indexation methods*. La Trobe University. (www.naca.asn.au)

³ Aged and Community Services Australia, *A Vision for Community Care* June 2003 at www.agedcare.org.au

A detailed example of some of the cost increases for a large operator in South Australia is provided below.

From the UnitingCare network...

A UnitingCare agency in South Australia provides care for a total of 730 frail aged people. The group employs 123 Registered Nurses, 47 Enrolled Nurses, 347 carers, 133 hotel services staff and 24 administrative staff.

Wage increases

Between 2002 and 2004 the percentage wage increases ranged between:

- 14.64% & 18.83% for registered nurses;
- 14.64% & 16.91% for enrolled nurses; and,
- 7% & 10.35% for other staff.

Other increased expenses

Increased expenses other than wages were also incurred:

- 15% in 2002/03; and,
- an additional 5% in 2003/04.

Expenses include insurance, utilities and workers compensation premiums. (In one case an insurance premium rose 200%.)

Indexation factor

The indexation factor applied to Australian Government subsidies was:

- 2.2% from 1 July 2003; and
- 2.01% + 1.75% (conditional adjustment payment) 1 July 2004 from the 2004 Budget based on recommendations by the Hogan Pricing Review.

The 2004 Budget allocated \$877.8 million over four years to enable aged care providers to 'pay more competitive wages, to improve quality and attract and retain qualified staff'. This allocation will be paid as a conditional adjustment payment of 1.75%, in addition to the indexation figure that was set at 2.01% for the current financial year. This means that the Australian Government has agreed to indexation totaling 3.76% in the current financial year.

While the increase in funding is welcome, the figures above strongly suggest that scope of the increase is not large enough to keep pace with annual cost increases. The increase does not take account of regional and geographical differences in the cost of providing care. The increase will certainly not provide sufficient funding to redress the existing disparity of wages between the aged care and public hospital sectors. The aged care sector is reaching the end of its capacity to absorb the disparity between funding and expenditure.

Recommendations

1. That the Australian Government immediately expand its support for the education and training of the aged care workforce at the levels recommended in the Review of Pricing Arrangements in Residential Aged Care.
2. That the Australian Government provide adequate funding for both residential and community care so that wages in the aged care sector will be broadly comparable to those paid in the public hospital system.

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**
- (III) IMPLEMENTING AND MONITORING ACCREDITATION IN A MANNER WHICH REDUCED THE ADMINISTRATIVE AND PAPERWORK DEMANDS ON STAFF.**

(i) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in assessing and monitoring care, health and safety

The Agency has generally provided an effective audit process for care, health and safety. The main area where improvement would be welcome is in ensuring consistency between Agency auditors. Achieving more consistency may require the use of benchmarking or external auditors.

(ii) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in identifying best practice and providing information, education and training to aged care facilities

Where auditing and compliance is carried out in a constructive common sense manner it can contribute to developing better ways to provide care. Because the Agency visits, monitors and assesses a wide range of facilities it is the unique position of being able to compare the effectiveness of different approaches to providing care.

The Agency should regularly provide aggregated information about the best approaches to improving the quality of service provision. While particular facilities providing aged care seek to continuously improve standards, better access to annual comparative information on successful ways of operating would be helpful.

(iii) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff.

Onerous paperwork requirements are a problem in residential aged care because it reduces the amount of time that staff can spend communicating with and caring for people. While some level of documentation is clearly required the current self assessment document is repetitive and very time consuming. Revising the instruments to eliminate duplication and reduce content could assist.

Recommendations

- 3. That the Aged Care Standards and Accreditation Agency work to ensure consistency in Agency audits.
- 4. That the Aged Care Standards and Accreditation Agency provide regular aggregated information on methods for achieving best practice in the provision of aged care.
- 5. That the Aged Care Standards and Accreditation Agency eliminate duplication and repetition in all reporting and paperwork.

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

(i) *The appropriateness of young people with disabilities being accommodated in residential aged care facilities*

UnitingCare Australia supports the vision:

That young people with impairments⁴ currently living in residential aged care homes will be supported to live optimally in the community of their choice.

It supports the 5 Point Plan for a Sustainable Future for Young People in Nursing Homes developed by the YPINH National Advocacy Alliance.⁵

Younger people are admitted to aged care facilities because of the lack of alternative more appropriate services and options. Specifically, there is:⁶

- limited access to supported accommodation options available to meet high level needs and in particular high nursing/medical needs for people who require 24 hour support/supervision;
- limited access to community services for people with impairments coupled with an increasing demand, especially amongst people with high and complex needs.

A young person may also be admitted to an aged care facility due to the desire to be located in proximity to a family member; limited access to rehabilitation services following discharge from hospital and prior to accessing a support and maintenance program; or the inability to pay for home-based services.

Because of the lack of alternatives, while UnitingCare does not believe that it is appropriate for young people with impairments to be living in residential aged care facilities, it does accommodate some young people within its aged care homes because this may be the best option available.

From the UnitingCare network...

This week the parents of a young man of 48 approached our network. This man, who has an intellectual impairment, was admitted to hospital. He now requires constant attention for feeding and toileting which his parents, 70 and 75, cannot do, being themselves too frail to get him out of bed and too tired after years of supporting him to motivate him into doing even the simplest things—like sitting up—for himself. The hospital wanted him to go home. No supported accommodation was available—the only option for this young man was a residential aged care facility

⁴ UnitingCare Australia adopts the social model of disability. In the social model of disability the key definitions are:
Impairment: An injury, illness, or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace
Disability: The loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers

⁵ Available at: ypinh.org.au; accessed 22/7/04

⁶ *Partnering in disAbility Responses*, June 2004, UnitingCare Queensland (Blue Care Gold Coast/Tweed Region, Lifeline Community Care Queensland)

What problems have arisen?^{7 8}

A person's well-being is profoundly influenced by their physical and social environment. Young people and aged, at different stages of life, have distinctly different needs and wants. Young people in residential aged care facilities experience restriction to their social lives and little peer support leading in many instances to distress and depression. Their opportunities to develop relationships with other than paid people are greatly restricted. They also report living with reduced expectations about their capacities and potential.

Young people within residential aged care facilities report limited appropriate professional care with little or no access to rehabilitative services. Nurses are trained to provide personal care to frail aged people and are not trained to provide services to people in their youth and middle years who need different therapies to sustain their lives and build their skills. Staff have insufficient time and there are insufficient resources to adequately care for younger people with impairments. For those who have suffered an acquired brain injury, this environment during the crucial early years post-injury provides insufficient enrichment to support and shape recovery.⁹ Once a client has been admitted to residential care, and receiving a Commonwealth subsidy, it is often difficult for them to access community services.

Accommodation options are limited and there has been a reduction in the affordability of appropriate housing for people with impairments on low incomes or pensions. The families of young people with impairments also speak of the need for the different layers of government to stop blaming each other and to work together to build better lives for these young people.

From the UnitingCare network...

UnitingCare Queensland: Partnering in DisAbility¹⁰

In addition to the provision of Aged Residential and Community Services, Blue Care Gold Coast/Tweed Region currently provides a range of services to people with impairments. In conjunction with Lifeline Community Care: Disability Services, it has recently undertaken a project to determine how it can improve its responsiveness to people with impairments.

Among the key findings of this investigation were:

- **that aged care residential facilities are not an appropriate placement for younger people with disabilities.**

They found:

- a lack of funding for alternative community access and supported accommodation options for younger people in aged care residential services;

⁷ *Ibid.*

⁸ See papers and testimonies provided at the *Unlocking Potential: from vision to reality*, 2003 National Conference, organised by the Victorian Young People In Nursing Homes Consortium on behalf of the National Advocacy Alliance for Young People In Nursing Homes; available at: ypinh.org.au, accessed 22/7/04

⁹ Dr Joan Tierney, *Where are they now? Life after catastrophic brain injury*, June 2003, *Unlocking Potential: from vision to reality*, 2003 National Conference, organised by the Victorian Young People In Nursing Homes Consortium on behalf of the National Advocacy Alliance for Young People In Nursing Homes; available at: ypinh.org.au, accessed 22/7/04

¹⁰ *Partnering in disAbility Responses*, June 2004, UnitingCare Queensland (Blue Care Gold Coast/Tweed Region, Lifeline Community Care Queensland)

- a lack of coordination of care/support services across clients with high and complex needs and multiple providers;
- limited post acute rehabilitation services;
- low levels of funding across health and community care programs within Queensland;
- a need for staff training, expertise and knowledge in working with younger people with disabilities.

Blue Care Cold Coast/Tweed Region and Lifeline Community Care: Disability Services have developed a blueprint for the future to enhance service provision and quality of life for people with impairments and their families. Among the recommendations of their study were:

- to explore the development of a model of supported accommodation for people with disabilities under 65 years
- to develop a model of community based care/support including comprehensive assessment and case management for people with high and high/complex needs, ageing parents/carers, multiple providers.

They will also:

- explore the provision of emergency overnight respite services;
- ensure access to disability awareness and specific disability training packages for staff;
- review individual residential care plans to ensure they are as responsive as possible to meet the lifestyle needs of the client and the placement is appropriate;
- review the admission process for younger people accessing residential care services.

An adequately resourced national accommodation system for people with impairments should:

- allow individuals to make choices which fit their physical, social and spiritual needs, strengths and their aspirations;
- be integrated with and include improved access to supports and services such as transport, health and community access;
- incorporate a national assessment tool for people with impairments which ensures better coordination and planning of care and supports;
- provide information about accommodation options and what they offer;
- include improved access to respite care;
- include improved access to rehabilitative care;
- include better post-discharge planning and consultation for those hospitalised following trauma/injury;
- ensure that younger people in aged care facilities have equity in access to disability services and supports;
- incorporate measures to avoid inappropriate placement of young people within aged care facilities in future and relocation and diversion where desired;
- include the immediate funding of demonstration models as a way of exploring more appropriate community-based accommodation options with ready access to services and social networks and leading to the establishment of permanent and secure housing for people living with impairments.

(ii) the extent to which residents with special needs such as dementia, mental illness or specific conditions are met under current funding arrangements

Caring for people with dementia is an integral, and growing part of aged care. While about half of the people living with dementia live in the community, the progression of dementia often means that the move to residential care becomes necessary.

A recent report found that around 167,000 Australians are affected by dementia, with about 113,000 experiencing severe or profound restrictions on core activities¹¹. The Australian Institute of Health and Welfare projected that the number of people with high level restrictions associated with dementia is likely to rise to 179,000 by 2020.¹² Unless there is a major improvement in the prevention or treatment of dementia our aged care system will need to expand its capacity to provide support for those living with dementia.

The picture that emerges from statistics, and the experience of those providing aged care, is that the residential aged care population is more elderly, more frail and more likely to have dementia than in the past. To the extent that these changes are based on longer life expectancy and more access to care in the community they should be celebrated. The implication of the accelerating trend is that the care needs of people in residential aged care facilities are growing. To meet these needs and to enhance quality of life for residents, funding must recognise that residents in aged care generally have higher dependency levels and therefore greater care needs than in the past.

People with dementia generally have greater care needs than others. Funding under the residential classification scale (RCS) provides higher subsidies for those people with the greatest care needs. At 31 December 2002, 86% of the permanent residents with probable dementia were in the highest two RCS categories.¹³

While the current system gives some recognition to the level of extra support people living with dementia require, some care needs are not appropriately funded. The Hogan Pricing Review has recognised merit in the claim that the RCS is not adequately weighted to provide funding commensurate with dementia care needs, but better meets the needs of frail physically dependent residents.¹⁴ Hogan Pricing Review recognised that appropriate funding is not provided for ambulant people who frequently show challenging behaviour.

The Government's acknowledgment that a dementia specific supplement is needed is welcome.¹⁵ It is unfortunate that the supplement will not be available until the revised resident classification system is introduced in 2006. The level of funding available

¹¹ *The impact of dementia on the health and aged care systems*, June 2004 Australian Institute of Health and Welfare, p xii

¹² Op cit

¹³ *The impact of dementia on the health and aged care systems*, June 2004 Australian Institute of Health and Welfare, p xiii

¹⁴ WP Hogan *Review of Pricing Arrangements in Residential Aged Care Final Report*, Commonwealth of Australia 2004, p 185

¹⁵ Australian Government's response of the Review of Pricing Arrangements in Residential Aged Care, released with the Budget Papers 11 May 2004

under the classification system and of the supplement will need to be carefully developed to ensure that the care needs of those with dementia can be met. Determining appropriate funding will require extensive consultation with providers of best practice dementia specific care, as well as people living with dementia and their carers.

While people with mental illness and other conditions access aged care provided by Uniting*Care* agencies, the degree of medical intervention required, the appropriate delivery of treatment, or the well-being of others can mean that crisis, acute or specialist psychiatric care is needed. In these cases a robust system needs to be in place to allow ready access to mental health crisis teams, case managers and/or specialist acute care.

As with the provision of mental health services across the lifespan there are gaps in the provision of mental health services for the elderly. The treatment of mental illness in elderly people is an area where Commonwealth and State responsibility is shared. This sometimes leads to gaps in the availability of services, and attempts to shift responsibility between different levels of government.

Recommendations

6. That the Australian Government, in cooperation with the State/Territory governments and in consultation with people with impairments, their families and carers, commit to the development of an adequately resourced national accommodation system for people with impairments.
7. That the Australian Government, in cooperation with State/Territory governments and in consultation with people with impairments, their families and carers, and through the Commonwealth State/Territory Disability Agreement, provide leadership in resolving the issues of responsibility and the shortfall in resources for the provision of services accessible to people with impairments within a range of accommodation settings
8. That the Australian Government consult with people living with dementia and those providing care, about the level and application of the dementia specific supplement and its interaction with the proposed new classification scale.
9. That the Australian Government to seek to resolve issues of overlapping responsibility for the treatment and care of elderly people with mental illness as a matter of urgency (perhaps making use of the Council of Australian Governments (COAG) mechanism)
10. That the Australian Government develop solutions for providing a continuum of care for older people with mental illness, including adequate access to crisis and acute care and the stabilisation and monitoring of mental health conditions.

D THE ADEQUACY OF HOME AND COMMUNITY CARE PROGRAMS IN MEETING THE CURRENT AND PROJECTED NEEDS OF THE ELDERLY

UnitingCare Australia is a member of Aged and Community Services Australia, and supports the vision that:

Community care will support lifestyle choices to enable people who need support and their carers to live optimally in their own communities.¹⁶

UnitingCare agencies provide a wide range of home and community care (HACC) programs across Australia. Programs include domiciliary nursing, palliative care, respite care, disability respite care, home maintenance and community transport. Programs are designed to assist people to live well in the community of their own choice.

From the UnitingCare network...

In Victoria there are 8 UnitingCare centres that provide centre based day care for older people, partly funded by HACC. These centres operate from four to seven days a week with a mix of part-time or full-time services depending on the agency.

A UnitingCare agency in Victoria operates two community respite houses that provide casual respite care in a home like environment. Care can be provided from Thursday afternoon to Monday morning for up to 6 clients per weekend. The community respite houses are staffed 24 hours a day by qualified staff to ensure quality care. Day respite is also available. While the main client group for these services are the frail aged, there has been increasing demand for respite care from younger people in their 40's or 50's with a disability or illness.

In UnitingCare in Queensland there are 68 Blue Nursing Services and 56 respite Services funded under HACC programs. There are an additional 11 respite services funded under other federal programs which provide a range of in home, centre based, overnight and other services to the frail aged and young disabled mainly from 5 to 7 days per week.

There is a great diversity in the type of services that are available, required and delivered under HACC programs. This diversity is crucial in providing people with high quality services tailored to meet their needs within their own community setting. The diversity of programs available and the range of relatively autonomous organisations that provide this type of service can be both a strength and a weakness. Because agencies are closely linked to the community in which they work they tend to be responsive to the needs and of the people they serve.

A difficulty reported from those providing HACC services is that the demand for services frequently outstrips the ability to provide. Some smaller agencies report spending significant amounts of time in administrative matters that detract from the delivery of client focussed services.

¹⁶ Aged and Community Services Australia, *A Vision for Community Care*, p 4 available at www.agedcare.org.au

The dispersed nature of agencies creates challenges for the integrated delivery of service. Better integration and planning could assist in:

- streamlining and coordinating reporting mechanisms;
- ensuring equity of access by applying more consistent eligibility criterion;
- reducing duplication; and
- providing better training and support for staff and volunteers.¹⁷

One of the benefits of the *UnitingCare* network is that it provides capacity to develop a level of integration while maintaining the strength that is provided by close links to communities. An integrated approach to funding HACC programs would help agencies in planning and in delivering improved service to clients.

UnitingCare Australia supports the need for restructuring and streamlining the funding of community care, but also notes the need for an expansion of funding if community care is to play an increasingly important part in the delivery of services to our ageing population. As noted by the Myer Foundation Australia will need expanded robust and effective community care to assist the vast majority of older people who need care and want to receive it in their own home¹⁸. An effective funding model should:

- be based on a comprehensive assessment of a persons care needs;
- recognise the critical importance of rehabilitation, preventions and timely provision of equipment and home modification services;
- include indexation to match industry specific costs increases;
- rationalise the different quality requirements to avoid excessive monitoring and compliance costs but support an strong culture of quality management.¹⁹

The Australian Government's 2003 *A New Strategy for Community Care – A Discussion Paper* proposed a series of reforms including streamlining reporting and accountability requirements for community care programs. The Government has not yet released a detailed plan for implementing these proposals. The Australian Government's strategy to reform community care should be released immediately to allow debate and consultation with communities. A commitment to implementing and funding necessary reforms would be welcome.

Recommendations

11. That the Australian Government work with State and Territory Governments to implement an integrated and expanded funding system which rationalises HACC and other community care programs.

12. That the Australian Government encourage debate on the reform of community care by the immediate release of the Community Care Review.

¹⁷ These are key considerations referred to in Aged and Community Services Australia, *A Vision for Community Care*, June 2003 p 4 available at www.agedcare.org.au

¹⁸ The Myer Foundation 2020 *A Vision for Aged Care in Australia* November 2002, available at www.myerfoundation.org.au

¹⁹ Op cit pp12-13

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

The inadequacy of effective discharge planning for older people leaving hospital and the lack of timely and effective multi-disciplinary intervention in the post-acute phase places a huge burden on the acute hospital system, the residential and community care sectors and, most importantly, on older people and their carers. This burden is exacerbated where people have multiple vulnerabilities, or is isolated from supportive communities.

Older people who have undergone surgery or an acute health event are commonly labeled ‘bed-blockers’²⁰ and are seen to be inappropriately using urgently needed hospital resources. In order to free resources, such older people are often discharged to residential care or home without adequate assessment of their potential for rehabilitation or improvement. Consequently many people are returned home or admitted to residential care at an unnecessarily high level of dependence. In fact, for many the admission to residential care may itself have been unnecessary if appropriate intervention had been provided earlier.

This situation has been recognised for at least 30 years but competing imperatives and cost-shifting between Commonwealth and State Governments has meant that little concerted action has been taken to intervene despite the potential gains (both economic and quality of life). The current Commonwealth/State ‘Transitional Care Pilot Program’ is funding a number of projects to test ways of addressing this issue.

The Sydney Region of *UnitingCare Ageing* is conducting an Innovative Care Rehabilitation Pilot funded by this program. Under the terms of the program UCA receives a subsidy of \$68.50 per day (the equivalent of the ‘low care’ subsidy) for a maximum period of 12 weeks. The average duration of service provision is 67 days. To date this pilot has assisted 235 aged people, who have been discharged from hospitals in the inner Sydney area, to regain maximum functioning in the tasks of daily living and, importantly, to regain their confidence and support networks to continue to live as independently as possible in the community.

A recent review of the outcomes of the project indicates that, whilst all of the clients of the program were assessed as eligible for residential care at entry to the program, on completion of their time with the program:

- 42% were able to remain at home with no formal care
- 22% were able to remain at home with HACC
- 15% were able to remain at home with CACP
- 3% entered low level residential care
- 10% re-entered hospital due another acute incident

(One person died, one entered high care and a small number withdrew from the program).²¹

²⁰ *UnitingCare Australia* rejects this labeling people as inappropriate and offensive. It is reasonable that older people may require a longer recovery period from traumatic events or medical intervention than younger people.

²¹ Ellen J *Those Who Prefer to Remain at Home* 2004, unpublished.

Whilst addressing a small sample, this project confirms the experience and anecdotal evidence of numerous experts in the field over many years. The key features of effective intervention are thorough assessment and discharge planning and co-ordinated multi-disciplinary intervention oriented to rehabilitation and psycho-social support in the immediate post-discharge phase. Co-ordination between the Commonwealth and States, and adequate funding of transitional services would be a highly cost-effective investment, which would relieve pressure on both acute health services and residential care whilst providing older people, and their carers, with an improved quality of life.

The Australian Government announced that the existing allocations of aged care places will include up to 2000 transitional care places over the next three years.²² These transitional places appear to build on the existing innovative pool pilots. While this was a welcome announcement, questions remain about the cost sharing model for funding these places, and whether the size of the allocation is sufficient to address this critical issue.

Recommendations

13. That the Australian Government work in cooperation with the State and Territory governments to develop on-going arrangements for the cost-sharing of transitional programs which are focused on rehabilitation for older people in the post-acute phase and which provide the opportunity to regain independence to the greatest extent possible.

14. The Australian Government work in cooperation with the State and Territory governments to ensure adequate ongoing funding is available to expand access to effective transitional services.

²² Commonwealth of Australia 2004 *Investing in Australia's Aged Care: More Places, Better Care*, released with the Budget Papers 11 May 2004 at p 17

UNITING CARE AUSTRALIA
RECOMMENDATIONS FOR THE SENATE COMMUNITY AFFAIRS COMMITTEE
INQUIRY INTO AGED CARE

Recommendations

1	That the Australian Government immediately expand its support for the education and training of the aged care workforce at the levels recommended in the Review of Pricing Arrangements in Residential Aged Care
2	That the Australian Government should adequate funding for both residential and community care so that wages in the aged care sector will be broadly comparable to those paid in the public hospital system.
3	That the Aged Care Standards and Accreditation Agency work to ensure consistency in Agency audits.
4	That the Aged Care Standards and Accreditation Agency provide regular aggregated information on methods for achieving best practice in the provision of aged care.
5	That the Aged Care Standards and Accreditation Agency eliminate duplication and repetition in all reporting and paperwork.
6	That the Australian Government, in cooperation with the State/Territory governments and in consultation with people with impairments, their families and carers, commit to the development of an adequately resourced national accommodation system for people with impairments.
7	That the Australian Government, in cooperation with State/Territory governments and in consultation with people with impairments, their families and carers, and through the Commonwealth State/Territory Disability Agreement, provide leadership in resolving the issues of responsibility and the shortfall in resources for the provision of services accessible to people with impairments within a range of accommodation settings.
8	That the Australian Government consult with people living with dementia and those providing care, about the level and application of the dementia specific supplement and its interaction with the proposed new classification scale.
9	That the Australian Government to seek to resolve issues of overlapping responsibility for the treatment and care of elderly people with mental illness as a matter of urgency (perhaps making use of the Council of Australian Governments (COAG) mechanism).
10	That the Australian Government develop solutions for providing a continuum of care for older people with mental illness, including adequate access to crisis and acute care and the stabilisation and monitoring of mental health conditions.
11	That the Australian Government work with State and Territory Governments to implement an integrated and expanded funding system which rationalises HACC and other community care programs.
12	That the Australian Government encourage debate on the reform of community care by the immediate release of the Community Care Review.
13	That the Australian Government work in cooperation with the State and Territory governments to develop on-going arrangements for the cost-sharing of transitional programs which are focused on rehabilitation for older people in the post-acute phase and which provide the opportunity to regain independence to the greatest extent possible.
14	That the Australian Government work in cooperation with the State and Territory governments to ensure adequate ongoing funding is available to expand access to effective transitional services.

SCOPE OF UNITINGCARE AUSTRALIA AGED CARE SERVICES

UnitingCare agencies provide a range of aged care services in each of the States and Territories. Services include residential aged care (high and low care) and the provision of Community Aged Care Packages. The figures do not include community aged care services provided with HACC funding.

The major Commonwealth approved UnitingCare aged care providers are the Uniting Church in Australia Property Trust (NSW, QLD, VIC), Uniting Church Homes Inc. (WA) Uniting Church Frontier Services (remote north of WA, NT), Port Adelaide Central Mission (SA), Resthaven Inc (SA), Wesley Uniting Mission Inc (SA), Eldercare (SA), Adelaide Central Mission Inc (SA) and Helping Hand Aged Care Inc. (SA)

According to the most recently available Commonwealth listings approved providers associated with UnitingCare had been allocated at least the following care places as at 30 June 2003:

State/Territory	Approximate number of service providers ²³	High Care Places	Low Care places	CACP
NSW	121	2143	3232	1537
VIC	29	504	726	340
QLD	136	1655	2756	1019
SA	44	808	1138	319
WA	21	280	538	127
TAS	9	320	258	112
NT	7	377	7	14
ACT	4	60	83	55
Total	251	6147	8738	3523

This provides a total of some 18,408 places being delivered by UnitingCare agencies as at 30 June 2003. Of these 14,885 are residential places. As at 30 June 2003 the Government indicated 197 396 places had been allocated of which 169,400 were residential places and 27,996 CACPs²⁴.

UnitingCare agencies provide approximately 10.9% of the residential care places in Australia, and 12.6% of CACPs.

These figures provide a conservative overview of UnitingCare Australia's role in the provision of formal aged care as additional allocations are made from time to time to individual agencies.

²³ Note in some cases a single service provider, or closely related entities are given a separate allocation for low care, high care and CACP places. This may mean that there is some double counting of the number of providers.

²⁴ Report on the Operation of the Aged Care Act 1997 1 July 2002 – 30 June 2003

5 POINT PLAN FOR A SUSTAINABLE FUTURE FOR YOUNG PEOPLE IN NURSING HOMES DEVELOP BY THE YPINH NATIONAL ADVOCACY ALLIANCE

1. The Commonwealth Government assume a leadership role in developing an administrative framework encompassing aged care, health, disability and housing, to resolve the issues of responsibility and the shortfall in resources at both Commonwealth and State/Territory levels.
2. The Commonwealth and the States/Territories agree to promote vastly improved coordination and cooperation across government sectors to ensure that young people accommodated in aged care settings have equity in access to disability services and supports and are provided with appropriate service pathways.
3. The Commonwealth and the States/Territories collaborate in the development of an agreed national policy framework that commits to systemic change to resolve this issue, incorporating targets for the relocation and diversion of young people from nursing home settings where required, and ensuring the avoidance of inappropriate placement in aged care facilities in the future.
4. All levels of government – Federal, State/Territory and Local – to work with the National Advocacy Alliance for Young People in Nursing homes in the development of a sustainable service system that is responsive to the needs of young people with high and complex care needs and that allows individuals and their families to exercise their right to choice.
5. The Commonwealth Parliament of Australia instigates a Parliamentary Inquiry to examine sustainable and equitable financial arrangements and a national community care service system for young people with high care and/or support needs.

UnitingCare Australia supports the YPINH 5 point plan.