

**SUBMISSION BY BENETAS TO THE
SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE
INQUIRY INTO AGED CARE**

Introduction

Benetas is the new brand name for Anglican Aged Care Services Group. It means a good age of life. Benetas provides care and support for more than 1700 older people living in their own homes as well as in ours, through a range of community care programs and specialist residential services available across Melbourne and the Mornington Peninsula.

Benetas has cared for the elderly for more than 56 years. The long term commitment to the care and welfare of older Australians, together with Benetas' depth of experience and specialist knowledge, gives our clients exceptional standards of care and great peace of mind.

In 2003, Benetas was recognised as Australia's top provider of aged care services, achieving the highest accreditation results of any single aged care provider in the country.

Further information on our organisation is available at www.benetas.com.au

Submission

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

The aged care workforce is, and will continue to be, affected by workforce shortages and training issues. This is based on the following items:

- The state, national and international shortage of nurses, with projections that in just 2006 we will be 32,000 nurses short in this country. Despite 34 reviews of nurses in 7 years, major advances have not been achieved in the direct care workforce in aged care services.
- Australia's ageing workforce and availability of staff. Real unemployment will be a thing of the past as all businesses will be competing for labour. The 2020's will be the first decade where there will be no net increase in the workforce (implications for tax receipts). Number of people of working age grows about 170,000 people per annum, this will fall to 125,000 for the entire decade of the 2020's.
- Wage disparity with the acute sector affects recruitment to aged care. Earning an additional \$100 per week by working in a public sector aged care facility or an acute care service means that aged care does not recruit from a level playing field.
- In the broader community and in the hierarchy of health care, aged care is not seen as a key profession and area of specialist expertise. Client expectations are very high, the work is very demanding and resources are tight.

- The ability to attract and retain Managers who have the combined clinical, financial and human resource and property expertise is difficult. Leadership in aged care is the single most important factor influencing client care outcomes and financial sustainability. Other key members of our aged care workforce centre not only on personal care staff, but also GP's, geriatricians and allied health specialists.

There are many effective strategies that Benetas has used to address workforce issues including; staff recognition and reward ceremonies, staff scholarships, certified training programs and regular training calendar, individual and career development plans, comprehensive local and organisational orientation, certified agreements, flexible hours, strong corporate services and specialist support etc.

Aged care staff are really the unsung heroes of our society; they care for people with complex physical and cognitive impairment every day in a difficult and demanding context.

(b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency

The Aged Care Standards Agency has recently taken key steps to try to identify best practice and provide information, education and training to aged care facilities including implementation through the Better Practice Forums being held this year. Despite the new higher award process introduced in the second round of accreditation, which differed from the previous commendable award process in the first round, identification of best practice still remains somewhat systematically elusive. Inroads are being made however through evidence based practice and other key initiatives. Benetas has implemented strategies to share innovation and better practices through an organisational “confest”, external conferences, state, national and international delegations of visitors and telephone or consulting support to other providers.

The administrative and paperwork demands on staff is very high although this must be viewed in a broader light than accreditation. Documentation for RCS to ensure funding is validated and the documentation for accreditation should be aligned and streamlined. Documentation is the key form of acceptable evidence for assessors. The administrative and paperwork burden of staff in aged care is higher than any other area of health care. Nurses would document significantly less to look after a patient in an intensive care unit.

Benetas is proud to auspice the Commonwealth funded Partners in Culturally Appropriate Care (PICAC) Project in Victoria. According to the Australian Institute of Health and Welfare by the year 2011 30.8% of elderly in Victoria will be from culturally and linguistically diverse backgrounds. In some local government areas this percentage is much higher already: Brimbank 67%, Whittlesea 63%, Greater Dandenong 52%.

The Aged Care Standards Agency mainly assesses cultural diversity in Resident Lifestyle Outcome (3.8 Cultural & Spiritual). Cultural diversity needs to be effectively addressed across all the Standards as all are relevant in meeting the full range of individual care, health and safety needs. Partners in Culturally Appropriate Care Victoria has produced a *Cultural Diversity Workbook* which integrates the implementation of culturally appropriate care with the Aged Care Standards.

From PICAC's analysis of reports of accredited facilities it is apparent that key practices such as utilisation of interpreting services, culturally appropriate assessments, informed consent and comprehensive culturally appropriate care plans are not always evident.

The Aged Care Standards Agency assessors generally do not utilise interpreting services during their assessment visits to facilitate effective communication with residents who do not speak English.

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care setting or back to the community.

Transition between programs can be significantly reduced through rationalisation and consolidation of services in all regions.

Benetas has consistently worked towards an integrated model of aged care services based on the client research and feedback. The key consumer issue has been negotiating the maze of aged care services. They want to know that as their care needs change there will be someone who can continue to look after them without changing providers and being re-assessed everytime. Our CACP and EACH program for example are located within aged care facilities to ensure cross fertilization and understanding between staff with positive client outcomes eg. tackling social isolation ensuring no older person is home alone on key dates such as Christmas and can join in the activities at the facility.

Benetas is seeking to significantly grow our community care program to meet client demand and expectations to successfully be cared for at home with specialist support and then integrated into residential/transitional care only if required.

Dementia is the key factor determining admission to a residential aged care facility. Benetas is developing innovative and integrated models to care for someone with dementia for longer at home with specialist respite and residential support.

Benetas is also currently piloting a MGap program; providing interim care support at high or low care in the community whilst awaiting a residential care bed. The program has assisted 109 people thus far. 47% of people on the program have a diagnosis of dementia or cognitive decline. Over 30% of clients supported by the program resided alone. 44% of clients were not receiving in home support services at the time of referral to the program with more than half of these people assessed as being high care.

The recently announced greater supply of services and forthcoming transitional care places will assist in meeting community demand especially if integration of service is achieved.

The demographic data of the older age groups to predict future service need and supply is the usual planning methodology employed. As a major aged care provider, Benetas is aware from anecdotes that many residential care location decisions can be based not on where the older person last lived, but on close proximity to where a significant other who will be the primary visitor lives. No quantitative research is available to understand how much this factor (if at all) should be taken into account when analysing demographic data to inform service planning. Benetas is currently conducting a research project with our existing residents and M-Gap clients who have already made the location decision. Their experience will be instrumental in ensuring

we analyse demographic data accurately and to its full capacity. This in turn will assist in shaping the future of our aged care services.

Creating the future for frail older Australians is dependent on co-operation at all levels of government, business, church and the wider community. Together we can achieve the Benetas vision of promoting societal honour to older people so they may thrive through aged care services.

Benetas would be pleased to provide any further information as required by the Senate Community Affairs References Committee.

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