

**SUBMISSION TO THE SENATE FINANCE AND PUBLIC ADMINISTRATION COMMITTEE
INQUIRY INTO RESIDENTIAL AND COMMUNITY AGED CARE IN
AUSTRALIA**

**BY
ADVOCARE INC**

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ADVOCARE INCORPORATION'S INTEREST IN THE INQUIRY

Established in 2000, Advocare Inc, a community based, not-for-profit organisation, is funded by the Australian Government Department of Health & Ageing and the Western Australian Department of Health, through the Home and Community Care (HACC) program.

Advocare Inc's vision is that all people are able to exercise their rights to achieve optimal well-being. Advocare Inc's mission is to enable individuals and the community to promote and protect the rights of older people and people receiving community care services.

Potential clients include residents of aged care facilities, recipients of Community Aged Care Packages and HACC services and people who are victims of elder abuse. Advocare Inc promotes their rights under these programs through individual advocacy and systemic advocacy.

As part of their systemic advocacy, Advocare Inc provides information and education to these groups and the general community.

The National Aged Care Advocacy Program

The National Aged Care Advocacy Program (NACAP) was established under the *Aged Care Act 1997* and the Aged Care principles that flow from the Act. The Australian Government funds independent community based organizations, such as Advocare Inc, through the program to provide a free and confidential service promoting the rights of people receiving Australian Government subsidised aged care services. The program's aim is to contribute to improving the quality of life of people receiving aged care services and to promote and protect their rights.

Advocare Inc is the funded agency in WA.

Since 2000, Advocare Inc has provided advocacy to 3,257 people living in residential care or receiving Commonwealth funded aged care packages, or their representatives. Education about residents' rights and responsibilities has been provided to 13,675 people, including residents and relatives and staff of Residential Aged Care Facilities.

CURRENT FUNDING LEVELS

a) The work of Advocare Inc

The work of Advocare Inc is essential in promoting and protecting the rights of those living in residential care or receiving Commonwealth funded community care services.

- In the 2007-08 Advocare Inc worked with 13% more NACAP clients (390) than the previous year (354). There were significant increases in the issues of:
 - Fair Trading and Administration
 - Level of Care
 - Consumer Rights
 - Alternate Decision Making
 - Access to Appropriate Care
 - Assessment and
 - Financial Issues

(Appendix 1)

Definitions of NACAP issues can be found in Appendix 2.

- There has been an increase in the amount of education provided to residents and relatives with significantly more attendees in this group. Likewise there have been more allied health attendees (Appendix 3). With more education for these groups, there would be greater awareness of residents' rights and how to get advocacy support, which could explain the above increases in issues.

It can therefore be seen that the work of Advocare Inc plays an important role in ensuring high quality care for those in residential aged care facilities or receiving Commonwealth funded community care services.

To ensure the continued provision of a high level of support and education, promoting and protecting those receiving aged care services, agencies like Advocare Inc depend on adequate funding. Issues arising from the current funding include:-

- Advocare Inc's costs increased 9% in 2007-08, compared with 4.3% CPI. Funding has not kept up with this increase, meaning that Advocare Inc is doing more work with fewer resources.
- While Advocare Inc has increased salaries in line with CPI, they are still much lower than in government positions and the private sector, making it difficult to attract high quality staff. Furthermore, a number of staff have left the agency for jobs with a

higher salary. Recent positions have had to be re-advertised because of the poor quality of applicants.

The staff turnover and resultant staff shortages have had a number of effects. The cost of advertising has increased, as has the amount of time spent recruiting and training staff. With the length of time in recruiting staff members increasing, coupled with the time required for training, Advocare Inc has effectively been short staffed for a significant amount of time over the last 12-15 months. This is happening at a time when the demand for Advocare Inc's services has increased. While the staff have worked hard to provide a high level of advocacy, support and education despite the staff shortage, the current situation does take its toll. To continue to provide a high quality service in promoting and protecting the rights of those in residential care or receiving aged care services, agencies like Advocare Inc need increased funding.

b) The quality of service provision in residential and community care

- The providers of residential and community care are also under funded and this has had a negative impact on staff levels as well as the quality of care and the rights of residents and care recipients. This is reflected in the nature of the calls Advocare Inc has received in 2007-08.
- Advocare Inc is a provider of education to staff of residential aged care facilities and community aged care providers. Increasingly, advocates have reported that very few care workers attend education sessions. It is often commented that, because they are short staffed, not many can be taken off the floor. This means that fewer care workers are receiving essential training on the rights of residents and those receiving aged care services.

(c) Emergency housing

Through Advocare Inc's Elder Abuse Prevention Program, funded by the Western Australian Department of Health, advocacy is provided to older adults who are experiencing, or are at risk of, elder abuse by family or friends. In a number of cases, an older person needs to find emergency accommodation to ensure safety. While such accommodation is available to women and children escaping violence, this is not often available to older women and is non existent for older men. Most do not require respite or residential care but need a safe place to stay while arrangements are made for alternative accommodation and support. It is therefore recommended that the Committee

consider funds being made available for services, perhaps through some aged care facilities, to provide such emergency accommodation.

SUMMARY

Advocare Inc would like to make the following recommendations:

- 1. That advocacy services funded under the *Aged Care Act 1997*, through the National Aged Care Advocacy Program (NACAP), be better funded to continue providing a high quality service in promoting and protecting the rights of those in residential care or receiving other aged care services.**
- 2. That providers of residential and community aged care services be better funded to enable them to deliver the best possible quality of care to older adults receiving these services.**
- 3. That providers of residential and community aged care services be sufficiently resourced to be able to enable staff to receive training on resident and client rights.**
- 4. That funds be made available for services, perhaps through some aged care facilities, to provide emergency short-term accommodation for older adults escaping elder abuse by family or friends.**

I would be willing to meet with the committee, or representatives, to discuss Advocare Inc's submission. I can be contacted on (08) 94797566 or maureens@advocare.org.au.

APPENDIX 1

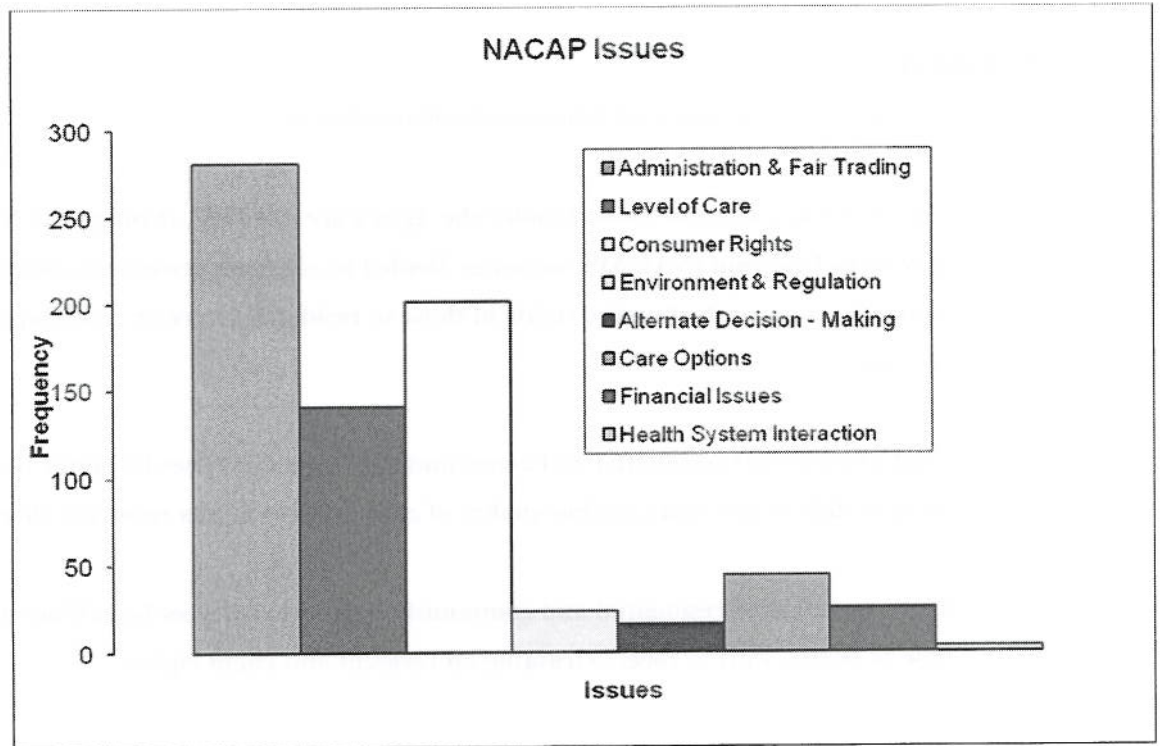


Figure 1. NACAP Issues 2007-08 (Note: some clients have more than one issue)

ISSUES	2006-07	2007-08
Administration and Fair Trading	98	281
Level of Care	90	141
Consumer Rights	100	201
Alternate Decision Making	4	16
Access to Appropriate Care	16	26
Assessment	3	18
Financial Issues	15	25
Environment	25	23
Health System Interaction	5	3
TOTAL	351	731

*Table 1. NACAP Issues 2006-07 and 2007-08
(Note: Some clients have more than one issue)*

APPENDIX 2

DEFINITIONS OF NACAP ISSUES

Administration / Fair Trading

- * Administrative Procedures - relates to a nursing home bill /account, or an administrative procedure such as direct debit.
- * Agreements - relates to a resident agreement.
- * Bonds - relates to an accommodation bond.
- * Concessional Access – relates to a concessional resident ie. Financial Hardship or where the resident is unable to afford a place.
- * Fees / Charges – relates to problems relating to the base daily care fee, the income tested care fee and charges for 'extra' (sometimes prescribed) services, medications, transport, hairdressing etc.
- * Management – relates to facility management issues, practices, policies and procedures.
- * Security of Tenure – relates to a threat of eviction, a temporary move whilst building upgrade is being undertaken (people often fear they won't get back), and situations of facility closure.
- * Personnel / Staffing – relates to facility staffing and personnel.

Level of Care

- * Access to specialised services.
- * Assessment/Care Planning - use to record problems relating to the facility's assessment of care needs and/or care plan for meeting individual needs – ie situations where a person's care needs have not been assessed or are not being delivered.
- * Behaviour Management.
- * Clothing – relates to problems involving the damage or loss of clothing. This issue may also be covered under Environment – Laundry.
- * Continence – relates to problems with a resident's continence management program.
- * Dental – includes Oral and Dental Care.
- * Emotional – includes emotional/ social interaction and situations in which a facility is said to be limiting a resident's social interaction by eg: limiting visits from family members, not assisting residents to develop or maintain relationships with others in the facility.
- * Falls – resident falls and related injuries.
- * Hydration/ Nutrition – adequacy, choice and quality of food and drink.

- * Medication – issues relating to medication including supply, administration, review etc.
- * Mobility – includes situations in which a resident’s mobility is not being facilitated, lack of availability of mobility aids.
- * Pain Management
- * Palliative Care – includes issues relating to the quality of care for residents who are terminally ill.
- * Personal Hygiene – includes issues relating to bathing and grooming.
- * Rehabilitation – includes issues associated with rehabilitation.
- * Sensory Loss / Aids – includes issues associated with Sensory Aids eg glasses, hearing aids etc. being lost, not being maintained or not being offered to residents.
- * Skin Care
- * Specified Care and Services
- * Sleep - use to cover situation involving disturbance to sleep.
- * Restraints - use to cover situations involving physical or chemical restraint.

Consumer Rights

- * Abuse – includes situations involving physical/emotional/financial abuse, harassment, intimidation, retaliation within a facility.
- * Activities – includes leisure interests and activities.
- * Choice / Decision Making – includes situations in which a resident has been denied choice and/or involvement in decision making.
- * Complaints Process – includes situations which relate to a facilities internal complaints system.
- * Consent to Care / treatment – includes situations in which care / treatment has been implemented without the informed consent of the resident or their representative.
- * Confidentiality - use to record situations in which a resident's right to confidentiality has not been respected.
- * Cultural - use to record situations in which a residents cultural needs have not been identified, valued or fostered.
- * Duty of Care – relates to the responsibilities of facilities and staff to uphold and deliver a service of care that not only meets Standards of Clinical Care but also involves residents, their representatives and other appropriate intermediaries in the delivery of this care.

- * Independence - relates to situations in which a resident has not been assisted to achieve maximum independence, maintain relationships and participate in the life of the community within and outside the residential care service.
- * Information – use to record situations in which a resident has not been provided with sufficient or appropriate information.
- * Medical Records – includes access to records, situations in which residents want to know how to access their records or are denied access.
- * Personal Property - use to record loss or theft of personal property.
- * Prescribed Services – includes the basic services that a facility must provide to a care recipient, based on their level of care at no extra cost above the usual income tested fee.
- * Privacy / Dignity.
- * Spiritual.

Environment

- * Repairs and Maintenance – relates to situations in which there are problems with repairs and maintenance of equipment (usually hot water systems and heating cooling systems).

APPENDIX 3

	2006-07	2007-08
Recipients or Potential Consumers	879	1,162
Persons Caring for Care Recipient	35	257
Allied Health Professionals, Representatives and /or Advocates	27	103
Industry Staff	795	439
Other Community or government organisations	6	22
Other including students/ general public	282	214
TOTAL	2024	2197

Table 2. No. of Participants by Audience Type