ACCV RESPONSE

TO

Senate Finance and Public Administration Committee Inquiry into Residential and Community Aged Care in Australia

November 2008

INTRODUCTION

Aged & Community Care Victoria Ltd (ACCV) welcomes the opportunity to contribute to the Senate Inquiry.

ACCV is the sole industry association and peak body for aged and community care in Victoria. We represent providers in Victoria who offer more 45,000 residential aged care beds and more than 12,500 community aged care packages.

ACCV is the single Victorian industry association for providers of aged and community care in the following areas:

- Residential care including private, charitable, church, local and state government
- Community care including home based services, respite care, personal care, meals services, care packages and nursing
- Retirement living including retirement villages, ILU's and assisted living
- Bush Nursing Centres and Hospitals

ACCV is the Victorian member of the two national industry Associations, Aged and Community Services Australia (ACSA) and Aged Care Association Australia (ACAA).

Officially formed on 1 July, 2006, through an amalgamation of the Aged Care Association of Victoria and the Victorian Association of Health and Extended care, we can proudly trace our origins and membership based back to the early years of the 20th Century.

ACCV members provide a vast range of valuable and needed services, including residential aged care, community care – such as home care, respite, personal care, meals services and nursing – and housing to Victorian communities.

The Association's major role is to work on behalf of its members to ensure they have a voice which is heard in negotiations and discussions on issues such as funding and policy development in the sector. This includes all levels of government, employee representatives, consumer groups and commercial businesses.

Our Code of Conduct is attached as **Attachment 3** to this submission.

This response from ACCV on behalf of our members is intended to provide input into the Senate Inquiry into Residential and Community Aged Care in Australia.

This ACCV submission is intended to supplement, and be read in conjunction with, the submissions of our two national federations, Aged and Community Services Australia (ACSA) and Aged Care Association Australia (ACAA).

Our submission is based around the Terms of Reference for the Inquiry, numbered a) to f).

a) Whether current funding levels are sufficient to meet the expected quality service provision outcomes.

ACCV considers the current funding levels for both residential and community aged care must be reviewed as a priority in order to enable aged care providers to continue to deliver quality care in the future. In addition, for residential aged care, additional income and funding sources are needed so the industry can provide suitable residential facilities that meet the demands which will result from our ageing population.

Current funding does not reflect the real costs of providing high quality care.

ACCV calls on the Federal Government to undertake, in collaboration with the industry, a review to set in place a defined and properly costed funding benchmark for residential and community care which reflects the real costs of providing quality services. This benchmark should exhibit the real costs of staffing and operating quality care for our elderly, including those who are frail and have complex care needs.

While the industry has supported the introduction of the ACFI as a new method of assessing resident care needs, substantial concerns remain about the levels of funding allocated via the ACFI as a funding tool.

As an assessment tool, ACCV continues to receive feedback from our members that the introduction of the ACFI provides the potential - over time - to streamline the method of assessing resident care needs when compared to the former RCS system. The strong caution is that the potential for streamlining systems is being compromised due to the continuation of other burdensome compliance obligations, including those under the aged care accreditation system. This is being closely monitored by ACCV and our members.

There is also an increased cost of demonstrating that facilities are compliant because of increase contact visits and documentation required as a result of the Complaints Investigation Scheme (CIS). Accreditation has raised the bar each time increased resources are required, as well as extra time to respond to this. As regulatory paperwork requirements extend above and beyond the ACFI in documenting care, there is a regular 'double up' in documents, assessments and records.

However there are already serious concerns within the industry about the medium to longer term impact of the ACFI as a funding tool. The introduction of the ACFI set in place a 64 point funding model compared to the 8 category RCS system.

The introduction of a substantially greater number of funding points (64) under ACFI was partly intended to allow more flexibility in matching funding to resident care needs. It is also important to note that the introduction of the ACFI was intended to cause a shift in funding from those with lower care needs to those with higher care needs, including those who have more complex care requirements.

However, the industry holds very serious concerns given this new ACFI funding system has been introduced with minimal additional funding. Thus, the real effect has been for current funding to be redistributed from the existing pool. This will inevitably cause gaps and issues.

The industry remains very concerned about the impact of its financial sustainability in residential aged care once the ACFI grandparenting washes out due to resident turnover.

Aged care providers currently receive vitally important short term financial protection for the negative effects of the funding redistribution due to the ACFI grandparenting provisions. This means that residents who would otherwise move to 'lower' ACFI funding rates under the new system are protected on 'saved' rates. Eventually, of course, these residents will be replaced by new entrants. The recently released report by Access Economics was a missed opportunity seeking to indentify the long term financial viability of the industry once grandparenting subsides.

The upcoming ACFI review, announced by the federal government, must therefore undertake a detailed financial analysis about the financial viability of the aged care industry once the grand-parenting impact tails off. An independent statistical analysis must be undertaken as part of this review with the terms of reference to be set in conjunction with the industry.

The industry is increasingly concerned that current funding levels are insufficient to meet the level of services now expected by the community and Federal Government. Staff increasingly express concerns about how difficult they find it to spend quality time with residents and clients due to the ever increasing compliance burden and red tape. While the industry remains fully committed to measures which protect our frail elderly, it is vital that this is balanced to ensure staff have sufficient time to care for residents.

Recently released data by the Commonwealth, in the "Report into the Operation of the Aged Care Act 2007-2008" shows the outstanding performance of the residential aged care sector in regard to accreditation standards. This report showed that during this financial year 98.4 percent of providers were fully compliant with all 44 accreditation outcomes at all times, notwithstanding the substantial increase in unannounced visits.

The failure of funding levels to match identified care needs now fundamentally threatens the capacity of the industry to continue to provide its high standard of care.

In regard to community aged care provision, the exact same concerns about the need for a review of pricing models continue.

Community Aged Care Package (CACP) providers are "stretched" in their capacity to respond adequately to the needs of their clients due to funding levels, inability to access HACC services at subsidised rates and poor integration between programs.

There is a diminished purchasing power of Community Aged Care Packages which limits the fundamentally well conceived and well-intentioned government program from properly fulfilling its aims. The base level of funding is inadequate given the increases in costs, particularly care staff wages.

From a client or user perspective, the enormous gap in funding between the current CACP and EACH packages means providers are simply unable to cater for individual client needs as they become more frail. Unlike the new ACFI system which has 64 funding points, there are only three points in relation to commonwealth funded community aged care packages: CACP, EACH and EACH Dementia. To compound and limit the flexibility of providers to match care to client needs, individual elderly clients must receive a further ACAS assessment before they can move from the CACP level to the EACH level.

The consequence is clear. Those receiving CACP packages will have substantial increases in their level of frailty or complex care needs and yet be ineligible for additional funding support until they are assessed by the ACAS as needing an EACH package. This substantially limits the capacity for providers to meet care needs. The solution is to take the same approach as in the ACFI funding model and allow providers the flexibility to access additional funding as care needs increase. The community care funding model is thus long overdue for reform and is a barrier to enabling providers to meet identified care needs.

SUMMARY OF KEY POINTS

Provision of quality care:

ACCV calls on the Federal Government to undertake, in collaboration with the industry, a review to set in place a defined and properly costed funding benchmark for residential and community care which reflects the real costs of providing quality services.

Reduce compliance burden and red tape, particularly in residential aged care, while at the same time ensuring the continuation of high quality care

Residential Care:

Government to undertake key changes in regard to ACFI:

- Abolish the $15 funding barrier before existing residents can access the new ACFI funding. This barrier is a clear attempt to artificially 'limit' funding to match care needs.

- Remove the $10, $20, $30 cap on maximum ACFI subsidy for high care from 1 July 2009.

Government, in its upcoming ACFI review, undertake a detailed financial analysis, in conjunction with the industry, about the financial sustainability of the aged care industry once the grand-parenting impact tails off.

Community Care:

Introduce a tiered, or stepped, system of funding so providers can match care needs with a progressive funding model eg: introduce two funding points between the current CACP and EACH levels.

Progression between CACP and EACH should not require a new ACAS assessment until clients need access to the EACH level of care.

b) How appropriate the current indexation formula is in recognising the actual cost of pricing aged care services to meet the expected level and quality of such services.

The Conditional Adjustment Payment is currently frozen at 8.75 per cent of care subsidies for each resident subject to the current Review of the Conditional Adjustment Payment set in place by the Government.

ACCV urges the Senate take note of the joint submission by the Aged Care Industry Council, a most significant report prepared and submitted jointly by the ACSA and ACAA. ACCV will limit our comments in regard to the vitally important issue of indexation and commends this key industry submission to the Senate.

The current indexation formula has seen a growing gap open up between Federal Government subsidies and the cost of providing services.

ACCV will not duplicate the clear and concise position put by the industry to Government in this Review. Thus, ACCV commends to the Senate the submission by the Aged Care Industry Council to the Government CAP Review, titled "Review of Conditional Adjustment Payment – October 2008".

SUMMARY OF KEY POINTS

ACCV commends to the Senate the joint ACSA and ACAA submission, under the banner of the Aged Care Industry Council submission titled "Review of Conditional Adjustment Payment – October 2008".

c) Measures that can be taken to address regional variations in the cost of service delivery and the construction of aged care facilities.

Patterns of demand for residential aged are changing. The Australian Institute of Health and Welfare has found 60 per cent of residents now have complex and high care needs, upon entering facilities.

In addition, the effect of providers not being able to request a bond in high care is two fold.

Firstly, given the substantial ongoing reduction in the proportion of residents entering as low care residents, it is inevitable that the level of accommodation bond will continue to increase. This fuels the argument that the low care resident thus effectively cross subsidise the facility capital raising costs across the industry.

Secondly, access to high care is being limited as there is increasing evidence that providers are, and will increasingly, review their level of commitment to build stand alone high care facilities.

There is increasing pressure on space in older facilities, including differences in certification requirements which restrict ageing in place. High care residents require larger rooms with space for hoists, wheelchairs and other equipment but the cost of reconfiguring rooms or rebuilding is extremely high. The largest independent survey of residential aged care services ever undertaken in Australia, prepared by Grant Thorton, found a 1.1 per cent average return on investment, for new single room facilities.

In addition, further analysis of the Grant Thornton data has now been completed on facilities built before 2000 and those constructed after that date. These latest figures show facilities built before 2000 recorded a profit per bed of $1036 per year. However, facilities built after that time reported a loss of $584 per bed, per year.

In response to changing community expectations and government requirements, providers now have little alternative but to construct facilities which will be dominated by private rooms, with en-suites. There has been, and will continue to be, limited community interest in multi-bed facilities if single room accommodation with an ensuite is available. Coupled with the current financial crisis, aged care providers will be forced to review their capacity to fund new high care facilities which are able to meet consumer expectations and needs.

Inevitably, any issues related to industry viability will play out in the most 'detrimental' way within regional and rural Victoria. Aged care providers within numerous rural and small rural communities already feel the greatest pressures. These rural communities already face substantial challenges in regard to workforce recruitment and retention.

In addition, these facilities are often smaller in size and thus lack the 'critical mass' to underpin their need for financial stability. In addition, rural communities will normally have lower income generation capacity at all levels, including more limited resources and sources of bond income for capital raising.

ACCV calls for an urgent review and implementation of additional viability payments to rural and remote providers for both residential and community care. There are unavoidable 'cost penalties' for rural providers which need to be identified and for which appropriate financial compensation should be made.

A review of the Viability Supplement rules should be adjusted to reflect 'remote' zones.

The industry needs to be freed up to introduce a "flexible" range of capital raising options, based around choice and a move towards increased user pays options. Each provider and individual residents should be able to select from a range of alternatives to provide a solution that meets provider needs but allows flexible packaging for residents. This would enable consideration of options such as:

- Refundable deposits
- Varied and flexible amount allowable as a retention
- Variations to the maximum daily care fee
- Insurance products
- Access to Superannuation payments either as a lump sum, daily fee or combination of both; eg refundable deposit could be paid back to the Super Fund without taxation penalty.

'Environmentally friendly' aged care facilities are rarely even on the radar, given the substantial cost pressures facing providers. ACCV is very concerned about the lack of recognition given to the aged care industry in discussion about the introduction of a new Carbon Emissions Trading Scheme.

ACCV calls on the Federal Government to protect the aged care industry, as well as retirement or independent living, given there is no capacity to absorb additional cost burdens which will directly flow from the introduction of a Carbon Emissions Trading Scheme. Economic modelling from the Australia Institute suggests power prices would be pushed up by 16 percent, gas costs by 9 percent and the overall cost of living by about 1 percent.

In addition, aged care providers need access to a government funded advisory and assessment service which will allow them to undertake a free cost benefit analysis for 'greening' their facilities and operations.

Also, there is substantial benefit for Government to provide additional funding support to specific aged care providers to pilot 'green and grey' demonstration projects that allow the industry to showcase potential savings and community benefit from more environmentally friendly independent living, residential aged care and affordable housing providers.

It is important that enhanced rural viability supplements be considered for those approved providers who operate in rural and small rural settings. These should be based on an appropriate rationale and index which reflects the resources available to these communities.

SUMMARY OF KEY POINTS

A flexible range of capital raising options be introduced.

A package of initiatives to support 'green and grey' environmentally friendly independent living, residential aged care and affordable housing provision.

Urgent review and implementation of additional financial supplements for rural and remote providers of both residential and community care.

d) Whether there is an inequity in user payments between different groups of aged care consumers and, if so, how the inequity can be addressed.

There are currently inequities in user payments. Early indications about the implementation of the ACFI show it will result in those with higher care needs being targeted, which will further accentuate inequities.

For example, it is already clear that a number of individuals will receive a low care residential ACAS assessment and yet attract zero funding under ACFI which will necessary limit access to low residential aged care. The industry requests the introduction of a minimum funding level for all residents in order to overcome this issue.

Under the ACFI, residents who are assessed at the bottom end of the low care spectrum (potentially RCS categories six, seven and eight) get no subsidies. There is now an urgent need to change policies to ensure the care needs for those affected will continue to be met.

Targeting those with more complex needs will also have an impact on the skills mix required in residential care facilities. Providers will require more skilled staff, but are at a disadvantage as the acute sector can offer more competitive wages and conditions. Further financial stresses are being placed on providers as low care residents are replaced by those with high care needs, who cannot pay a bond or refundable deposit.

This can leave elderly in the community with insufficient resources to meet those needs which saw them being assessed for residential care.

A minimum ACFI payment is now required for all residents, to help with bed, board, food, cleaning and laundry costs. The gap between funding and costs needs to be removed by a three part strategy. Firstly to properly set the 'base' prices applicable for residential and community care. Secondly to properly index and adjust these funding levels over time. Thirdly to implement a greater model of 'user pays' for those who can afford to make a financial contribution.

Further inequities exist between elderly people receiving HACC services and those on CACP and EACH packages. HACC clients pay less for an equivalent range and amount of services than those on the other packages. Lower fees for HACC services have seen some clients refusing CACP, because it costs more.

ACCV remains particularly concerned about the capacity of the aged care industry to respond to the needs of those who could be considered as 'marginalised' groups. The needs of the following groups must be recognized as part of our funding models for aged and community care.

CALD Community

There is a lack of recognition in our funding models about the substantial additional resources needed to cater for the rapidly growing CALD population, both within specialist CALD providers as well as in the mainstream services. The report from the Nous Group, released in 2006 on behalf of the Victorian Community Care Coalition, "Moving to Centre Stage", outlines population projections that by 2011 in Victoria 30.8 percent of all older people will be from CALD backgrounds, up from 23.1 percent in 1996. In Melbourne the projection is 38 percent of all older people will be from CALD backgrounds.

Indigenous Australians

The needs of the indigenous population are often different to those of the non-indigenous population, and the impact can often be greater in rural and remote communities due to a lack of resources.

Homeless

ACCV supports the direction of recently announced Commonwealth Government initiatives undertaken to increase the supply of affordable housing, but remains deeply concerned that the elderly homeless will struggle to benefit directly from these initiatives. Our recent ACCV submission on the 'homeless green paper' notes the need to invest in bricks and mortar and to ensure that affordable rental housing for the elderly is developed in a variety of styles (e.g. high rise, town house and villa units) and in different localities in order to ensure people feel at home and remained connected to their established communities.

Ensuring sustainable and appropriate housing for the elderly is a key way of reducing their reliance on health and welfare services. "Sustainable" has two meanings for the elderly: it should include environmental sustainability which is equated with domestic financial sustainability, and it also equates with housing that allows people to age in place. Attached to this report is the key ACCV submission to the homeless green paper – refer **Attachment 1**.

Mental Health and Disability

There is no doubt that Governments at all levels must pay much greater attention, given our rapidly ageing population, to the needs of those with a disability or complex medical needs or illness. This includes those with a mental illness, intellectual, physical, sensory or psychiatric disability.

The report "Moving to Centre Stage" by the Nous Group notes:

> *"The particular needs of this group requires a more integrated approach between disability and aged service programs. Collaboration and service planning across the two service streams and recognition of the special needs of this group are required. There are a unique set of clinical, service delivery and funding challenges that need to be addressed."*

Carers' Issues and Volunteer Contribution

An area which requires much greater attention by Government relates to the needs of carers across the width and breadth of Australia.

There can be no doubt that the voluntary time contribution by carers is a most fundamental element of the aged and community care service system. Their contribution, while very difficult to measure, is vital to the quality of life for older Australians.

In addition, there is extensive support for elder Australians by volunteer networks from in home support through to the participation of volunteers within residential aged care.

There is a trend to move elderly who need acute care away from hospitals into aged care services and yet funding levels are not sufficient.

The report "Moving to Centre Stage" by the Nous Group notes the enormous contribution by carers, particularly for those aged 65 and over with a severe or profound disability living in private dwellings. The report outlines the 'early warning' from the decline in the carer ratio – that is, fewer carers available as they themselves age and become frail.

Thus additional resources and support needs to be made available through our funding models to cater for the needs of those with special care needs, including but not limited to carers, the CALD community, indigenous Australians, the homeless and those with a disability or mental health issues.

The needs of these important target groups noted above must be incorporated into the planning and service responses of our aged care system, as well as in the mainstream health and welfare services.

The aged and community care system needs to be considered in the overall policy context. To assist the deliberations of the Senate in this regard, ACCV would also like to bring to the Senate's attention two recent papers contained as attachments to this submission:

- ACCV's response to the Commonwealth's Green Paper on Homelessness – refer **Attachment 1**.
- ACCV's submission to the Victorian Government's Ageing in Victoria: Discussion Paper – refer **Attachment 2**.

SUMMARY OF KEY POINTS

Introduce a minimum funding level for all care needs, both in residential and community care.

The impact of funding on low care should be reviewed and all residents who have an ACAS assessment should get appropriate, minimum funding.

ACCV recommends there is no need to have a reassessment for new residents once they enter residential aged care. After residents enter care, no further ACAS assessments should be required and funding should be based on the assessed ACFI level.

Research into different models of care services, with a particular focus on how services can ensure those with special or diverse needs can have those needs met, is now required. Additional resources also need to be made available to support the needs of key groups such as carers, the CALD community, indigenous Australians, the homeless and those with a disability or mental health issues.

e) Whether the current planning ratio between community, high and low-care places, is appropriate.

f) The impact of current and future residential places allocation and funding on the number and provision of community care places.

These two items will be considered concurrently.

Currently, some areas have a serious shortfall in aged care places, whereas in other areas there is an oversupply. Lack of accurate and up to date data results in an inability to plan properly. The most recent Department of Health and Ageing data shows Victoria has the worst residential aged care occupancy rate in Australia – at 92.7 per cent. The concern over planning ratios is also greatest in rural and regional Victoria.

ACCV argues DoHA should disclose all data at a local government area level, so providers can properly plan for places in appropriate locations. The current planning ratio should only be an indicative costing model for the government. Currently, little account is taken of services not directly funded by the Australian government and allocations are made on the basis of large planning regions. This can serve to hide the needs of specific communities. Needs should be based on a specific local area, rather than in general, or on a statewide basis.

The current planning ratio has a negative effect on providers wishing to expand services, so there is now an urgent need for a flexible model, which meets true community needs. There is also a requirement for restructuring grants to enable facilities to refocus care.

Providers may have a facility which offers hostel or low care accommodation but is no longer able to fill the beds it is licenced for. In this case, the provider must return the bed licences or sell them and downgrade, rather than upgrading licences to enable them to take on high care residents or deliver community care packages.

SUMMARY OF KEY POINTS

All data should be disclosed at a local government level, so providers can plan for places where they are needed. Current planning regions need to be changed, as they often cut across natural boundaries and catchments of communities of interest.

We would also call for the introduction of a proper data-management system, which allows providers to give combinations of care packages which meet local needs and greater flexibility in setting up bed and community care package ratios and services.

OTHER KEY COMMENTS:

(Attachment 1)

ACCV proposes the following recommendations:

1. Models such as Victoria's Aged Care Land Bank program be applied to create affordable housing for the elderly to allow older people to continue living in their localities to maintain their support and relationship networks.

2. The Commonwealth consider developing effective and efficient models of affordable housing and residential development including encouraging retirement and/or independent living operators to lease a proportion of stock through the payment of subsidies and/or tax breaks; and the development of public and private partnerships between governments and retirement living operators.

3. The issue of homelessness be incorporated into the planning and service responses of all mainstream health and welfare services and supported by a public communication strategy.

4. All Commonwealth funded aged care services be required to provide non-discriminatory services to homeless elderly.

5.

5.1 That the Commonwealth Department of Health and Ageing (DOHA) introduces a capital funding program available to residential aged care facilities which undertake to provide in excess of 90% of residential places to the elderly homeless and/or with insufficient income or assets to pay resident bonds.

5.2 That existing policy boundaries for the recently announced Zero Interest Capital Loan Scheme be extended to include services for the homeless.

6.

6.1 That specific models of housing are developed and piloted for older people who are homeless or in insecure housing and who have other care and support needs.

6.2 That the Commonwealth undertakes an urgent review of the adequacy of funding to the Commonwealth's Assistance with Care and Housing for the Aged (ACHA) program.

7.

7.1 That a review be conducted into how the aged care system can best include and support the needs of elderly homeless and elderly in insecure housing, and/or with limited resources.

7.2 That outcome measures are applied to any support strategies to assist aged care providers to meet the needs of homeless clients.

8. ACCV recommends that the White Paper includes a policy section proposing a public health framework for the treatment of homeless people in the acute setting.

ACCV RESPONSE TO

The Commonwealth Green Paper on Homelessness

ACCV's response to the Commonwealth's Green Paper on June 2008

INTRODUCTION

Aged & Community Care Victoria Ltd (ACCV) is the sole industry association and peak body for aged and community care in Victoria. This response is our feedback to the Commonwealth Government's Green Paper on Homelessness.

ACCV acknowledges the importance of this consultation process and congratulates the Commonwealth on its preparedness to pay considerable attention to the issue of addressing homelessness in our society.

This submission will concentrate on the needs of homeless elderly requiring residential and community aged care services, given that aged and community care is the core business of ACCV.

EXECUTIVE SUMMARY

ACCV proposes the following recommendations:

1. Models such as Victoria's Aged Care Land Bank program be applied to create affordable housing for the elderly to allow older people to continue living in their localities to maintain their support and relationship networks.
2. The Commonwealth consider developing effective and efficient models of affordable housing and residential development including encouraging retirement and/or independent living operators to lease a proportion of stock through the payment of subsidies and/or tax breaks; and the development of public and private partnerships between governments and retirement living operators.
3. The issue of homelessness be incorporated into the planning and service responses of all mainstream health and welfare services and supported by a public communication strategy.
4. All Commonwealth funded aged care services be required to provide non-discriminatory services to homeless elderly.
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   5.2 That existing policy boundaries for the recently announced Zero Interest Capital Loan Scheme be extended to include services for the homeless.
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   6.2 That the Commonwealth undertakes an urgent review of the adequacy of funding to the Commonwealth's Assistance with Care and Housing for the Aged (ACHA) program.
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   7.1 That a review be conducted into how the aged care system can best include and support the needs of elderly homeless and elderly in insecure housing, and/or with limited resources.
   7.2 That outcome measures are applied to any support strategies to assist aged care providers to meet the needs of homeless clients.
8. ACCV recommends that the White Paper includes a policy section proposing a public health framework for the treatment of homeless people in the acute setting.

FEEDBACK AND RECOMMENDATIONS

We are currently facing an era where escalating housing costs coupled with a shortage in residential development is placing many Australians in vulnerable and insecure housing situations and at an increased risk of homelessness.

ACCV supports the recent Commonwealth Government initiatives undertaken to increase the supply of affordable housing, but remains deeply concerned that the elderly homeless will struggle to benefit directly from these initiatives.

There is a need to invest in bricks and mortar and to ensure that affordable rental housing for the elderly is developed in a variety of styles (e.g. high rise, town house and villa units) and in different localities in order to ensure people feel at home and remained connected to their established communities.

Ensuring sustainable and appropriate housing for the elderly is a key way of reducing their reliance on health and welfare services. "Sustainable" has two meanings for the elderly: it should include environmental sustainability which is equated with domestic financial sustainability, and it also equates with housing that allows people to age in place.

Recommendation One
Models such as Victoria's Aged Care Land Bank program be applied to create affordable housing for the elderly to allow older people to continue living in their localities to maintain their support and relationship networks.

Unless the Commonwealth Government is willing to invest accumulated surpluses directly into the bricks and mortar required to ensure that all Australians have access to affordable housing, then other models that aim to create affordable housing opportunities must be developed.

Recommendation Two
The Commonwealth consider developing effective and efficient models of affordable housing and residential development including encouraging retirement and/or independent living operators to lease a proportion of stock through the payment of subsidies and/or tax breaks; and the development of public and private partnerships between governments and retirement living operators.

In line with the mainstreaming ethos espoused by governments, health and welfare service systems need to consider how they will assist in securing affordable housing for this increasing proportion of the population as well as provide other necessary support services to homeless clients such as drug and alcohol and psycho-geriatric services.

Recommendation Three
The issue of homelessness be incorporated into the planning and service responses of all mainstream health and welfare services and supported by a public communication strategy.

The current economic trend towards an increase in people in insecure housing coupled with the socio-demographic trend towards an "ageing" of the population will see the issue of homelessness and insecure housing amongst the elderly increase as more people, especially women, enter old age with a paucity of assets.

It is our view that it is the primary responsibility of the Commonwealth aged care system to include the aged care needs of homeless elderly within service planning, resourcing and provision.

In principle, homeless elderly have equal rights of access to aged care and accommodation services. Furthermore, the support needs of many homeless elderly and elderly in insecure housing need to be accommodated, much like the specific needs of "special needs" groups such as people from culturally and linguistically diverse (CALD) backgrounds.

Recommendation Four
All Commonwealth funded aged care services be required to provide non-discriminatory services to homeless elderly.

Commonwealth funded residential aged care providers are by and large discouraged from providing services to homeless clients. A key reason for this has been the abolishment of the 1980's Variable Capital Funding Program which paid a capital subsidy to residential aged care providers accommodating residents that were unable to pay Resident Accommodation Bonds. The capital subsidy was calculated on a sliding scale dependent upon the number of financially disadvantaged residents accommodated, thus acknowledging their reduced capacity to resource their maintenance and development.

The recent introduction of the ACFI funding tool has resulted in a further disincentive to provide services for special or high needs clients.

Recommendation Five:
5.1 That the Commonwealth Department of Health and Ageing (DOHA) introduces a capital funding program available to residential aged care facilities which undertake to provide in excess of 90% of residential places to the elderly homeless and/or with insufficient income or assets to pay resident bonds.

5.2 That existing policy boundaries for the recently announced Zero Interest Capital Loan Scheme be extended to include services for the homeless.

Ensuring a holistic approach to aged care is central to successfully meeting the care and support needs of elderly clients. Homeless elderly who are ineligible for placement in a residential aged care facility but eligible for Commonwealth funded community care services must also have their accommodation needs supported. This means that secure accommodation in a home like environment should be sourced for the client.

Over the past two decades, a philosophy of "ageing in place" in the community has evolved to support this concept. Despite this, the provision of community based aged care services to elderly homeless eligible for this level of care cannot reach this client group due to their insecure housing situation and lack of a "home".

In order to be inclusive of the needs of the elderly homeless, other costs that are often incurred by homeless people accessing community based programs and services (e.g. clothing, urgent and essential items and the costs of setting up a home) must also be incorporated into planning, funding and provision of community aged care services to homeless elderly. Without this support, community care services provided by DOHA (namely Community Aged Care Packages (CACPs), Extended Aged Care in the Home and Extended Aged Care in the Home (Dementia) (EACH and EACHD) will fail to meet the care needs of elderly homeless and older people in insecure housing.

There exists a strong argument for specialist aged care and secure accommodation services to be funded, just as there is a clear argument for the funding of ethno-specific aged care facilities that meet the specific cultural and language needs of their respective ethnic client group.

The DOHA funded Assistance with Care and Housing for the Aged program aims to help the elderly homeless access affordable housing and appropriate services so that they can live a relatively independent life. ACCV acknowledges this program as an example of best practice in mainstream service planning and delivery as it provides an effective response to the interface between homelessness (and at risk of homelessness) with aged care support needs.

Notwithstanding, the current level of funding directed to the program is insufficient to attract a workforce that is appropriately experienced and skilled. This places significant pressure on the program to deliver quality services and thus attracts significant risk. In addition, this lack of capacity means that it is difficult to service the needs of clients in a timely manner and provide ubiquitous geographic coverage.

Recommendation Six:
6.1 Accommodation models for homeless elderly and elderly in insecure housing requiring varying levels of aged care and relevant support to their specific needs should be developed and piloted.
6.2 The Assistance with Care and Housing for the Aged program should be considerably bolstered by means of workforce and funding.

It needs to be acknowledged that previous experiences of requiring mainstream services to provide for the needs of homeless have been largely unsuccessful. The client outcomes of de-institutionalisation of mental health and disability services has demonstrated that mainstream services generally lack the capacity to meet the needs of homeless clients and have made few attempts at increasing their capacity to service this client group.

Whilst the Commonwealth aged care system has the potential to cope with servicing the specific aged care and secure accommodation needs of elderly homeless, there are some key systemic barriers preventing this from being achieved.

There needs to be a thorough examination of the reasons why the mainstream service system struggles to respond to the needs of the homeless in order to ascertain the most effective service model. If a mainstream model is to be pursued, there will need to be a mandated requirement that these services must provide for the specific needs of homeless clients in order to receive funding.

Nevertheless, it is primarily mainstream aged care providers that need to be supported with adequate training and funding to accept referrals for homeless clients and useful evaluation is made of the outcomes of this support strategy.

Recommendation Seven:
7.1 That a review be conducted into how the aged care system can best include and support the needs of elderly homeless and elderly in insecure housing, and/or with limited resources.
7.2 That aged care providers face stringent and well enforced accountability and funding requirements to provide for the specific housing and support needs of elderly homeless clients.

As a result of negative experiences of medical assistance in the community, many homeless people do not seek medical attention when required and tend to present at emergency wards at public hospitals at crisis point. Furthermore, there are numerous incidents of elderly homeless or elderly in insecure housing who are admitted to public hospitals being discharged without appropriate resources or housing arranged.

Some hospitals, such as St Vincent's in Melbourne, have protocols relating to homeless people which could be used as a framework for reform of the way in which hospitals provide for the homeless.

Recommendation Eight:
ACCV recommends that the White Paper includes a policy section proposing a public health framework for the treatment of homeless people in the acute setting.

(Attachment 2)

ACCV RESPONSE

TO

Ageing in Victoria: Discussion Paper

ACCV's response to the Victorian Department of Planning and Human Development

June 2008

INTRODUCTION

Aged & Community Care Victoria Ltd (ACCV) welcomes the opportunity to contribute to the 'Ageing in Victoria' discussion paper.

This now provides the State Government with the opportunity to develop a comprehensive 'Ageing and Aged Care Strategic Plan'.

In order to promote the importance of such a plan, ACCV has provided our submission in two parts.

Firstly we have responded to the discussion paper questions.

Secondly we have attached key documents from our two national bodies, Aged and Community Services Australia (ACSA) as well as Aged Care Association Australia (ACAA). These two documents cover key issues that can form part of a comprehensive and overarching statewide 'ageing' plan.

In addition, we have attached information from our recent ACCV members' survey that shows the significant issues facing our industry in providing a broad range of services to the Victorian community.

BACKGROUND

ACCV is the sole industry association and peak body for aged and community care in Victoria.

This response is our feedback to the Victorian Department of Planning and Community Development's *Ageing in Victoria: Discussion Paper.*

This response has been developed from our ongoing dialogue and work with members, as well as a specific consultation with members of the ACCV Community Care Taskforce.

We have made this submission on the basis of answering directly each of the questions as put forward in the discussion paper. Many recommendations are implicit in our responses. As the discussion paper has been very broad in its scope, we have left the development of more specific and highly prioritised recommendations on the themed questions asked to further consultation processes. As such we do make two key recommendations at this point, one of a general nature, and one which reflects the key concerns of the aged and community care industry.

RECOMMENDATIONS:

1. **That the Victorian State Government commit itself to further consultation and partnership with ACCV, other peak associations and the community to take forward the ideas and views generated by this discussion paper and develop the strategies and solutions for making Victoria a great place in which to grow old.**

2. **To broaden the scope of this discussion paper and address the key issues for our ageing population, ACCV recommends the State Government establish a Victorian ageing and aged care strategic plan to address the needs of our ageing population. This would include recognising the critical importance of ensuring the long-term viability of all of Victoria's aged care and community sector.**

FEEDBACK AND RECOMMENDATIONS

DIVERSITY

What considerations are particularly important for older Victorians based on where they live or the background they come from?

Aged and Community Care Victoria believes that ethnic-cultural background is a key factor to accessing services. Through initiatives such as the Culturally Equitable Gateways Strategy (CEGS) which aimed to improve access to Home and Community Care (HACC) services for people from culturally and linguistically diverse (CALD) backgrounds, the Victorian Government has demonstrated its commitment to policy development that increases access to culturally and linguistically appropriate services by Victorians from diverse backgrounds.

Not only must government continue to ensure efforts are made to provide equity of access to services to the larger groupings of post-war migrants, it must also take account of the specific support needs of new and emerging groups of ageing migrant populations such as Vietnamese and Russian speaking communities who started to migrate to Australia freely or as refugees, since the 1970s.

To support aged care and community agencies in their efforts to provide culturally appropriate services, increased attention must be paid to ready access to free interpreting and translation services. Communication is central to the provision of timely and appropriate services, yet not all agencies have the capacity to employ people from different backgrounds or pay for interpreters and translation to meet the specific communication needs of some CALD clients. Funding centrally and regionally based interpreter services is a most cost effective option to ensuring that older Victorians from CALD backgrounds can access and communicate with service providers.

HEALTH AND WELLBEING

What barriers are there to older people staying healthy for longer?

There are many barriers to older people ageing well. There is an absence of visible health services that communicate with older people in ways that are meaningful and comfortable for them. Waiting times and areas in outpatient departments, confusing information systems, and an overburdened system also make health services difficult to navigate.

It can be difficult for older people and their families to gain access to an assessment by an aged care assessment service. At times it seems some doctors unreasonably delay in referring their patients to an Aged Care Assessment Service (ACAS). This brings about delays in accessing services that support the wellbeing and independence of older people. The fact that an older person or their family can self-refer to an ACAS needs to be better publicised and also made known to ACAS' who request a doctor's referral. To improve the overall referral system, ACCV supports the expansion as a priority of the 'no wrong door' Access Points pilot projects currently underway in the Eastern Metropolitan region.

It is also essential to establish a health code of practice in Victoria, in partnership with the AMA, to ensure that all GPs work cooperatively with other services rather than develop a parallel system of primary care. The experience of many services is that many GPs need greater support, information and encouragement to refer to non-medical health and community supports. The Minster's launch of the Direct2Care service in Melbourne's Eastern metropolitan region is an example of a service that will assist GPs with a starting point for information and referral.

It is also vital that the State Government play a central and active role in relation to the operation of the ACAS Teams. There is consistent feedback from within the aged and community care industry that opportunities exist to streamline and strengthen the critical role of ACAS teams. They play a fundamentally important role and ACCV looks forward to be part of discussions related to strengthening the connections between aged care providers and ACAS Teams.

What would make health care services more accessible and equitable for older people?

Older people who are frail or challenged with sensory and mild cognitive difficulties find it very difficult to attend outpatient health appointments often because they cannot access transport or fail to remember to attend. This is exacerbated when these people do not have immediate access to a primary carer. Greater resources need to be placed into developing and implementing reminder call services so that people are supported to access and attend necessary appointments and valuable hospital system resources are not wasted. Secondly, a more systematic solution to health related client transport needs to be addressed together with the development of health funding models which incorporate transport costs.

Older people need assistance in navigating their way around large, (often multi-campus) health services settings and dealing with paper work and confusing scheduling of follow up appointments and tests that can occur in the course of a single outpatient visit. Health escorts could be employed in hospitals to offer assistance and support to these people. Health services must ensure that older people, especially those with communication difficulties, are given sufficient time and support to ask questions and receive written or printed information during their consultation with a health professional.

A further solution is to question whether all health consultations need to occur in hospital clinic settings, or whether outpatient specialist follow up might take place over a telephone and/or by another health intermediary such as a nurse or General Practitioner. This is especially the case for frail older people who live in residential aged care and for whom transfers to hospital in ambulances via Non Emergency Patient Transport can result in a very lengthy and uncomfortable day just to attend a short appointment.

Residential care providers who may be required to provide an 'escort' for residents when attending outpatient health appointments can unreasonably stretch their often limited human resources. Hospitals and other outpatient health service providers must begin to take responsibility for supervision of all residents/clients upon arrival as a priority.

Logistical inefficiencies could be combated by some face-face consultations to occur over the telephone or via other electronic consultation. Government needs to invest in developing and implementing enhanced communication technology solutions in the health and aged care sectors such as the use of video conferencing when communicating with GP surgeries and primary health services.

These solutions need to be considered against the backdrop of rising fuel costs and the impact of greenhouse gas emissions generated by the travel associated with attending such appointments. These issues pertain to both older people living in residential aged care facilities as well as older people who live in their own homes.

The current medical patient records system is chronically flawed. It fails to provide simple and easy access for key providers of care such as GP's, hospitals and residential aged care. Given the substantial developments in technology, it is evident solutions already exist to provide online and centrally controlled patient records in a secure environment. Online patient/resident medical e-record systems must be developed and implemented as a priority heath initiative for the State Government in partnership with the Federal Government, providers, GP's, etc.

How can illness prevention services and support best meet the needs of older people?

Illness prevention and support can best meet the needs of older people by connecting important messages with the aspirations of older people. Older people, like others in the community enjoy independence and maintaining control over their lives. Older people have observed and experienced many trends and fads, and thus need to be provided with reliable and trusted sources of current information in formats that older people are comfortable to use. This may mean for many people that the web is not an information solution.

Government should work with older people's advocacy groups to ensure that guidelines are developed for readable printed information that is targeted to older people. Information should also be more widely disseminated in places where older people frequently visit including pharmacies, supermarkets and local services such as hairdressers. Not all older people visit libraries or senior citizens centres.

Improving access to sports and leisure activities by encouraging sporting clubs and private gyms to establish competitions and programs for older people may assist the participation of older people in physical activities. This requires a well thought through strategy.

INCLUSIVE COMMUNITIES

What community activities, volunteering opportunities and social networks are older people interested in?

Older people are interested in what the rest of the community are interested in. However, many community and interest groups are not as adept at supporting older people's participation once they are experiencing problems with driving, mobility or cognition, and their participation drops off. Thus they may appear no longer interested. Promoting ongoing participation in communities needs to be developed as a strategy to address age discrimination and encourage intergenerational relationships as a means to promoting the notion of 'positive' ageing to both older and younger people in the community.

Are there barriers to getting involved in the community and are they different in regional and metropolitan areas?

There are barriers to getting involved in one's community as one ages. One major barrier is transport. Many older people's budgets may not keep up with the rising cost of fuel and transport fares. This can also adversely impact on those older people who choose to undertake volunteering activities. Consideration needs to be given to providing reimbursements to people whose volunteer work involves the use of their vehicle (including traveling to and from the place of volunteer work).

While many older people will own their own homes, we know that the traditional trend for home ownership is changing and that those who continue to rent in their 'retirement' years are particularly socially disadvantaged. If these people are reliant solely on an age pension and rent advance to cover their living and increasing health and social care expenses, they may be left with little discretionary income for leisure and community participation activities. This also applies to older people residing in residential aged care and supported residential services who may choose to participate in leisure or other activities external to the residential environment in which they live.

The recent Alliance on Affordable Housing demonstrates the critical importance of affordable housing strategies. Attached is the communiqué for the recent forum in Canberra. ACCV calls on federal, state and local governments to work in partnership with our aged residential and community care industry.

The cost of taxis and cap on ½ priced taxi fares may also be prohibitive for many older people, while regular and flexible community transport is simply not a reality in most communities. This problem is even more pronounced in rural communities. It also leads to dangerous practices where, as a matter of necessity, older people continue to drive under conditions when it is no

longer safe for them to drive. In addition, there continues to be substantial access issues with residential and community care providers being able to access maxi cabs and taxis in a timely manner.

This 'simple' barrier to safe, accessible and affordable transport has a substantial negative impact on provision of quality care services and lifestyle programs for our elderly.

It is essential that the State Government give priority of access for both taxis and maxi cabs to residents/clients of approved providers of residential and community care services across Victoria and that the cap on ½ price taxis be removed.

Cost of participation is also another potential barrier, and seniors/concession prices and fares, do not always apply at peak or other times when older people may still wish to be part of a community event or participate in an attraction that is not "pensioners Tuesday". There is also an important issue about the added costs of participation involved for older people who require a carer to attend with them. A card scheme should be established to provide the carer with free access to public transport when used to gain access to the community and/or events and venues in situations where the carer is supporting the older person.

Clients with mental health problems will also experience major difficulties in becoming involved in their communities. This may particularly apply to those clients who have lost contact with mental health services, are ineligible for social support programs targeted at people under 65 with mental health problems, or who have sub-threshold disorders which are not referred to community mental health supports services.

A broader consideration of disadvantage needs to be applied to social inclusion. Simply not having the money to participate in activities or feeling embarrassed by one's frailty, disability or home or socio-economic circumstances may lead to people avoiding social and community activities that involve reciprocating home hospitality. While people's lives and circumstances are an unavoidable fact of our diverse community, practical fiscal measures need to be factored into social inclusion programs in order to ensure that people experiencing hardship can participate.

Schemes such as free electric scooter hire at some suburban shopping centres need commendation and greater roll-out to public places and events such as the Tullamarine Airport, Victoria Market and throughout the CBD of Melbourne itself.

There is often insufficient access to public toilets in many public places and older people who have continence problems stay at home through fear of not being able to find a clean and useable toilet. Greater attention needs to be paid to public toilets with improved regulation of access to toilets in shopping centres and other commercial settings such as petrol stations and convenience stores. There could be some merit in exploring incentive programs in relation to this issue. The new 'Ëxeloos' warrant better public information and information to reduce people's fears associated with automated functions and entrapment.

What information about services and community activities do older people want, and how should this information be provided?

Older people need information that is easy access, read and understand. Often the most effective way of communication is verbally and may come from another person on the end of a telephone.

Many events and activities rely upon working through confusing telephone help menus and entering data through key pads or other means.

Many older people do not have credit cards, which can inhibit access or even incur a financial charge on financial transactions such as the payment of bills. Many older people will not have a computer, and may wisely choose not to engage in financial transactions over the internet. Greater attention needs to be paid to concept of personal communication and service by utilities and other important services.

Shop-front Citizens Advice Bureaus seem to have largely disappeared as a visible source of information and support to older people in the community. The severe cuts in funding to these services in the 1990s and a diffuse focus for many services means that the current generation of Community Information Centres are far less visible, and many do not open during all business hours. A similar concept updated for the new millennium of an ageing population needs to be revisited.

Not only is access to information an issue, but older people may wish to be assisted to pursue community engagement/independent living initiatives. Further work is needed to actively support local seniors groups or groups with significant ageing membership to continue with coordinating volunteer support, writing funding applications, setting up for meetings/activities, supporting management committees and attracting new members.

There needs to be a streamlining of complicated information systems due to intersection of a multitude of existing information and referral services orientated towards older people.

PLANNING AND SERVICES

How can communities be made more age-friendly?

Communities can be made more age-friendly by encouraging a more respectful attitude to older people. This may require a significant investment of time and resources to be put towards community education given that the dominant culture regards older people very derisively. Schools, especially, may play an important role in helping to develop connections between younger and older people, especially where many younger people do not have regular contact with a grandparent. Incentive needs to be given to innovation in involving young people in volunteer activities and relationship building with older people, especially as traditional sources of volunteers such as middle age women are diminishing due to the increasing trend for middle-aged women to be in the paid workforce.

Activities such as playgroups in residential aged care facilities can expose younger children to the possibilities of building relationships with older people and to help promote early and greater acceptance of the reality and impact of the various experiences of ageing. Comprehensive strategies need to be developed to better link schools and child care centres with their residential and community care services and these need to be promoted as successful models of community development aimed at intergenerational engagement.

What are the key factors in creating a better physical environment for older people?

Communities can create a better physical environment by paying greater attention to the built environment in ways which enhance the mobility, safety and comfort of older people.

This can includes paying greater attention to:

- public signage including street signs, place names and public toilet labeling;
- disabled parking spaces;
- establishing standards for parking space width in car parks so that people can comfortably get in and out of vehicles;
- paying greater attention to acoustic quality and ambience in public places including intrusive music in shops attempting to attract the patronage of younger customers; and
- standards for lighting in indoor environments and floor surfaces.

Are there any differences depending on whether a community is regional or metropolitan?

Limited transport and geographic isolation may often impact adversely on older people living in rural communities. In some rural communities, there has been an exodus of younger people which has left behind a very disproportionately large older population relying upon a much smaller population of younger people to provide services and from which to draw upon for family, kinship and friendship support. In some communities in Australia and the United States, there have been occasions when communities have resorted to such novel actions as giving away free land or old housing stock to younger families to settle into these communities. This of course is dependent on the prospect of pursuing a livelihood in the vicinity of the community.

Some metropolitan communities are also struggling to keep a strong sense of 'neighborhoods' alive in expanding and developing suburbs. This is exacerbated by restrictions such as the increasing difficulty to obtain street closures for neighbourhood parties. Specific health promotion strategies to encourage neighbourhood events and to foster neighbourly visiting need to be developed and implemented to ensure that older and younger people alike are not as isolated if they choose to be involved in the local community. Community Kitchens and community gardens initiatives in some communities are other great ways of bringing people together in a local area.

What would make older people feel safer in their communities?

Improved presence and response by police to neighbourhood disturbances would build a sense of personal and community safety and security for older people. Increasing police patrols and even installing temporary security cameras to monitor letter box and street sign vandalism may be useful in hot spots which see regular vandalism.

Better street lighting and railway station type distress call buttons in various other public places may also aid the sense of safety for older people, as well as the general public.

Generally speaking our communities are safe, and while there are many risks to be avoided, there needs to be an increased effort in the promotion of positive media messages in order to strengthen older people's sense of safety and avoid creating an unwarranted sense of alarm in our communities.

Advice and re-assurance through a close family or friend is not always available for all older people. Night time talk back radio stations attest to the disturbing impact of this loneliness or insecurity, as do nurse call services. While there are many discrete 1800 type numbers for counseling and health assistance, a more general 24 hour advice and "listening ear" type line is needed to provide older people (and the community as a whole) with a assurance and advice from how to deal with a neighbour's barking dog to accessing continence help, or how to find a plumber.

Older people can often find telephone help menus confusing and those with communication issues such as being hard of hearing or from non- English speaking backgrounds (NESB).

TRANSPORT

What are seniors' most important transport needs and are there innovative ways they can be met now and in the future?

Often the most important transport needs are regular and local and pertain to weekly trips for shopping and banking. The move from local milk bars and grocery stores to supermarkets within large shopping centres means that "milk and bread" shopping are more difficult for older people who do not drive.

Accessing health care appointments during the day is difficult when family or loved ones work, and workplace pressures make it difficult to take time off work.

Older people simply can become isolated if they do not have the means to get out and about.

Half price taxi cards should be made available for any person over 55 who must give up their driving license for health related reasons or inability to drive safely.

Electric scooters need greater promotion so that older people see them as a neighbourhood transport option and they are seen as an acceptable form of transport by the wider community. Much work needs to be undertaken to bring footpaths and crossings to a safe standard for scooter transiting. While cafe culture enriches our lifestyles, the advent of the footpath café also impedes safe scooter usage, together with shop front bargain bins and signage.

Strategic investment in the capital and running and training costs of community transport should be addressed at the local level. As we enter into an era of retirement for baby boomers, we may see a fortunate increase in the number of people who wish to volunteer their services driving community transport vehicles.

Public transport frequently fails to meet the needs of many older people. Low rider buses and trams, as well as new tram platforms are responsive innovations. However these innovations are let down by the absence of conductors on public transport as well as confusing ticketing systems. Melbourne's tram network needs to consider installing ticket machines at tram stops or replacing conductors to sell tickets on board, given the risk of falling when purchasing a ticket from a ticket machine whilst standing on a moving tram.

It is important to remember that maintaining community connections and social connections are vital to health and wellbeing and thus some scope for support for transportation to attending groups, visiting friends and family should be available. The cost of this may offset the increasing cost of mental health services tackling increasing levels of depression, which is often linked to reduced socialisation, isolation and loneliness.

Are there different considerations for regional and metropolitan areas?

Regional areas have greater issues with access to specialist medical services. To be eligible for The Victorian Patient Transport Assistance Scheme (VPTAS) which provides much needed transport assistance to patients, one must be a Victorian resident living in a Department of Human Services (DHS) designated rural region, and need to travel more than 100 kilometers, or on average travel 500 kilometers for a minimum of five consecutive weeks, to access services from ones nearest approved medical specialist. These restrictions to accessing this service often mean that people living in rural areas will sometimes elect to travel to Melbourne for treatment, when it may have been available regionally or sub regionally less than 100kms away.

In small rural towns, local community organisations such as community governed health services and neighbourhood houses may sometimes be the best organisations to operate similar patient transport programs through the assistance of volunteer drivers. In all instances red tape, public liability and insurance issues need government intervention to overcome the barriers to operating such programs while managing risk.

How can older people be supported to drive safely for longer?

One of the broader challenges in our community is to balance the desire of older Victorians to retain their independence as long as possible. This often includes a desire to continue to drive for 'as long as possible'. This is a complex issue as it involves balancing the rights of elderly with the importance of safety on our roads.

However, older people can be supported to drive safely for longer if certain safety initiatives can be considered for example, road signage and street lighting is improved to achieve better conditions for road and hazard visibility.

Greater public safety campaign attention needs to be placed on respectful driving. Behaviours such as tailgating and intimidating driving by some drivers requires heavier penalties.

Parking spaces, especially in multilayer car parks should be made slightly wider to permit easier alighting to and from vehicles. Disabled parking permits should be readily available without a doctor's certificate for all drivers over 70.

There should provision of free testing and coaching/ adaptive training for older drivers, not just through the generalist driver assessment programs of hospitals.

Mandatory reporting by GP's when health deteriorates should be continued to ensure that those no longer capable of safe driving are removed from the roads and supported to secure alternate methods of transportation.

HOUSING

What are the most important considerations in developing housing and accommodation for older people?

Housing and accommodation for older people needs to be environmentally sustainable.

An urban land bank program to develop housing for older people including high-rise and villa type units needs to be considered so that older people can live in self supporting and sustaining communities within walking distance to amenities.

Older people's accommodation in residential aged care needs much greater planning and attention across all levels of government. Private and community investors should be fast-tracked through planning processes to assist timely and cost effective development to meet growing demands.

There has recently been an helpful trend within some communities to marginalize and protest against the development aged residential care facilities with the view that they are "industry" or "commercial" developments. Residential aged care facilities are people's homes, not factories, and government should take decisive steps to limit this negative local community 'reaction' in order to ensure that there remain opportunities for older people and their families to access local residential aged care facilities.

There continues to be substantial delays experienced across Victoria in the time taken to build residential and other aged care services.

Not only are there regular delays, on many occasions 'objections' force aged care providers to reconsider key elements of their building design in response to local pressure.

There needs to be a fundamental rethink of the planning process for residential aged care, independent living and affordable housing. The planning process should be streamlined, the potential for local 'objections' limited and the approval period fast tracked.

This is a key issue for providers given the substantial building program that lies ahead if we are to cater for the population growth.

Are there new accommodation models to assist people to remain in their homes as they age?

The current work being undertaken by the Aged Care Branch of DHS to bring about an Active Service Model to the delivery of HACC services is to be commended. Policies which attempt to re-enable people and build their capacity for independence are a positive step towards encouraging and facilitating ongoing participation and engagement of older people with their communities. This project should be given an injection of funding to fast track its development and implementation.

The hidden workforce of family carers needs greater support. This support needs to be practical, such as the provision of increased opportunities for carer respite. Respite models such as working carers respite programs need to be explored. The relationship, relative responsibility and adequacy of State and Commonwealth Government funded respite needs to be opened up for broad public discussion.

Housing models which blend generations may provide solutions to grassroots community and neighbour support which is reciprocal between generations.

A major revisiting of vertical development may assist families of more than one generation to remain living in close proximity for longer.

Melbourne is still coming to terms with how it deals with a growing population while facing the intersecting challenges of choked roads, urban sprawl, environmental footprint, high quality public spaces, the need to keep families accessible to each other and affordable housing across Melbourne and not just in urban fringes.

There is a great opportunity for the state government to play a more significant role in the new era of "smart house" design for older people as well an explosion in the much broader use of enabling technologies.

What information do older people need when choosing accommodation options?

Older people, first and foremost, need to ensure that they are making the choice, and an informed one. It starts with asking whether moving from their home is a choice they want or need to make.

Sometimes older people make a choice to move when renovation or repairs seem overwhelming. A comprehensive government scheme should assist older people to case manage renovations and repairs.

When older people do need to move, reliable and trustworthy government and community services should be available to provide information, and assist navigating sale and purchase. The purported unscrupulous practices of a minority of vendors and agents in particular may lead to financial exploitation. Codes of conduct, especially those around pressure selling, should be given greater power.

Older people should be able to gain a profile of services in the immediate vicinity of where they are purchasing as well as a safety index of the neighbourhood. New dwellings should be subject to reporting an energy efficiency rating, not unlike an appliance as well as an "ageing in place" rating taking into account dwelling design, egress and access to external amenities.

Older people also need to be specifically targeted in the rental market. Both housing supply and enhanced housing subsidy schemes need to be established which ensure access to appropriate and affordable rental accommodation for a predicted growth in older people who will be relying upon rented accommodation.

ECONOMIC OPPORTUNITIES

How can older people be encouraged to continue participating in the workforce?

A government workforce participation program should be used to further research and promote older people in the workforce.

Employers could be encouraged to see the benefit of recruiting 'older workers' as well as considers opportunities for enhanced part-time and flexible employment arrangements. This could also recognise older people's roles as carers of the generation before them as well as both occasional and full-time carers of grandchildren. This would assist those workers who do not wish to continue working at the same pace, but would ensure the industry can utilise the knowledge and expertise of these workers.

Free services could be provided to assist health checks and aptitude testing to provide employers with confidence in employing older people.

Greater attention needs to be paid to training and investing in the re-skilling and career re-pathing for older workers. For example, people over 45 could have entitlement to a free certificate IV level qualification as well as a scheme which pays people a living allowance if over 45 to undertake up to a four year degree or post graduate study which leads to a work outcome.

The Higher Education Contribution Scheme (HECS) and HECS debt is a further disincentive to engaging in tertiary study. Consideration should be given to waiving HECS for certain categories of study for older workers. This way, for example, some older people might retrain as critically needed health workers and bring valuable life experience to their roles.

The concern about workforce participation is of significant concern to the aged and community care industry. ACCV calls on the state government to work in collaboration with ACCV to develop a series of workforce participation initiatives aimed specifically at the aged and community care industry.

What is the most effective way to provide learning opportunities for older workers?

There is no single most effective way to provide learning opportunities for older workers. Older workers have a variety of learning styles just like younger workers do. However, it is important to consider that older workers may have a greater bank of career and life experience which they might bring to a learning situation. The use of RPL 'recognition of prior learning' is important to include in course design. Older workers may also need particular pre-course support such as return to study learning opportunities and skills clusters focused on internet and computer use. Older workers may also have established employment, and may need access to "paid sabbatical" leave through a government scheme which enables them to take time out of existing employment to retrain for other roles.

How can we best use seniors' skills and experience when they are no longer in the workforce?

When older people are no longer in the workforce, their skills and experience might be put to good use in volunteer work or mentoring younger people. However, there is no reason why older people should not be encouraged to continue working and receive paid reward for their skills and experience.

Australian and overseas volunteer work in severely disadvantaged communities should be made more accessible to older people with supported travel costs and consideration be given to tax deductions on other earnings while living in other communities to pursue these roles.

What opportunities are there for the development of new products and services to meet the needs of seniors?

There are many opportunities including:

- Home computer coaching
- More specialised attention to nutritional needs of older adults
- Older adults sport and leisure equipment, gyms and other facilities
- Older adults partnering and dating services
- Housing renovation and repair project management
- General legal advice

GENERAL QUESTION

What do you think are the three most important issues for senior Victorians now and in the future?

The three most important issues for the aged and community care industry in Victoria are set out below.

1. Workforce

This is now rapidly becoming the most significant of all issues for aged and community care services, not only in Victoria but nationally.

ACCV calls for the State Government to be active in supporting key workforce initiatives in collaboration with ACCV. This would include:

- Development, in consultation with ACCV, of a Health and Aged Care industry workforce plan to ensure the attraction and retention of Nurses and Personal Care Workers in Victoria.
- Providing substantial additional funding and support for the training of personal care workers wishing to undertake Division 2 Nurse Training, and existing Division 2 nurses to undertake medication endorsement education and Division 1 Nurses training.
- Providing funding and support for the development of innovative leadership and management models for Aged & Community Care.
- Support and sponsor an overseas recruitment drive and training program to meet the short fall of Division 1 & 2 Nurses in the Aged & Community Care Industry in Victoria.
- Support the request to the Commonwealth Government and provide additional funding for an additional 500 TAFE training places for Division 2 Nurses and 500 University places for Division 1 Nurses training for the Aged & Community Care industry in Victoria.
- Call on the Commonwealth Government to provide a HECS exemption for all Division 1 and 2 Nurses training in Aged & Community Care.

2. Sustainable Industry

Very closely aligned to the workforce issue, is the priority of creating a sustainable aged and community care industry in the future.

There is no doubt that both residential and community care services across Victoria are at a 'tipping point' facing an impending crisis if key funding issues are not met in the future. This includes:

a) Annual Funding Adjustments

Critical importance of an annual aged care funding index that meets rapidly rising cost pressures, including wage cost pressures.

b) Capital Raising for Buildings and Refurbishment

Vital priority of a range of flexible options introduced to allow aged care providers access to capital funding sources for essential building refurbishment and new developments. The seriousness of this issue is often underestimated. Providers lack the ability to access capital funding streams to build residential aged care services which meet community expectations. There is a need to implement a flexible range of funding options for both low and high care. Current trends identified in the recent AIHW report show that residents are entering residential aged care with higher needs but they are also remaining longer in care.

ACCV believes a flexible range of capital raising options are now needed as a priority. This includes refundable deposits, income streams paid out of superannuation funds or varied insurance projects. Each provider could discuss with individual residents which options are most suitable.

'Environmentally friendly' aged care facilities are rarely even on the 'radar' given the substantial cost pressures facing providers. ACCV promotes the need for 'pilot' projects that allow our industry to showcase potential savings and community benefit from more environmentally friendly independent living, residential aged care and affordable housing providers.

ACCV calls on the State Government to support the implementation of three pilot projects to be used as demonstration models. This would include:

- a major refurbishment and extensions to an existing facility;
- a green fields site development; and
- retrofitting an entire existing facility, with a particular focus on power, water and energy efficiency.

c) Rural Sustainability Strategy

There can be no doubt that the pressures facing the aged and community care industry more broadly are exacerbated in our small rural Victorian communities.

ACCV calls for a three way partnership between the industry, State Government and Federal Government to develop a 'Rural Ageing Sustainability Strategy'.

This is a key initiative which is being actively pursued by ACCV due to the number of providers who are 'vulnerable' small rural communities.

d) An Aged Care Strategic Plan

ACCV supports the Victorian State Government's policy of using population health approaches in planning its health services delivery in Victoria. Community Care and Aged Residential Care services are a vital part of this population approach, especially in supporting people with disabilities and frail older members of our community.

The Victorian State Government is itself a significant provider of Aged Residential Care, through the state's public hospital system, especially in rural and regional Victoria.

There is presently an important unaddressed issue which places population health and aged care planning at risk. This issue is the strategic incremental growth and development of rural and regional aged care services.

Many public small rural health services are concerned that allocations of additional sub-threshold increments of HACC funding, residential aged care beds or packaged care places occur in a way that is unviable or poorly scoped for near future growth in demand.

If services are grown in minuscule increments, this creates a situation where a service's growth is unable to cross the viability threshold.

Therefore there is a need to ensure that service and business planning complement population derived needs analysis.

In rural areas, the local services configuration is very sensitive to growth and change. It is therefore important to ensure that planning integrates with the configuration of needs and services at a local and regional level, avoiding undesirable and unintended impacts on individual services.

A strategic plan would ensure that Victoria could reach the first critical peak in acceleration of population ageing in five years time with a road map to ensuring that care will be wherever older rural Victorians reside. ACCV with its specialist sector knowledge would welcome a partnership with the Victorian State Government in undertaking this strategic planning.

In addition we welcome the Minister's recent involvement in the inaugural Ministerial Conference on Ageing. ACCV noted the recommendation made by the conference to conduct a forum with states and territories and local government on aged care planning ratios and allocation processes.

A comprehensive 'Ageing and Aged Care Strategic Plan' should be developed in the state government in collaboration with ACCV and other key stakeholders.

e) Reducing Red Tape

We further noted that the Ministerial Conference on Ageing recommended the gathering of advice for future consideration on ways to streamline the regulation of the physical standard of residential care buildings. The industry is very concerned by the delays and constraints in planning processes which act as further costly and, at times, insurmountable hurdles to locating residential aged care services where they are needed. There is an urgent need to reduce the red tape which brings considerable delay and uncertainty to the planning and development of aged residential services for frail older people. This has not yet been achieved through a much anticipated state government commitment to a productivity commission enquiry.

3. Public Perception of Aged Care

A major joint public relations campaign between ACCV and the State Government would be of major benefit. There is still a fundamental lack of understanding about access points to aged care services, high levels of media interest in 'negative stories' and limited opportunities to showcase the significant positive contribution of the aged and community care industry to the quality of life for senior Victorians.

ACCV would be keen to collaborate, and play an active role with the State Government, in the design and delivery of a comprehensive public relations campaign with two objectives:

- increase public awareness about the broad range of services and support available for elderly citizens, ranging from in-home, community through to various housing or residential options;

- increase awareness about access to services and support; and
- showcase the valuable and leading contribution of aged and community care services to our industry.

4. Other Industry Issues

The recent ACCV member survey sought advice from our members about key industry priority issues.

The 'Top 10' issues identified by ACCV members are set out below:

- Funding / Indexation
- Workforce Challenges
- Building a Positive Industry Image
- Reducing Compliance Burden
- Residential Care Accreditation Refined and Reformed
- Rising Operational Costs of Service Delivery in Residential and Community Care
- Concerns about Potential for Abuse of Older Australians
- Complaints Investigation Scheme
- Construction, Building and Capital Raising
- Cost of 'Greening' Facilities

Code of ethical conduct for members

As the peak body representing all aged and community care providers in Victoria, Aged and Community Care Victoria is committed to the promotion of a strict Code of Ethical Conduct which Members are expected to abide by.

All members of ACCV have an obligation to contribute to the high reputation of the industry and the effectiveness of ACCV by:

Committing	to the provision of high quality care and standards in a manner that serves the best interests of residents and clients
Recognising	personal, social, spiritual and recreational needs as well as physical ones
Providing	an appropriate level of care to all clients on the basis of need regardless of gender, race, nationality, religion or belief
Treating	clients with respect, dignity, confidentiality, warmth and friendship
Complying	with all legal and statutory requirements and if sanctions or issues requiring attention are identified, to act quickly to rectify the issue of concern
Pursuing	continuous improvement through all facets of service delivery
Managing	their organisation in a manner that promotes the integrity of the aged and community care industry
Keeping	up to date with contemporary business practices to enable the efficient delivery of individualised quality outcomes
Supporting	ACCV in its endeavour to support government to improve the aged care industry, by commenting on and providing feedback on various issues, as requested by ACCV from time to time
Advising	ACCV of any known issues that may hinder or affect a member's capacity to provide quality services and/or attract media comment or coverage (e.g. adverse event, imposition of sanctions etc)

The Association promoting Quality Care