Caring for Older Australians Productivity Commission GPO Box 1428 Canberra City ACT 2601

## **Submission to: Productivity Commission**

# **Inquiry into Caring for Older Australians**

Tandara Lodge Community Care Inc. (Tandara) is based in Sheffield in North West Tasmania and is a provider of residential aged care, community care and a range of other community and allied health services within the Kentish Municipality.

Tandara has operated a residential aged care facility since 1978, community care and allied health services since 2001, and a HACC day centre since 2006.

As a multifaceted organisation we provide a range of health services to the community with the aim of developing a full continuum of care. We provide allied health services, preventative health services, community health promotion, facilitate other health services providers delivering care into the region, community housing and transport, community care packages as well as residential aged care. The scope of what we do ranges from child and youth health through to palliative care.

We are well placed to comment on the care of older Australians.

We would like to see an aged care system which has the following characteristics:

A system which results in people looking forward to entering residential aged care and see it as a resort but not as a last resort. It would be good if people had a positive image of residential aged care.

Once they have entered a residential aged care facility, funding is provided at a level sufficient to allow for people to be properly cared for, not just their health needs but including time for lifestyle and social activities.

An increased range of choices for those in care. Both in terms of the type of care they can access but also the time in their lives at which they are eligible to access those care choices.

A system in which all people are treated with respect and compassion.

On more general matters, there needs to be better access to information and assistance in a manner which older people and their families can easily access. There needs to be a wider spectrum of choice of care types and accommodation options for the elderly and there needs to be an increase in the scope of options to pay for aged care. (Perhaps mechanisms could be put into place which allowed people to fund for their own care rather than relying on the next generations to pay for those that preceded them).

The issues facing aged care are serious and have been well canvassed, they include:

#### Funding:

Not keeping pace with costs.

Not of sufficient levels to allow appropriate care, to pay staff a reasonable rate for the work they do.

Too restrictive, does not allow scope for flexibility when this might be appropriate.

#### Staffing:

Ageing workforce.

Shortages of skilled staff leading to difficulty recruiting – skilled RN's and EN's – particularly in regional areas. E.g. advertise but no responses.

Not seen outside the industry as a good career choice.

Hard work when compared to many other professions.

As noted above, insufficient funding results in inability to pay competitive wages.

### Regulatory burden:

A very highly regulated environment often duplicated at different government levels.

These issues and the problems they create negatively affect the ability of aged care services to provide the care which our elderly deserve.

How has Tandara addressed the above issues:

#### Funding:

Efficiencies - improved to the point where any further gains, if possible, would be minute

Cut costs where practical and possible.

Sought other means of funding – subsidised by other (non aged care) activities.

Donations and the generosity of staff, volunteers and the community.

Eating into rapidly diminishing accumulated funds.

#### Staffing:

Existing staff working longer hours.

Rosters revised to minimise need for RN's. i.e. EN's replacing where possible.

DON working on the floor.

Sponsorship of staff to gain additional skills and qualifications. (Difficult to retain them once higher qualifications have been achieved).

Agency staff – very expensive when they are actually available.

## Regulatory burden:

Streamlined our internal reporting and processes so that the necessary regulatory reporting can be extracted with minimum additional workload.

Extra (unpaid) hours from administration and management.

As a community organisation our main focus is on the health and welfare of those within this community. Financial viability has always been a necessary but somewhat secondary concern. However, as funding within the industry has tightened, more and more effort is spent on remaining in existence rather than where our real focus should be i.e. the people we are here for. Our organisation has broadened its scope to include the provision of a range of different services and to influence the full continuum of care. While this approach is undoubtedly beneficial to those we care for, it also means that we have to access multiple funding sources (also across State and Federal) – this could and should be streamlined.

We have been able to achieve innovative local solutions through being a small service, in touch with the community. We work closely with other organisations and the local Council. This approach has been particularly useful in our approach to preventative health. Council provided seed funding for us to commence Yoga classes, the program was so successful and achieved such good attendance levels that it now is self funded. We are looking at other similar initiatives to introduce.

Our Board have taken the view that as a community organisation we will provide health information and proactively assist those in the community through our preventative health activities to improve their health on the basis that "prevention is better than cure". For those that do have illnesses we will provide treatment for those ailments through our allied health professionals or our links with the local medical centre. As they age further, our day centre assists with socialisation. Our community care activities will keep people healthy in their homes for longer and finally when they need it we will provide the best aged care we are able. However, unless the funding mess is sorted out soon this final link in the chain will break and the whole thing will unravel.

We would be happy for members of the Commission to visit our facility and our community to see the range and scope of activities we do.

Should you require any additional information or clarification of the foregoing please do not hesitate to contact me.

Yours sincerely

Paul Crantock CEO 28<sup>th</sup> July 2010