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ACiA Submission

To

Productivity Commission Inquiry

Into

Caring for Older Australians

30 July 2010

Contents

About ACiA

Attendant care refers to any paid care or support services delivered at a person's home or in their community to assist them to remain living in the community. It targets people of all ages, with ill health or a disability. However, by the very nature of the service, the majority of services are provided to the elderly. Attendant care aims to maintain or improve a person's independence and reduce his/her risk of admission to a facility or hospital. This is achieved by providing assistance based on each person's individual needs. It may include nursing care and assistance with all activities of daily living including personal assistance, domestic services, community access, vocational support, educational support, child care services, gardening/home maintenance, respite care, palliative care, social support, therapy program support**.**

Attendant care therefore supports the Commonwealth and State policies of allowing people to actively participate in society, remain in their own homes and avoid unnecessary residential care.

The Attendant Care Industry Association of NSW Inc. (ACiA) is the peak body representing private and charitable Attendant Care service providers. The organisations that we represent, employ more than 15,000 workers and approximately 60% of those work with elderly Australians.

While ACiA is based in NSW, its focus is National. ACiA's vision is that the Attendant Care industry is known and respected as a provider of quality services. To achieve this vision, ACiA provides education, resources and support to the industry and has now also developed a management systems standard (endorsed by JAS-ANZ) that addresses specific attendant care quality requirements.

Context

As ACiA's membership is concerned with the delivering of community based care, ACiA's comments relate to the provision **of community based services**. Only issues that impact on our industry are addressed. Our comments reflect a broad assessment of the issues facing the industry as funding bodies and service providers struggle to meet the needs of a wide range of service users. While the comments are relevant to aged care, they are also largely relevant to the provision of any attendant care service to any service user group.

Overall Comment

ACiA acknowledges the complexity of developing services for the disparate needs of the aged care population. However, it is ACiA's contention that to date, too little focus has been placed on the positive impact of the use of flexible services that are truly 'community' services. Despite the fact that our members deliver a huge numbers of services to the elderly population in the community, we are still asked by many other providers of aged care services "what does attendant care have to do with aged care?" The services our members provide allow people to remain at home **and** to participate in their community. However, a great deal more could be done to improve the breadth and quality of these services. Our submission addresses these issues.

Issue 1: Access to Appropriate Standard of Care and Planning Services

1.1 Lack of a Clear Policy on What Level of Paid Care and Support Should be Provided

While it is completely understandable from a political level, our society and the major funding bodies do not have clearly articulated policies about the types and levels of support that **will or should** be provided. This means that policy makers/service funders do not really have a clear idea of the current need and the current shortfall. The level of support provided is determined by **each** funding program. This assessment does not appear to be based on a clear set of parameters on what we, as a society, should be able to provide.

1.2 Lack of an Accepted Method of Assessing Care and Support Needs

There is currently no consistent or integrated National approach or method of assessing the need for community based care and support. As Professor Kathy Eagar (Centre for Health Service Development, University of Wollongong) succinctly puts it, "Without valid and consistent tools to measure the 'need' for community care, it is impossible to measure 'need' independent of supply, impossible to target services to those with most 'need' and impossible to measure the cost effectiveness or the outcomes of community care interventions. Instead, the only policy option is to assume that need equals demand. … The Centre for Health Service Development database alone holds 352 different assessment forms that were in use in Victoria in 2000. Our estimate is that there are probably 1200 forms being used across the country. The cost is staggering. Each has been designed by a 'working party' or 'committee' that met multiple times, there are significant training and retraining costs and there is a high cost to consumers in re-telling their stories multiple times."

Aged Care Assessment Teams (ACAT), do provide comprehensive and multi-disciplinary assessments. However, in our experience there are a number of issues with ACAT services that limit the work they are able to do:

- Access to ACAT services is limited in that there is commonly a waiting list for services
- This also means that once a service is deemed 'stabilised' the service user is 're-prioritised' so if circumstances change (as they commonly do for people as they age) the wait begins all over again
- Due to the demand for ACAT services they tend to be focused on more frail people who have **higher service level needs**
- Additionally while the assessment is comprehensive, when the limit of services available to fill a need is understood, it is understandable that the full need is not necessarily documented, the gap between need and services delivered may not be captured

This lack of ability to accurately assess need, in a timely manner, for all persons as they age, means we have been unable to assess real need and hence understand the current and potential service gaps.

This is made even more complicated by the lack of consistent agreement on when service needs should be assessed and/or reassessed. That is, what are reasonable assessment trigger points that may alert the need for services in a timely method so that there can be greater prediction of service demand. This in turn may prevent the current support networks from collapsing and triggering admission to institutions.

Recommendation 1a
This is an ideal opportunity to consider the minimum standards of support to which every aged person should have access, whether this is paid or unpaid support.

Recommendation 1b
Establish a working party to develop a consistent or integrated National approach or method of assessing the need for community based care and support.

Issue 2: The Initial Lack of Recognition of (unpaid) Carer Support Provided

As an adjunct to the lack of consistency in assessing needs (Issue 1), assessments do not generally accurately document the current hours of unpaid support and care being offered by close family and friends but also by the informal networks of neighbours and community. Hence, when these unpaid supports are withdrawn, either there is no method

for determining what services are required to maintain the person in their home, or the whole assessment process needs to be repeated.

Recommendation 3
Ensure the National approach or method to assessment of community based care and support needs (referred to in Recommendation 1b above) includes assessment of unpaid or informal support and care. The University of Sydney, with a research grant from the NSW Lifetime Care and Support Authority, is already conducting some research in to this area with regards to care needs, and it would be useful for this work to be built on.

Issue 3: Lack of Funding/Services and Lack of Understanding of the Impact of This Shortfall

There is a genuine shortage of available services. For example, the Home and Community Care (HACC) program clearly states it is "an ELIGIBILITY-based program, not an entitlement program; HACC eligibility does not guarantee provision of service". This is reflected in other programs such as EACH and CACP where despite the fact that the ACAT team assesses a person as needing the service, if there is no package available, he/she does not receive it.

While it is acknowledged that it is a complex cause and effect, there appears to have been little attempt to develop a model for assessing the impact of these service gaps on sustainability of people in their own homes.

Recommendation 3
Ensure the National approach or method to assessment of community based care and support needs (referred to in Recommendation 1b above) includes a model for assessing the potential and actual impact of lack of service provision in both individual cases and in order to build situational risks and profiles. This could then be used to help direct policy making and perhaps address service gaps through a clearer cost/benefit analysis.

Issue 4: Lack of Integration of Services/Support/Funding Packages

It can seem to those outside the system (and even for those inside the system) that there is a lack of integration of many services and support options for the service user and the Carer. Some of these potential integration gaps come from the federal/state funding mix and others come from the different streams of funding that are based on the type of problem/condition/disability (ie aged care, congenital disability, acquired disability, short-term need following hospitalisation) that a client/service user may experience. This may mean that support may not be able to be flexible enough to manage (sometimes rapidly)

shifting needs. This may in turn mean that, unintentionally, families/Carers may not be sufficiently supported to remain together as demands increase (in either the short or long term), and this may then lead to dissolution of the family unit.

This also makes it difficult to integrate packaged support services/hours to achieve efficiency or economies of scale.

This can particularly be a problem in regional and remote communities when the number of funding packages are limited and/or where services are restricted to a small number of providers.

Recommendation 4
By considering more closely the issue of 'need', as discussed in previous recommendations, it may be easier to identify how services could and/or should integrate. This could lead to a more integrated framework of services that clarified when it was unreasonable for funding to be removed simply because a new area of support, whether temporary or permanent, was required.

Issue 5: Lack of Flexibility

Dealing with a crisis is often such a critical time for any family unit, but particularly so when high levels of care are being required with the family. Any crisis can tend to put the delicate balance that helps sustain a person in their home. Short-term illness of the elderly person or their carer (or even any part of this delicate balanced world such as a neighbour), death or chronic illness of a Carer or even a financial crisis (such as the need for additional medicine, a new refrigerator) can have a major impact. However, in these circumstances, being able to use available services in a more flexible way, or the provision of even a small amount of additional service (eg increased domestic assistance, shopping, respite) or financial assistance could help the family unit through a crisis.

However, due to the generally rigid eligibility criteria for the majority of funding programs, services cannot be reallocated and/or additional services or resources are generally difficult to access.

These issues can be compounded in regional and remote communities, when the number of support services, particularly respite services, are often very limited.

Recommendation 5

 ACiA understands the need for allocated funding to be used for the purpose in which it was intended. However, similarly to recommendation 5 above, identifying clear situations where it was possible for either additional resources to be allocated, or the funding to be used, even temporarily, for a new/different area of support would be useful to service users, their families and those managing funding programs.

Issue 6: Lack of Locally Available Services

It has now been understood and acknowledged that decreased access to 'mainstream' health services in regional and rural communities has lead to poorer health outcomes for those within these communities. To address these gaps, significant steps are now being made to either provide additional services on site or through such methods as e-health.

Similarly, lack of access to services within the geographical boundaries of where service users live, can have a significant impact on whether families can continue to maintain the family unit. Of particular impact is the availability of high quality respite care. While this is a major issue in regional and remote areas, it is also significant even in metropolitan areas.

A Carer may place the person they support into respite for periods of time to rest or to have some of their own care needs attended. However, they will generally not wish to sever all ties during that time and will often visit the person in the respite situation. If the respite is not local, the Carer may often decide to not look after his./her own needs and 'struggle through'. In turn, this may have an impact on the longer term positive functioning of the family unit.

Recommendation 6
(Note: This recommendation is also relevant to Issues 3, 4 and 5)
The provision of locally available supports, especially respite care, which promotes family ties, has to be a key component of all planning service options.

Issue 7: Workforce Issues

Employment in the social and community services workforce expanded by 66.2 percent in the decade to 2006, compared with national employment growth of 19.2 percent[1]. Despite this rapid growth, the sector is still characterised by a chronic shortage of

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[1] *Profiling non-government community service organisations in NSW: Summary Report*, Social Policy Research Centre, University of New South Wales, July 2010, p 1

workers. The difficulty in attracting workers to the community sector is well documented[2], as are the numerous reasons for this. However, ACiA wishes to highlight some additional issues, or ones that our members feel are not adequately considered in the work done to date on this topic.

While it is not the only issue, it is clear that the value of the work undertaken by all employees in this sector, but particularly in community based services, continues to be undervalued. This is despite:

- the increasing complexity of the work being undertaken
- the special spread of skills required to complete the tasks competently and in a such a way that there is respect shown (as the service is being delivered in the person's own home or community) and so the service 'adds value' to the quality of the person's life
- the unsocial and erratic nature of the work.

The lack of value is shown primarily in rates paid by funding bodies for services. This impacts of course on the wages paid to workers, but also affects what resources can be put into developing and nurturing what is essentially a remote workforce.

Another issue is the uncertainty of work hours. The increased focus on program-specific funding adds to these problems. If the program stops or changes, so does the employment. It is difficult for most workers to live with this level of uncertainty and hence they will seek work in a more stable environment.

Also impacting on the retention of workers is the lack of regulation and disparity between providers in terms of the quality of support that is given to workers (refer also to Issue 9). In particular, funding is generally not given to train workers to gain the skills required to meet an individual's needs or to attend meetings/ongoing training. This means that either the provider organisation has to pay the worker salary (unfunded) to complete this training or the worker has to agree to attend in their own time. This seems a little unreasonable to expect of worker who is only receiving $20per hour.

The National Pay Equity Case (affecting the *Social, Community, Health Care and Disability Services Industry Award 2010)* that is before Fair Work Australia may make a substantial difference to the salaries paid to workers in the community. However, if that wage increase is not fully funded, the only option will be for services to be affected.

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[2] ACOSS (2010) *Australian Community Sector Survey 2008-2009, p6*

Additionally, almost half (47 percent) of community service organisations around Australia are private[3] and yet government policy continues to regularly exclude this sector in policy discussions. An example of the impact of this is in pay rates that private providers have to struggle with. Without the availability of fringe benefits that not-for-profits are able to access, private providers have greater issues to face with workforce recruitment and retention.

Recommendation 7a
Ensure any major changes to wages are fully funded and that the value of workers in this area continues to be explored. Also refer to Recommendation 9.

Recommendation 7b
Ensure consideration is given to the substantial costs and difficulties of managing a remote workforce, especially when the focus is on 'program-based funding'. Also refer to Recommendation 9.

Issue 8: Inability to Find Out What Services Are Available

For many people, even being able to find out what services are available to access is a major stumbling block for them being able to support themselves and those they care for. It is acknowledged that attempts have been made in recent years to address this, but the ability to easily find out what services are available to whom, is generally not easy.

Recommendation 8
Further explore ways of informing the community and service providers about the breadth of services available. The development of frameworks alluded to in recommendations 4 and 5 may assist with all community based services being able to more readily identify this.

Issue 9: Confidence That High Quality Services Are Available

Finally, service users need to be able to receive high quality services that focus on their individual care needs. Currently the community/attendant care industry has been fast-growing and its services are in demand. However, the sector is still largely unregulated, resulting in a lack of consistency in service delivery. While attempts have been made to introduce quality systems, these are either state-based, program-based or 'generic'. As

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[3] *Profiling non-government community service organisations in NSW: Summary Report*, Social Policy Research Centre, University of New South Wales, July 2010, p 1

each state or program-based service has some quality requirements, this means that service providers are currently 'drowning' in quality/performance reporting requirements. Some of our members have to address up to 13 different funding body requirements. In addition, any generic programs that are Australia wide are not focused on the specific requirements of the industry.

Additionally, many of the quality systems/requirements do not focus on service management. This may have a substantial impact on the effectiveness of the management of workers and the ability to attract and retain this important workforce.

In order to address this clearly unsustainable effort with questionable outcomes, ACiA has developed a National Quality Certification System specifically for the attendant care industry that will meet most funding body quality requirements. The system utilises the Attendant Care Industry Management System Standard (ACIMSS). This Standard has been developed by key stakeholders and endorsed by the Joint Accreditation System for Australia and New Zealand (JAS-ANZ).

ACIMSS focuses on the key issues required to deliver high-quality, individualised care in the community. In particular, it is suitable for **any** type of service user, that is, the frail aged, people with a disability, people with an acquired brain injury or a physical injury.

Our experience to date has been that the ACiA quality system has a very positive impact on quality of care and service delivered.

Recommendation 9a
We strongly recommend the adoption of National, external quality programs that are specific to the industry so that high quality of care and services can be considered the norm. Any funding program will then just have to 'map' their requirements against the available systems and address any specific program gaps, rather than commencing from 'scratch'. However, we do NOT believe that extending the current facility-focused aged care accreditation into the community sector is the best fit for community based services.

Recommendation 9b
Ensure that any quality system requirement encompass effective management requirements, especially with regards to sustaining and developing their workforce.