Australian Government Department of Veterans' Affairs

National Health, Aged and Community Care Forum

Submission to the Productivity Commission Inquiry – Caring for Older Australians

Introduction

The National Health, Aged and Community Care Forum (the Forum) is a consultative forum which was established by the Department of Veterans' Affairs (DVA) in 2009 primarily to provide advice to the Department about the health and aged care needs of veterans and war widows/ers and other members of the ex-service and defence community.

The Forum's predecessor, the National Ex-Service Round Table on Aged Care (NERTAC) established in 1999, under the Chairman, Major General Peter Phillips AO, MC, (Retd), had an enviable reputation for representing issues of strategic importance to veterans, their widows/ers and dependants in the aged care sector.

The Forum's Terms of Reference are listed at Attachment A.

Membership of the Forum includes representatives of significant ex-service organisations and provider representatives from the aged and community care and health sectors (e.g. aged and community and residential care). Representatives of other organisations may be invited to participate in the discussion of specific agenda items or matters of common interest.

The Forum's current membership is at Attachment B.

Purpose of the Submission

The purpose of the submission is to:

- document the cultural and social characteristics of members of the ex-service community;
- note the unique circumstances of the veteran community especially in residential aged care, such as special needs status and funding arrangements;
- articulate the major concerns of the ex-service and defence community about current arrangements in residential aged care;
- in particular, review the quality of care available to Older Australians under the current accreditation system, and between public and private institutions where philosophies may be significantly different.
- review the current complaint system available to DVA clients (the current DOHA Aged Care Complaints Resolution Scheme fact sheet is dated December 2001, Publication Approval Number 2981).

Cultural needs of members of the veteran community

Veterans have specific social and cultural characteristics, which include:

- personal hardships as a result of war service that can affect veterans and their dependants physically and psychologically;
- critical shared experiences outside those of the general community; and
- identifying themselves as a distinct cultural group with distinct needs (e.g. commemoration of fallen comrades, observance of special days such as ANZAC day and Remembrance day, provision by government of healthcare and compensation for war caused illnesses/injuries).

The core of the veteran culture lies in the bonds of mateship, commemoration for those who did not return, and support for dependants of deceased comrades.

The impact of war-related memories associated with ageing processes such as grief and loss, depression, social isolation and dementia can be significant. The combination of PTSD with a dementing illness is especially challenging for the person as well as for family members and staff who care for them.

Veterans in Residential Aged Care

At 30 June 2009 there were over 25,000 veterans, war widows/ers in permanent residential aged care. This represented about 16% of all permanent residents (about one resident in every six) in Australian Government subsidised residential aged care facilities. Around 64% of eligible veterans in residential aged care were females and 36% males.

Almost all aged care facilities have some eligible members of the veteran community as residents. However, very few homes cater mainly for DVA clients - in only 0.6 % of facilities did DVA clients account for more than 50% of residents. Eligible veteran community residents accounted for between 10% and 30% of residents in over 70% of aged care homes.

Veterans, war widows/ers in residential aged care are required like other Australians to pay fees and accommodation payments. However, in recognition of the special contribution and sacrifices made by veterans on behalf of the nation, the following benefits have been preserved:

- DVA disability pension as compensation for service-related injuries is exempt from income testing of daily fees for service pensioners and self-funded retirees with qualifying service. However, there is considerable concern within the veteran community about how this information is communicated to the families of those entering residential aged care, or clearly documented for those who have no-one to represent them (so that the aged care facility does not overcharge them).

- The Australian Government pays the daily care fee for former prisoners of war and Victorian Cross recipients, and they are exempted from income tested fees. This applies in the provision of Australian Government community packaged care as well as residential aged care;

- Repatriation health care benefits are maintained for entitled veterans, war widows/ers in residential aged care and community care; and

- Some items such as custom-made mobility aids and electric wheel chairs supplied under DVA's Rehabilitation and Appliances Program prior to classification as a high level care resident , may be retained by eligible veterans and war widows/ers. Retention is subject, however, to the aged care provider's agreement, taking into account any storage or safety concerns.

The retention of custom-made mobility aids needs to be more adequately defined than at present (use of the words **may** and **subject to** don't help this perception). The decision of the aged care facility is apparently based on clinical need and there are many obstacles which need to be overcome to satisfy this requirement.

DVA is funded directly to provide the Australian Government subsidy for residential aged care in respect of eligible members of the veteran community, i.e., Gold and White cardholders. The funding amount for veteran residents is the same as other residents with a similar assessed aged care need and income profile.

The 2010-11 Budget appropriation to DVA for this purpose was $1.14 billion. This amount is expected to rise steadily for the next few years. DVA provides this funding to Medicare Australia and the arrangements are regulated by a recently signed Business Partnership Agreement (BPA) with DoHA.

Special Needs status for veterans under aged care planning

Since 2002, veterans have been a special needs group under the Allocation Principles of the *Aged Care Act 1997.* This was an outcome of a ten year campaign by members of the ex-services community to achieve special needs status for veterans in residential aged care.

It is important to note, however, that the definition of 'veteran' under the *Aged Care Act 1997* applies not only to Department of Veterans' Affairs (DVA) beneficiaries, for whom we provide the Australian Government subsidy in residential aged care, specifically DVA's Gold and White cardholders, but also refers to a much larger group of people who are also deemed to have 'special needs status', for example, veterans' wives/husbands, widows not classified as war widows and allied forces' veterans. There is concern within the veteran community that this latter group are not adequately catered for in aged care planning documentation either within DVA or DOHA.

This distinction can be confusing to members of the veteran community and aged care providers alike, as it is not an automatic requirement that a 'veteran' be a DVA White or Gold card beneficiary, entitlements that would automatically signal their inclusion as a veteran as defined by the 'special needs' status group.

The role of Ex-Service Organisations in Aged Care

The ex-service community has made a longstanding and significant contribution towards the provision of residential and community aged care services to members of the veteran community, and also to many non-veteran residents.

There are approximately 80 aged care facilities across Australia operated by ex-service community organisations, which represents about 3% of aged care facilities. These are mainly operated by the aged care arms of State RSLs, but there are many facilities managed by local ex-service organisations, such as RSL sub-branches, in regional areas.

Ex-service aged care organisations also provide an increasing number of Australian Government funded packaged care services to the homes of members of the veteran community, including Community Aged Care Packages, Extended Aged Care in the Home, and Extended Aged Care in the Home Dementia.

Issues the Forum wishes to raise for consideration by the Inquiry

Listed below are major concerns which the Forum would like to draw to the attention of the Inquiry.

1. Transition to Aged Care

Members of the veteran community, like other Australians, are concerned about the difficulties experienced in the process of managing transition from home to residential aged care. This is particularly the case for socially isolated couples when one of the partners is required to enter residential care.

It is recommended that the Inquiry examine in detail these transition issues (particularly the baton change between DVA and DoHA) to determine whether there can be a more seamless pathway and greater personal assistance for people moving from home to residential aged care, including members of the veteran community.

This may involve a greater role, and consequently support, for volunteer and community organisations, including ex-service organisations.

For veterans and war widows/ers who have had their health and community care needs met by DVA while living in their own home, often for many decades, this changes significantly on moving to residential aged care. This division of responsibility between DVA and DOHA is complex and difficult to understand for elderly veteran members and their families. Some members of the veteran community report that their experience of this transition of care can be disjointed and confusing, thereby adding greater complexity for elderly members of the veteran community in the transition process.

The transition from accessing DVA's health and community care services to residential aged care managed by DOHA is perceived as a lowering in the level of the services to veterans and the loss of their 'specialness' as a veteran. Many of a veteran resident's needs are now provided by the aged care facility, not DVA, and their need is considered against the needs of other non-veteran residents. In some facilities there may be a lack of understanding of Veteran culture.

It is recommended that:

- a new cross-departmental forum be established between DVA and DOHA to oversee the transition of care from home to residential aged care. This forum must include a member with professional qualifications in either medicine or aged care nursing.
- the forum be made accountable for ensuring that full documentation of services and entitlements is made available to each DVA client moving into residential aged care.
- the present ambiguities in fact sheets available to DVA clients moving into residential aged care be investigated and resolved (the words **may** and **subject to** are of specific concern).
- the provision or retention of resources and other items such as mobility aids be included in the documentation provided to each DVA client moving into residential aged care (prescribed at dot point 2 above).
- a single point of contact (either telephone or e-mail) be provided to the family, carer or representative of a DVA client moving into residential aged care.'

This is especially apparent in the transition from residential low care to high care in regard to access to aids and appliances. Generally speaking DVA provides these items to eligible veterans in residential low care but does not provide them to veterans in high care because the service provider has been funded to provide such item. Despite this, in exceptional circumstances, DVA may provide aids and appliances to eligible veterans in high care. A similar situation applies for the provision of allied health care.

2. DVA's apparent lack of accountability for its clients in residential aged care

While DVA ensures quality care for eligible veterans when they are living in their own homes, this role ceases once the eligible veteran enters residential aged care where quality, compliance and the complaints are managed by DoHA.

However, it is recommended that:

- the first recourse for the client after exhausting resolution of a complaint through the aged care facility provider should be to DVA (who after all are providing the funds to DOHA via a legislated "handshake").
- DVA has a widely promulgated time frame within which complaints are investigated and reported on (say 21 days).

Some members of the veteran community have expressed concerns about the efficacy of the residential aged care complaints scheme. In addition it is believed that the

Australian Government does not appear to monitor the outcomes of the special need arrangements 'on the ground' in aged care facilities.

The recent release of the DVA Complaints and Feedback Management Policy (14 May 2010) is encouraging but will obviously need time to bed down and for all stakeholders to fully understand its optimal utility. While all state government health departments are listed under 'contracted service providers', the Commonwealth Department of Health and Ageing is not. The inclusion of full contact details for the Commonwealth Ombudsman offsets this concern to some degree, but this tends to suggest that even minor complaints, which are clearly the responsibility of DOHA, might have to go to such a senior mediator for resolution.

The Forum suggests that the Inquiry consider ways in which service providers are required to report about how they are addressing the aged care needs of residents from the various special needs groups, including veterans.

3. Special Needs Status

Veteran community members have queried the benefits of 'special needs' status in residential aged care and the capacity of the aged care system to effectively address veterans' specific aged care needs. Many aged care service workers are not familiar with veterans' entitlements and special needs.

The accreditation processes for residential aged care facilities do not require facilities to report on how they meet the specific issues affecting veterans, other than expected individual outcomes in relation to Standard 3 (Resident lifestyle). The most relevant outcomes are emotional support (Expected outcome 3.4) and cultural and spiritual life (Expected outcome 3.8).

Forum members believe that these concerns will only be addressed by the implementation of more enhanced reporting procedures to monitor the outcomes of the special need arrangements in residential aged care facilities.

4. Workforce Issues in residential aged care

Members of the Forum want the Inquiry to address the need by the sector for more personal care workers and nurses. The aged care sector has great difficulty competing against the health sector for workers which have higher salaries and conditions. In this competitive environment the Forum suggests that the Inquiry could examine whether the Australian Government subsidy for residential aged care is adequate enough to allow service providers to attract and retain workers.

5. General Issues in Aged Care

Forum members reflect the concern by some members of the general public and within the aged care industry about the adequacy of the Australian Government's funding model for high care, especially in relation to the access to capital to develop new high care facilities and extend existing facilities.

There is also the difficulty aged care providers have in accessing regular visits by general practitioners to facilities. The Inquiry might consider the provision of increased financial incentives for general practitioners to visit aged care residents.

6. Ex-Service Organisations access to veteran community members in residential aged care

Forum members understand that currently the ex-service community is unable to be provided with the names of veteran residents in aged care facilities due to privacy reasons. The Forum asked the Inquiry to consider making it mandatory for service providers to ask veteran residents whether they would welcome visits by ex-service organisations and for providers to facilitate these visits.

Attachment A

Terms of Reference: The National Health, Aged and Community Care Forum

The forum will:

- be a link between ESOs, providers and DVA in the dissemination of information on health, aged and community care issues;
- provide information on the current and future aged care needs of veterans and war widow/ers and other members of the ex-service and defence community including carers;
- be a conduit for developing and proposing better practice residential and community care arrangements for the ex-service community;
- ensure that non ESO aged care service providers are aware of the special commemorative and cultural needs of their ex-service community clients;
- influence future policy directions regarding ageing for the ex-service community;
- monitor developments in the aged care industry and the aged care needs of the ex-service community, including access to residential care; and
- consider how the Department better supports people at home with community support.

Attachment B

Membership: The National Health, Aged and Community Care Forum

Current membership comprises representatives from the following organisations:

Deputy President, Repatriation Commission (Chair)	Mr Shane Carmody	ACT
Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (TPI)	Mr John Vincent	VIC
Legacy	Ms Hazel Bridgett	NSW
Partners of Veterans' Association (PVA)	Mrs Joy Herman	VIC
Returned and Services League of Australia (RSL)	Mr Ross Smith	QLD
War Widows Guild	Mrs Diana Bland	NSW
Vietnam Veterans Association of Australia (VVAA)	Ms Jan Properjohn	ACT
Vietnam Veterans Federation of Australia (VVFA)	Mr Gerry Mapstone	ACT
Prime Ministerial Advisory Council (PMAC)	CDRE Nick Helyer	NSW
Principal Medical Adviser DVA	Dr Graeme Killer	ACT

The forum has the flexibility to invite representatives from other organisations or individuals as determined by the areas of focus or specific agenda items. As the consultation in this field has traditionally focussed on issues of ageing and related policy, it may involve service providers.