Frontier Services

Submission to the Productivity Commission Inquiry:

Caring for Older Australians.

July 2010

Table of Contents

FRONTIER SERVICES

RESPONSE TO THE PRODUCTIVITY COMMISSION INQUIRY: Caring for Older Australians

Executive Summary

Frontier Services welcomes the opportunity to contribute to this Inquiry. We note the need for this inquiry to "be comprehensive in scope and coverage…. addressing the full spectrum of care needs of older Australians and delivery of that care in community settings and residential accommodation."

We also note the Australian Government's request to specifically address the interests of "special needs groups, including people living in rural and remote locations, Aboriginal and Torres Strait islander people…" and the Productivity Commission's focus on identifying options for restructuring Australia's aged care system**.**

This response is specific to the experience of Frontier Services aged care service provision in remote locations throughout Australia.

Frontier Services is a member of the National Aged Care Alliance and supports the alliance's Vision Statement *Leading the Way*. As a part of the UnitingCare Australia network we also acknowledge the work of other parts of that network in response to this Inquiry. As indicated in the *Leading the Way* document there are agreed principles across the sector that must underpin reform in aged care and we urge the Commission to be guided by these as it develops the report to Government on the way forward for aged care reform.

Frontier Services also acknowledges the work of other not for profit organisations responding to this inquiry and the specifics of their submissions.

This response highlights the importance of aged care reform processes to be inclusive of the needs and specific circumstances that present for people in remote Australia. Frontier Services is committed to representing the voice of so many Australians who live in these areas for whom current service delivery presents issues of access, viability and appropriateness.

Remote Australia occupies approximately 85% of the Australian continent yet 95% of the nation's population reside in the cities and their rural hinterlands. As a result remote *Australian settlements and their residents are marginal within the Australian polity*.[1] **We trust that this next stage in the reform of aged care services will address the special needs of those who, in the past, have been overlooked in the processes of change.**

This submission does not always provide the answers to the problems encountered but we affirm our capacity to work in collaboration with government to seek new and innovative measures that will ensure access, appropriate service delivery models and creative responses to unique problems.

In the course of this submission we will respond with evidence on the issues of aged care services that operate;

- in a unique setting,
- with a unique client mix; and
- within the context of market failure.

---

[1] remoteFOCUS: Revitalising Remote Australia, Desert Knowledge Australia, September 2008, page 5

1. Introduction

1.1 Our Profile

Frontier Services is the leading national provider of health, aged care, family and community services to people in outback Australia. As a national agency of the Uniting Church it is a part of the broader UnitingCare network of services operating across all states and territories providing services to older Australians, their carers and families.

Frontier Services has been operating for 97 years, initially as the Australian Inland Mission. More than 600 staff deliver a range of services including: residential and community care; remote primary health care and nursing clinics; responsive support services for families, young people and children including childcare and early childhood education and parenting support programs and student accommodation; migrant settlement assistance; the provision of short-term volunteers to assist families in need; and pastoral support.

Frontier Services works with people across 85% of the continent in regional centres, and Aboriginal communities and on isolated properties and mining sites. It is the *only* organisation, public or private, providing these services across the whole of remote Australia.

Please refer to Diagram 1 attached.

1.2. Frontier Services Operations - *a Snapshot*

Frontier Services has provided aged and community services across outback Australia since the 1940s. We are now the largest single provider of aged and community care services in the remote areas with a large number of mainstream and innovative programs in place to meet the needs of remote and Aboriginal communities.

Frontier Services works collaboratively with other services including with Aboriginal services in the Northern Territory, Western Australia and Queensland. In addition we provide practical support to communities (like Mutitjulu and Yuendemu) in central Australia to further develop existing services and also to implement new initiatives. In residential care our systems are recognised as better practice models and we have made our systems and documentation available to any organisation.

We provide 9 out of 33 residential aged care services listed as Aboriginal and Torres Strait Islander Residential Aged Care Services under the Aged Care Act 1997 and we provide formal and informal support to a number of others and to communities providing flexible services and unstructured services using Community Aged Care Packages (CACPs).

In Western Australia and the Northern Territory, the organisation has demonstrated that it has the capacity to provide a wide range of innovative services across all aged and community service areas to Indigenous and non-Indigenous clients residing in a remote area. The organisation has demonstrated flexibility and innovation in its approach to service delivery.

Frontier Services develops and operates a diverse range of projects and programs from conception stage through to service delivery. Frontier Services has worked successfully in partnership with Aboriginal organisations such as the Gwalwa Dariniki Association in Darwin, the Doomadgee Community Council in Queensland and the Mowanjum Community near Derby in WA.

In the Derby region, Frontier Services has linked closely with Bidyadanga, Fraser Downs, Looma, Jarlmadangah Baru,Ngalangkaji, Junjuwa, Jimbalakudnji, and Yakanarra, Wankatjunka. We are supporting the Warnum (Turkey Creek) community in the provision of unstructured care.

With respect to the Kimberley, Frontier Services currently manages Ngamang Bawoona, a 17 place low care facility in Derby, Marlgu Village, a 9 place low care facility in Wyndham, and the Numbla Nunga Nursing Home in Derby. Frontier Services provides Home and Community Care (HACC) services at Kununurra and Wyndham, Community Aged Care packages (CACP's) at Kununurra and a respite service for the town of Kununurra and the surrounding region.

The Kununurra HACC service has provision for 37 clients and first came under Frontier Services sponsorship in 1991. There are three services within this project including community care packages and respite care. The Wyndham HACC service, with provision for 20 clients, has been managed by Frontier Services since 1993 when the local committee could not continue to operate. The service is co-located with the Marlgu Village hostel.

The above is illustrative of our unique service provision profile and is a snapshot of the Frontier Services aged and community care services. The map, Attachment 1, identifies all our services in aged and community care and pastoral support.

Frontier Services welcomes the opportunity to contribute to this Inquiry. We note the need for this inquiry to "be comprehensive in scope and coverage…. addressing the full spectrum of care needs of older Australians and delivery of that care in community settings and residential accommodation."

We also note the Australian Government's request to specifically address the interests of "special needs groups, including people living in rural and remote locations, Aboriginal and Torres Strait islander people…"
and the Productivity Commission's focus on identifying options for restructuring Australia's aged care system.

This response is specific to the experience of Frontier Services aged care service provision in remote locations throughout Australia.

1.3.   Sector Alliance

Frontier Services is a member of the National Aged Care Alliance and supports the alliance's Vision Statement *Leading the Way*. As a part of the UnitingCare Australia network we also acknowledge the work of other parts of that network in response to this Inquiry. As indicated in the *Leading the Way* document there are agreed principles across the sector that must underpin reform in aged care and we urge the Commission be guided by these as it develops the report to Government on the way forward for aged care reform.

Frontier Services also acknowledges the work of other not for profit organisations responding to this inquiry and the specifics of their submissions.

This response highlights the importance of aged care reform processes to be inclusive of the needs and specific circumstances that present for people in remote Australia. Frontier Services is committed to representing the voice of so many Australians who live in these areas for whom current service delivery presents issues of access, viability and appropriateness.

Remote Australia occupies approximately 85% of the Australian continent yet 95% of the nation's population reside in the cities and their rural hinterlands. As a result _remote_ *Australian settlements and their residents*

are marginal within the Australian polity.[2] **We trust that this next stage in the reform of aged care services will address the special needs of those who, in the past, have been overlooked in the processes of change.**

1.4.   The Productivity Commission's Inquiry

This Inquiry represents an important step in working towards identifying solutions that will address the challenges of providing care and support for the current and future generations of older Australians. Frontier Services welcomes the opportunity for the independent view of the Commission to take forward solutions that have real capacity for change.

This submission does not reiterate the findings of previous reports commissioned by industry and government over the last 7 years. It attempts to present the issues that affect the delivery of care into the exceptional environment that is remote Australia where current policy and program supports often fall short in meeting the needs of older, remote Australians.

In the course of this submission we will respond with evidence on the issues of aged care services that operate;
- in a unique setting,
- with a unique client mix; and
- within the context of market failure.

2.   Overarching Comments

Past reviews, the Productivity Commission's Issues Paper and the *Intergenerational Report 2010* identify the significant challenges that face an ageing Australia.

Paramount to addressing those challenges as they present in remote Australia is the recognition that current policy and program design are metro centric in their focus and, as a result, disadvantage those delivering aged care services in remote settings and those receiving the services. As we move into the 21st Century the continuation of this 'one size fits all' approach negates attempts to provide real reform that addresses the specifics of service delivery in remote settings.

Remote Australia occupies a very large proportion of the Australian land mass and is of course a major contributor to Australia's GDP. Population is however sparse compared to the highly urbanized nature of Australia's south western and southeastern seaboards. This positions remote Australia in a precarious position in terms of political power and electorate significance. The result is policy and program design that is often inappropriate and disengaged from the realities of the service delivery context.

3.   The Challenges of Service Delivery in Outback Australia

There has been much research and focus on the challenges of service delivery in rural and remote Australia but this has not translated into action that allows service delivery to operate as appropriately and viably as possible.

In highlighting some of those issues we proffer the following:

---

[2] remoteFOCUS: Revitalising Remote Australia, Desert Knowledge Australia, September 2008, page 5

3.1.   Risk Management and Quality Assurance

The current aged care regulatory framework translates into an over zealous and culturally inadequate regulatory regime in remote Australia.

The Aged Care Standards and Accreditation process, whilst recognised and valued to *Promote high quality care and assist industry to improve service quality by identifying best practice, and providing information, education and training[3]* , does not accommodate the specifics of service delivery in an indigenous and/or remote setting.

For example
Access to Specialist Care
The capacity of a remote community to meet the standard attached to the referral of a client to specialist medical care is compromised by remoteness and lack of access to specialist care. This compromises the capacity of the facility to meet that Standard as may be required to illustrate compliance in relation to complex wound management. Such specialist care is very inaccessible in remote Australia.

Staffing
In remote Australia the following issues impact on an organisation's capacity to meet staffing expectations under the *Aged Care Act*:
- high staff turnover affects training and compliance knowledge and continuity;
- lack of suitably qualified staff including Registered Nurses(RN) impacting on the capacity to provide 24 hour RN coverage;
- incompatibility of indigenous staff in a facility with a cross mix of indigenous language and family groups; and
- wage parity for aged care staff compared to those employed in the acute care sector.

Over regulated
In a small facility, with difficult constraints around staffing, much time is unnecessarily committed to addressing all the visits by regulatory bodies and completing reporting documentation. Many small services have 3 or more funding streams and have to complete different accountability reporting for each one, all of which is very time consuming.

The services are burdened with an inflexible reporting and quality assurance process. For example, there is the current expectation that compliance must occur in relation to the Standards and Accreditation process, the Complaints Investigation Scheme, Quality Reporting and Validation, all within the Department of Health and Ageing (DoHA) and then compounded by the Licensing and Food Safety requirements of the NT Government. We do not discount the importance of monitoring and compliance but in a remote, small facility resourcing the demands of such processes is problematic.   Documenting information and getting assistance from the manager takes time and resources away from client/resident care.

There is also the impact such processes have on staff morale. Recently a new practice by the DoHA has caused concern and further exacerbated staff morale. This is the practice of unannounced visits to facilities by the Complaints Investigation Scheme in the event of non-receipt of complaints over the last six months. The practice articulates distrust and fear rather than affirmation and praise.

---

[3] http://www.accreditation.org.au/about-us/

Recommendations
- *The move to more unified reporting able to capture the required information on all client activities would be a positive step forward.*
- *Develop an alternative approach to quality assurance which focuses on wellbeing outcomes.*
- *Key performance Indicators of the system should focus on customer satisfaction, quality of care and care plans, financial outcomes and occupational health and safety issues.*
- *Ensure better wage parity between the acute and aged and community care sectors.*
- *Ensure funding formulas accommodate the true cost of staff.*
- *There needs to be a focus on care support that facilitates one on one care rather than the medical model of intervention.* (This is exemplified by the work of Crossreach, a community services agency of the Church of Scotland.)

3.2. Viability - Services Funded Adequately and Sustainably.

Frontier Services is aware of the work undertaken by sections of the UnitingCare network in relation to the issue of adequate and sustainable funding. We are also aware of the content of the submissions from other parts of the sector that have addressed this issue such as Catholic Health Australia.
We concur with much of the evidence these parts of the sector have provided about the constraints of the current funding regime. Frontier Services, given the location and nature of its work, has special challenges given the very limited market in which it operates and the nature of its clientele.

The comments below draw attention to some of the problems of the current funding regime specific to remote areas.

3.2.1. Identifying Remoteness

The recent application of the Australian Standard Geographical Classification – (ASGC-RA) from July 2010 illustrates a metro-centric policy failure to capture the realities of service delivery in the remote setting. The ASGC remoteness indicator measures remoteness by aggregating its proximity to five hierarchical levels of service centres and these five occur because of the natural breaks of the aggregated remoteness scores. It was developed to divide Australia into broad regions for comparative statistical purposes. This is based on the concept of remoteness defined by how far one travels to access goods and services.[4] In a universal application of this instrument there is no room for a level of flexibility that captures the <u>reality</u> of access.

For example
Under the ASGC-RA Darwin (RA3 outer regional) is <u>not classified</u> remote whereas Alice Springs is deemed remote (RA 4 Remote). This affects the income stream of Frontier Services and the viability of services in Darwin. The operational costs are the same for Darwin and Alice Springs yet it is only in Alice Springs that the viability supplement applies. Under the current instrument for assessing viability Darwin cannot achieve the 50 points needed to qualify for the supplement.

Recommendation
- *Remove the approach of universal application of the ASGC and allow for exceptions which will enhance the viability of already vulnerable services in remote areas without diminishing the viability of other remote areas.*

---

[4] www.abs.gov.au/websitedbs/.../**Remoteness_Paper**_text_final.pdf

3.2.2. Market Failure and Income

The current funding regime operating amidst the demographic context of remote Australia does not cover operational costs for small remote services and as a result operational deficits have increased annually.

For example
Frontier Services cannot rely on income from Low Care Bonds given the nature of our client base. Of all the states and territories, the Northern Territory had the largest proportion (45%) of its population living in Remote and Very Remote areas, with four-fifths (79%) of its Indigenous population living in these areas[5]. This is reflected in the profile of our residents.

For the financial year 2000-01, the median individual annual wage and salary income for wage and salary earners in Very Remote areas was $29,137.[6] The level of disadvantage is acute and impacts on capacity to draw income and highlights the importance of government support for capital and operational costs. Translated into the aged care context, Frontier Services has 22 bonded residents yielding a total amount of $3.2m, and an average bond is $149,000. In all cases the concessional supplement is not greater then the income earnt from the average bond.

Operational Costs
The lack of capacity to draw income either through government viability payments (as in the case of Darwin) or through a greater contribution from user pays, is compounded by the rise in operational costs. There has been, for example over the last three years, a 13% increase in the cost of food and a 5% increase every year for 3 years in wages together with increases in transport costs and rising electricity charges. Adjustments in government subsidies do not respond to these operational cost increases.

Please refer to Attachment 2 consisting of:

- ***The Frontier Services letter to the Minister, the Hon Justine Elliott, dated 9 April 2009 relating to our facility - Pulkapulkka Kari; and***

- ***The Facility Budget 2009/2010.***

  This illustrates the issues of viability associated with small bed numbers, client mix and level of disadvantage.

The Resident Mix
Remote facilities are characterized by small bed numbers and a lack of flexibility in relation to the possible resident mix. Both these elements impact on available income and ongoing viability.

Below is a table indicating the Frontier Services Aged Care capacity as at July 2010. What is evident is the small number of bed numbers and the location of these services in areas deemed economically and socially disadvantaged. However the placement of services in these areas is appropriate to support Australians living in remote areas.

---

[5] http://www.abs.gov.au/AUSSTATS/abs@.nsf/0/1B40E5C07AF557C9CA257718002A70EC?opendocument
[6] http://www.abs.gov.au/Ausstats/abs@.nsf/0/b2203ccd2dd95b36ca256e4d00836a41?OpenDocument

AGED CARE CAPACITIES as at 1st July 2010

RACS ID	FACILITY		APPROVED PLACE CAPACITY	NUMBER BASED ON OCCUPANCY	OCCUPANCY RATES %	High Care	Low Care
6983	Old Timers	NT	68	66.44	97.7%	68	
6994	Flynn Lodge	NT	20	18.26	91.3%		20
6984	Pulkapulkka Kari	NT	17	16.13	94.9%	17	
6993	Pulkapulkka Kari	NT	2	2.00	100.0%		2
6986	Rocky Ridge	NT	22	22.00	100.0%	22	
6996	Rocky Ridge	NT	5	5.00	100.0%		5
6989	Tracy Aged Care	NT	57	56.32	98.8%	57	
6988	Terrace Gardens	NT	58	56.43	97.3%	58	
7225	Marlgu Village	WA	9	8.64	96.0%		9
7426	Numbala Nunga	WA	26	25.56	98.3%	26	
7184	Ngamang Bawoona	WA	17	12.97	76.3%		17
6990	Katherine Hostel	NT	30	28.50	95.0%		30
	TOTAL		331	318.25	96.1%	248	83

It is important to recognise that providing these services close to family and land is a commitment to cultural sensitivity and service model appropriateness. Frontier Services has a long standing commitment to the principle that despite remoteness and viability issues, people are presented with choice and services which recognise the need for people to be close to their families and land. However our capacity to do so under the current funding regime is being undermined and eroded.

Funding Constraint
There is an assumption attached to low care subsidies of the capacity of the resident to access health services through either the resident's own or family/carer means. For those in low care facilities in Frontier Services this is almost never the reality, and if a client is in low care and needs referral to a doctor, there often is no other option than for the facility staff themselves to take the client to the doctor; this is not covered in low care funding nor is there any capacity due to family and carer circumstance for this cost to be recovered from the client. Hence the facility carries the costs for which there is no recompense.

The "Multipurpose" Service Notion
Over the years there has been the development of differing models of care and support around the notion of multipurpose facilities/services/centres. These models are mentioned here because of their ability to shore-up the viability of services.

The multipurpose service has operated as an integrated health and aged care service option for small rural/ remote communities. There has also existed multipurpose centre funding which facilitated the co-ordination of health and related services in small communities through the sharing of costs and thus the financial viability of the centres. It existed because of the recognition that services operating alone in such remote locations were

not viable. This funding has recently been rolled into the Rural Primary Health Service Program and is no longer available to support marginal operations. There is increasing mainstreaming of service delivery models under a metro-centric focus that adds significantly to reporting and accountability requirements and does not acknowledge the fragility of services and the need for viability measures to ensure their ongoing sustainability. The Mulitpurpose model was useful to support viability where aged care services alone were not sustainable without the connection of services. It also makes good sense that the care needs of the client are best served in a model that connects services and promotes seamless delivery.

Aged Care Assessment Teams (ACATs)
Remote Australia is impacted even more than urban Australia by the shortage of registered nurses. Aged Care Assessment Teams are often under staffed and under pressure due to difficulties of access and remoteness. The result is that people wait considerable time to be assessed and aged care facilities have empty beds as clients and facilities await prolonged assessment. In remote Australia this also impacts on viability and the health of residents.

The effect of these delays is to further threaten the financial viability of services without the ability for the service provider to influence or address the deficit.

A corollary of this is the changes that can occur over a period of time a resident is in care. For example, an indigenous person may enter a facility as high care but over time and with good care their health improves which is then reflected in the re-classification of the resident. It should be noted that even if the care needs decrease for that resident costs do not decrease given the small bed numbers and the fixed operational costs.

Recommendations
- ***Ameliorating the impact of small bed numbers and market failure/income restraint must be better addressed in the funding regime for aged care services.***
- ***Move to a single classification of care and a common assessment tool.***
- ***Continue to support service development in remote Australia that provides for ease of access, seamless service delivery and accommodates the need to be close to family and land.***

3.2.3. Workforce

Remoteness poses significant challenges associated with securing and maintaining an aged care workforce. The current funding framework, including viability funding, does not address these issues adequately.

The staffing characteristics in remote areas which impact negatively on facility operations are:
- changing demographics;
- limited education and training;
- issues of kinship and family responsibilities;
- low literacy levels; and
- high turnover and recruitment costs.

There is an ongoing demographic shift in the population of remote Australia. Continued growth in towns is largely due to the movement of the indigenous population. [7] This movement has not however resulted in a greater pool of skilled workers for aged care.

---

[7] Op. Cit. page 7

Whilst Frontier Services has an ongoing commitment and clearly defined track record of supporting indigenous training and employment, it comes at a cost to the organisation both in terms of operational costs and workforce support. The onus is on the organisation to provide the means through which staff can be up-skilled to ensure quality of care. There is also the necessary expectation that staff will be cognisant of all policy and program changes and have the up graded skills to ensure compliance. But the premise that this is easily arranged and organized in the remote setting rests on the metro centric notion of ease of access. For example, the introduction of the new Aged Care Funding Instrument required service providers to readily absorb the changes and transition to the new care instrument. In remote areas this assumption is fraught with danger because of staffing profiles, literacy levels, language challenges, retention and recruitment issues and access to training. Staff retention issues together with low wages, shift work, the demands of kinship and family structures, difficulties accessing training and backfilling positions when staff are offsite to attend training, compounds the operational management problems and operational costs.

Viability is also furthered compromised because the current indexation of care funding has not kept pace with the real costs of service delivery. For example, Frontier Services is committed to a 5% increase in wages as a result of its Collective Agreement but this is not matched by an increase in funding from Government. Care subsidies have only really had the benefit of minimum wage adjustments. We note that minimum wage adjustments (COPO) indexation was supplemented for five years by the Conditional Adjustment Payment (1.75% annual increment) but indexation reverted to COPO after the 2010 Budget.

In terms of attracting staff the aged care industry does not have parity with the acute care sector and this results in reduced attractiveness of the aged care workplace. For example, wages paid to Registered Nurses in Darwin Hospital are 11% higher than for aged care.

Other additional staffing costs not factored into the current viability funding are those related to the need to use agency staff. In remote Australia, agency staff are not able to fill a position day by day or week by week. They provide staffing over usually a minimum of a four week period and need to have covered, in addition to wages, travel costs and accommodation for that period. Short term accommodation is expensive and often very difficult to obtain, particularly in regions where our services compete for accommodation with the mining companies well able to meet the inflated market rates.

The additional costs related to agency staff, particularly housing and transport, over the last three years for Frontier Services, are summarized below:

Costs of Agency Staff
2007/2008 $893,537
2008/09 $1.2m
2009/10 $1.02m

Rent for Staff Quarters
2007/2008 $171,145
2008/2009 $195,941
2009/2010 $245,054

It should be noted that there is no government funding to meet these costs. They are not covered in viability or indexation funding. In addition it must be noted that Darwin rents are high and exacerbate the housing situation for a low paid workforce. This often diminishes the attractiveness of working in the "top end".

Training Commitment
Despite issues with viability and access to training funds Frontier Services has proved, over the years, a very strong commitment to providing career access and pathways for those in remote Australia. For example in 2009 Frontier Services graduated 10 Registered Nurses as a result of a partnership between Batchelor Institute and Frontier Services in which the Tennant Creek Hospital, Bachelor Institute and Frontier Services through Pulkapulkka Kari provided the opportunity for local people to undertake their Registered Nursing Training.

Indigenous Employment
Whilst Frontier Services practice exemplifies such commitment we note the need for a rational approach to the reintroduction of Aboriginal employees into the workforce. At the moment workforce initiatives have attached the incentives to the person. There is little support at the organisational level to support encouragement of training, and training efforts are also dissipated in terms of value adding to the sector because of the wage disparity between acute and aged care settings. The unique conditions surrounding indigenous employment also need to be factored into the unique operational environment. For example 'sorry business,' 'family business' and kinship commitments are major causes of staff absences from work but there is no capacity to cover such absences within current funding constraints.

Cultural Awareness Training
Cultural awareness and sensitivity training for non-indigenous staff working in our facilities is a necessary training requirement. This is expensive to provide and often inaccessible to remote locations without the incurring of high, unfunded costs. Yet teachers and the public service have this as a mandatory and funded requirement prior to working with special needs groups. There is no such funding for aged care.

Another complication to supporting staff is the view of many indigenous people that it is a 'Shame' job. The regulatory environment and the concomitant implication that the worst possible care will be provided unless we are 'made to' otherwise exacerbates this difficulty, predicates against using culturally appropriate staff and means there is an increasing need to bring 'white fella' workers into communities..

National Criminal History Checks.
Whilst Frontier Services recognises and supports the reasons behind such checks, we also appreciate that many potential employees are excluded from employment in areas of high demand because there is no right of appeal when excluded from employment for an offence that does not impact on a person's ability to provide competent levels of care for local, older people. For example, a conviction with a jail term years ago, or as a result of a juvenile record of conviction, should not automatically exclude employment today. Very often the offences of Aboriginal people are related to domestic issues and would not impact on their ability to provide care to older members of their communities.

In many of the communities in which we work, the majority of residents are precluded from working in aged care because of criminal history issues.   The professionalism and probity of Frontier Services should support a measure of flexibility in the recruitment process in such a unique environment.

Recommendations
- *Funding in an environment where there is no capacity to rely on the market for enhanced incomes streams must meet the true costs of care.*
- *There is a need to establish a pricing policy that facilitates ageing in place.*
- *In many of the communities in which we work, the majority of residents are precluded from working in aged care because of criminal history issues.   The professionalism and probity of Frontier Services should support a measure of flexibility in the recruitment process in such a unique environment*.

3.2.4. Consumer Directed Care

The ideal of and reasons for consumer directed care have been well documented by the sector and in past reviews. Consumers increasingly want to exercise choice as to what services are received, which accredited service providers deliver the service and where these services will be received.

Whilst this is the ideal, it is a problematic reform direction in remote Australia given the lack of service providers, the small numbers of those seeking care and the small proportion of care recipients able to make their own decisions regarding care options (for example - those under guardianship orders or those managing the competing interests of kinship and family structures).

Recommendations
- ***The capacity of service delivery to be flexible in approach whilst still maintaining the highest standard of care is a principle that must be accommodated also in the remote setting.***
- ***Whilst we do not have the finite answer as to how this should be addressed, we welcome the opportunity to discuss a range of options that have the capacity to address the issue and bring about change***.

3.2.5. Seamless Service Delivery

Frontier Services' staff are very aware of the angst caused amongst already vulnerable clients when they need to be transferred from Home and Community Care (HACC) to Community Aged Care Package (CACP) provider, then to Extended Aged Care at Home (EACH) providers. Clients should be able to enter the system and stay with one provider if that is their choice and Commonwealth funding programs should be geared to support seamless service delivery.

Recommendations
- ***It is suggested that seamless service delivery would be facilitated if individuals are funded based on assessed need rather than quota and the restrictions on what services a service provider may offer be lifted.***

Access to Medical Services and Discrepancies in Funding
This is a problem at some services as it impacts on the ability to maximise income and decrease deficits. In Darwin there is a lack of Medical Officers willing to service older people within the aged care facility. Frontier Services staff are required to provide transport and escort for medical surgery visits which means we do not have the necessary documentation on site to support ACFI claims. As the care services are provided without furnishing the necessary documentation of Medical Officer diagnoses, Frontier Services is unable to then make the appropriate claim upon the Australian Government.

Throughout remote Australia there are very few or no after hours medical services and this results in ambulance visits to Emergency Departments. Costs associated with these are usually met by the facility because of anomalies in the system. For example, in co-located services in Derby WA, Ngamang Bawoona clients access the Aboriginal Health Service free of charge and have medications provided free of charge dispensed from Broome (200kms away), yet Numbala Nunga (the facility next door) is serviced by the Derby Hospital through the Accident and Emergency Department and medications dispensed from Derby Pharmacy at normal pensioner charges, mostly met by Frontier Services because of the difficulty of identifying family members who are prepared to take responsibility for additional costs.

4. Innovative Practice: What has worked for Frontier Services?

Innovative Operational Design
The Hatrix Med Chart at Terrace Gardens has been developed and implemented to assist and streamline the medications process. As part of the Accreditation process Accreditation Officers viewed medication charts, checked administration history on some charts to view that medications where given and by whom and if not given were able to see the reason why.
The Hatrix system provides for:
➢ Accreditation officers to check the alert system preceding medication charts and develop confidence in how medications were to be administered.
➢ Resident recognition based on the photos on the Hatrix Med Chart.
➢ No transcribing errors.
➢ Demonstration of line charts used if there is a power outage and how these meds where then put in the new med chart.
➢ The ability to check through users and note active and inactive staff members.
➢ Easy briefing of agency RN or EEN through a 1/2-3/4 hour introduction to Hatrix med chart.
➢ Easy to installation and actioning a new user. It is also easy to de-activate users who have left.

The Hatrix Med Chart has allowed the following improvements:
➢ Following Doctors' rounds, Terrace Gardens no longer has to fax every paper med chart where changes were made to the pharmacy or chase up scripts from Doctors. In the past this practice took the RN at least 2 hours.
➢ Once a month the pharmacy would request all paper medication charts to ensure no changes prior to Webster packing. It would take the RN at least 2 hours to fax 56 med charts, and then the pharmacy an equal amount of time to sift through the med charts. This no longer happens. The pharmacy now only refers to the one Hatrix Med Chart.
➢ The Chart has also assisted the reordering of the S8 drugs by removing the potential for lag time between doctor script and reorder. The Hatrix system allows for the pharmacy to be notified appropriately and S8 drugs to be supplied on time.
➢ The Hatrix Med Chart has resulted in a better relationship between the facility, pharmacy and Doctors. Staff are no longer harassing each other for medication charts, scripts or medications.

The system has streamlined the process and removed excessive paper work whilst ensuring all regulatory requirements were met.

> *Prior to Hatrix we copied all paper charts for the pharmacist i.e. 56 charts were in 3 sections, regular medications, PRN and short term. All 3 sections had to be photocopied separately, then old notes gone through to find medication charts used throughout the year so the pharmacist could identify drug administration. The pharmacist had to plough through all of this with RN's to identify all meds were administered, ceased on due date etc; all very labour intensive.*
> *Now in seconds we print off line charts for the pharmacist and supply the lap top for the pharmacist to check back over the last 12 months. There is no searching through old notes looking for information, resulting in less work for pharmacist and RN's.*

As staff have said:
> *Charts are legible and there is less chance of medication errors.*
> *Can read the names of who has administered, instead of trying to identify a signature in a small square.*
> *There is less filing, and less chance of losing documents.*
> *Doctors can access from home or office.*
> *Can add alerts which you could not on paper charts except by sticking notes which then got lost!*
> *Can look in administration history to view if resident has had medication in the past.*

Overdue medications stand out.
Reference viewer excellent with all that information at hand.
The 'help user guide' is easy to use.
How easy it is to select administer, withhold, delay, missed administration with comment.
When residents are transferred to hospital, able to print out med chart with current meds and time of last administration.
If residents go home for a few days or on holidays, able to print from off line a current med chart so families know what and when to administer.

Recommendation
- **Facilities should be supported and encouraged to realize greater efficiencies through innovation and flexibility.**

Modifying Building Design in Response to Environment and Client Need
The buildings designed by Frontier Services have incorporated large protected verandahs, open spaces and bedrooms large enough to accommodate family members. It is important to note that culturally specific environments provide for an optimum care setting and the enhanced comfort of our residents.

Recommendation
- **Building regulations should better reflect the need for flexibility and a wider choice in housing options.**

Carer Support
Services understand the importance of family and ties to land and of the feelings of anxiety that arise as a person transitions to residential care. In response Frontier Services has developed a policy of carer support where some couples have "sleepovers" providing support to partners to stay overnight and spend time together. In other situations we can accommodate a carer from outer areas to assist in settling new residents. Once again there is no financial support to subsidise this cost.

Recommendation
- **The system must accommodate the capacity for greater carer support particularly at the vulnerable times in a person's life such as the permanent transition to an aged care facility.**

Intergenerational Support
Mutitjulu Community Care centre whilst serving the needs of the community by providing breakfast for clients and local school children provides an opportunity for mixed ages to socialize in a conversational setting. This has resulted in a number of community benefits - school attendance has improved, nutritional understanding across the generations enhanced and a safe and socially inclusive setting established within the community. Once again this illustrates the benefits of flexible care models developed at the community level.

Recommendation
- **Successful, flexible options for care should be better acknowledged and supported. As much flexibility as possible should be encouraged, particularly where it is the expressed wish of the community.**

Mobile Respite
Frontier Services Mobile Respite Services are part of the aged and community care system. These programs have been developed in consultation with state and territory governments, the aged care industry, consumers and carers. The National Respite for Carers Program (NRCP) is funded by the Australian Government and comprises Commonwealth Carer Respite Centres, Commonwealth Carer Resource Centres and Respite Services. The first two components focus on assisting with arranging respite care, an access and referral point and information to support carers and the people for whom they care. Services can be in-home respite, centre

based respite and flexible respite in community settings. The NRCP is an example of a community program that aims to enhance the independence of frail, older people or older people with disabilities, and delay or remove their need for entry to residential aged care services, and to support younger people with disabilities and their carers so as to assist them to remain living in the community.

The programs that interface with the NRCP are HACC, CACP, EACH and the Disability Support Program. The location of respite can vary – in a person's home, a day centre, community based overnight respite units, in residential aged care homes or a community setting. One of the types of respite that is funded is mobile respite and this is a model that has been successfully developed by Frontier Services and has operated throughout the Pilbara since 2005 and is now available in the Kimberley.

Flexible respite is provided to those in need and as referred by other government funded agencies most notably the Commonwealth Carelink Centre. There are very few respite services available in the Pilbara and no other mobile respite service other than those operated by Frontier Services - the Pilbara Mobile Respite Service and the Mental Health Mobile Respite Service. The predominant client groups are Indigenous Australians. It is a unique service based on a model of care that serves the needs of those living in the remote Pilbara within a flexible operational framework; the service has developed a culturally aware and appropriate approach to meet the needs of Indigenous Australians. More importantly the operational guidelines and reporting framework have allowed the service to develop in accordance with environmental and contextual need.

Commonwealth Care Link

The challenges of accessing information in relation to the availability, appropriateness and cost of services should not be underestimated. In the Northern Territory where there are few providers and the network is strong, the concept of a one-stop-shop providing access to the breadth of necessary information works well.

We are conscious from our own experience and from that of our clients and families across Australia that one of the biggest problems for those needing to access aged and community care services is to know what is available, how to access it and what it will cost.

This is compounded by the fact that this information is often required when people are at their most vulnerable.

Recommendation
- ***Attention must be given to strengthening this means of delivering access to information, support and referral in order to ensure the provision of the best possible outcomes for the person requiring care and for their carers and family members.***

6.   Summary of Recommendations

- Move to more unified reporting able to capture the required information on all client activities.

- Develop an alternative approach to quality assurance which focuses on wellbeing outcomes.

- Key Performance Indicators of the system should focus on customer satisfaction, quality of care and care plans, financial outcomes and occupational health and safety issues.

- Ensure better wage parity between the acute and aged and community care sectors.

- Ensure funding formulas accommodate the true cost of staff.

- There needs to be a focus on care support that facilitates one on one care rather than the medical model of intervention. (This is exemplified by the work of Crossreach, a community services agency of the Church of Scotland.)

- We concur with much of the evidence that parts of the sector have provided about the constraints of the current funding regime. Frontier Services, given the location and nature of its work, has special challenges given the very limited market in which it operates and the nature of its clientele. This must be addressed if these services provided to very vulnerable Australians are to remain robust and viable.

- Remove the approach of universal application of the ASGC and allow for exceptions which will enhance the viability of already vulnerable services in remote areas without diminishing the viability of other remote areas.

- Ameliorating the impact of small bed numbers and market failure/income restraint must be better addressed in the funding regime for aged care services.

- Move to a single classification of care and a common assessment tool.

- Continue to support service development in remote Australia that provides for ease of access, seamless service delivery and accommodates the need to be close to family and land.

- Funding in an environment where there is no capacity to rely on the market for enhanced incomes streams must meet the true costs of care.

- There is a need to establish a pricing policy that facilitates ageing in place.

- In many of the communities in which we work, the majority of residents are precluded from working in aged care because of criminal history issues. The professionalism and probity of Frontier Services should support a measure of flexibility in the recruitment process in such a unique environment.

- The capacity of service delivery to be flexible in approach whilst still maintaining the highest standard of care is a principle that must be accommodated also in the remote setting. Whilst we do not have the finite answer as to how this should be addressed, we welcome the opportunity to discuss a range of options that have the capacity to address the issue and bring about change.

- It is suggested that seamless service delivery would be facilitated if individuals are funded based on assessed need rather than quota and the restrictions on what services a service provider may offer be lifted.

- Facilities should be supported and encouraged to realize greater efficiencies through innovation and flexibility.

- Building regulations should better reflect the need for flexibility and a wider choice in housing options.

- The system must accommodate the capacity for greater carer support particularly at the vulnerable times in a person's life such as the permanent transition to an aged care facility.

- Successful, flexible options for care should be better acknowledged and supported. As much flexibility as possible should be encouraged, particularly where it is the expressed wish of the community.
- Attention must be given to strengthening this means of delivering access to information, support and referral in order to ensure the provision of the best possible outcomes for the person requiring care and for their carers and family members.

_____