A response from Catholic Social Services Victoria to the Productivity Commission Issues Paper:

Caring for Older Australians

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1. Summary and Recommendations

Catholic Social Services Victoria (CSSV) is a peak body for Catholic social service agencies in Victoria. A list of our member agencies, which range widely across the social services sector, is attached to this submission. These agencies work across Victoria, and are engaged in many elements of care and support for ageing members of the community.

CSSV works with member agencies, as part of the Catholic Church in Victoria, to fulfil the gospel imperatives to stand with and serve those who are poor, disadvantaged and marginalised, and to work for a just, equitable and compassionate society. Further information about Catholic Social Services Victoria can be found on our website: www.css.org.au

Our policy analysis, and our response to marginalisation and disadvantage, builds on the principles of Catholic social teaching. These are based on gospel values and the collective reflection and experience over time of the application of those values in working with those who are poor, disadvantaged and marginalised. They form an integral part of the overall teaching of the Church. Our members continue in this tradition in applying these principles to contemporary issues.

A key plank of Catholic social teaching is respect for the inherent dignity of each person, and another is that the interests of any one section of society cannot be effectively advanced unless all members of society are able to achieve their human potential. This leads clearly to a focus on meeting the needs of all ageing members of our community, and in particular those who lack financial resources, who have been homeless, or who have other special needs.

This line of analysis is echoed in the Universal Declaration on Human Rights, article 25 of which emphasises that everyone has 'the right to security in the event of … old age….' (United Nations 1948), and can be encapsulated in public policy terms as follows: 'a key measure of our civil society is that all Australians, irrespective of socio-economic status, personal circumstances and location who are in need of aged care and support, have access to quality aged care services.' (Catholic Health Australia 2010)

The submission is based on consultations with member organisations that are involved in the provision of aged care services to those who lack financial resources, who have been homeless, or who have other special needs. It highlights the special needs of members of these groups, and the special funding and other requirements that are needed to enable them to experience the same level of care and support that other Australians have access to. It complements and endorses submissions from Catholic Health Australia (with which we share a number of members) and from VincentCare Victoria, whose parent body, the St Vincent de Paul Society, is a member of CSSV,

The submission makes the following recommendations:

Commitment

- The Government and community are called on to commit to provide access to quality aged care services for all Australians who are in need of aged care and support, irrespective of socio-economic status, personal circumstances and location.

Funding programs and levels

- The current funding assessment instrument needs to be adjusted so that the level of funding is sufficient to meet the needs of those who have been homeless, and other special needs groups – current programs cannot provide the top-up funding that is needed.

- Community care packages targeted at people disengaged from mainstream health and care services should continue to be administered by organisations that have an affinity with that client group. They need to be increased in number, and extended in scope.
- Funding levels need to be regularly and realistically adjusted, to reflect changes in cost levels.
- Support for innovative approaches to care and support for people who have been homeless is critical, because the aged care and support needs of many people who are homeless or disadvantaged can require a broader mix of accommodation and support options than is provided for in existing care programs.
- Additional funding is needed for organisations with a proven commitment to services for people who are homeless. Specialised services cannot simply be contracted out to agencies that do not have the management and staff commitment and experience to address these areas of need.
- Appropriate pastoral care should be integrated into funding models to foster the strong 'value add' that this service provides, including the particular contribution these carers make to some disadvantaged groups.
- Alternatives to costly tendering processes need to be applied to ensure that organisations that have the relevant commitment and experience are funded to provide services to those who are homeless and other relevant special needs groups.
- A uniform approach to aged care assessment that addresses the needs of the individual is needed for people under the age of 65.

Needs of women

- Policy needs to be responsive to gender in a comprehensive and systematic way to ensure that the needs of elderly women who have been homeless are met.

Capital funding needs

- Significant additional capital support is needed to provide the additional 10,000 beds that are needed required to halve homeless people aged 55 or older.
- Additional public funding is required to meet the capital needs of niche services for special needs or financially disadvantaged communities.

Staffing

- Employment in the health care sector, and particularly in specialised areas of aged care, must be fairly and adequately remunerated and reflect the complexity and demands of addressing special needs. Increased community recognition of the importance of this work is also needed to underpin staffing levels.
- The role of personal care attendants needs to be regulated in order to lift standards.

2. Introduction

2.1 Catholic Social Services Victoria

Catholic Social Services Victoria is a peak body for Catholic social service agencies in Victoria. We work with member agencies, as part of the Catholic Church in Victoria, to fulfil the gospel imperatives to stand with and serve those who are poor, disadvantaged and marginalised, and to work for a just, equitable and compassionate society. Further information about Catholic Social Services Victoria can be found on our website: www.css.org.au

2.2 Services provided by CSSV members

Our members deliver a wide range of social services across the State. These services that our member agencies provide support the dignity of the members of our community, particularly those who are disadvantaged or marginalised. A list of our member agencies is attached to this submission.

The Catholic social services sector in Victoria, including aged care services but excluding health care agencies, spends around $350 million a year on service delivery. This is equivalent to around 14% of the not-for-profit social services sector in the State. (ABS 2008, 2009)

A significant number of our member organisations provide care and support to the aged. These providers offer services to the community as a whole, including those with special needs, or who are disadvantaged. Some of our members do this within an organisational context that has a specific focus on the provision of support to people who are homeless. These members include:

Corpus Christi Community Greenvale -

McAuley Community Services for Women

Bethlehem Community

Sacred Heart Mission St Kilda

VincentCare (part of the St Vincent de Paul Society)

This submission was developed in consultation with these and other member organisations, and draws on their experience in working to meet the needs of their communities. It complements and endorses submissions from Catholic Health Australia (with which we share a number of members) and from VincentCare Victoria, whose parent body, the St Vincent de Paul Society, is a member of CSSV.

2.3 Catholic Social Teaching – our framework for analysis

Our policy analysis, and our response to marginalisation and disadvantage, builds on the principles of Catholic social teaching. These principles form part of the overall teaching of the Catholic Church. They are based on gospel values and the collective reflection and experience over time of the application of those values in working with the poor, the disadvantaged and the marginalised. Our members continue in this tradition in applying these principles to contemporary issues.

Respect for the inherent dignity of each person is critical to the mission of our members. This dignity implies that each human person has rights and obligations that are central to their identity, and must therefore be respected by others.

Also important to our shared mission is that the promotion of the common good of our society is in the interests of all - that no one section can truly flourish if other sections of society are unable to achieve their human potential. Anything that diminishes the lives of individuals also has a limiting effect on the wider community. Jesus said, 'I have come that they might have life, and have it to the full." (Jn 10:10) The promotion of integral human development is our shared goal.

Building on this gospel imperative, Catholic Social Teaching has long upheld the rights of all peoples to share equitably the wealth and resources of the community. In his encyclical, *Mater et Magister* (1961), Pope John XXIII wrote:

> It often happens that in one and the same country citizens enjoy different degrees of wealth and social advancement….Where such is the case, justice and equity demand that the government make efforts to either remove or minimise imbalances of this sort (n150).

This leads clearly to a focus on the needs of all ageing members of our community, and in particular those who lack financial resources, who have been homeless, or who have other special needs. But it also leads back to the general community, and the 'compassion, love, respect, appreciation and fondness for the elderly' (Migliore, 2005) that are necessary underpinnings for the care and support older members of our community deserve, and should receive.

It also points us to the need for pastoral care, as an integral part of care and support for the aged.

This line of analysis is echoed in the Universal Declaration on Human Rights, article 25 which emphasises that everyone has 'the right to security in the event of … old age….' (United Nations 1948), and can be encapsulated in public policy terms as follows: 'a key measure of our civil society is that all Australians, irrespective of socio-economic status, personal circumstances and location who are in need of aged care and support, have access to quality aged care services.' (Catholic Health Australia 2010.)

Much of this vision is shared by governments and the wider community. It therefore provides a useful framework against which to analyse the needs of all ageing Australians.

3. Issues

3.1 An equal standard for all

The principle that 'all Australians, irrespective of socio-economic status, personal circumstances and location who are in need of aged care and support, have access to quality aged care services' should apply equally to those special needs groups who are not as well placed as the general population to access aged care services.

These include the homeless aged, older people with challenging social behaviours, Aboriginal and Torres Strait Islander communities, and other minority cultural and linguistic communities.

Changes to the system are needed to make it more equitable, and to enable access to care for all who need it. These changes should ensure that the level of care funding be sufficient to meet the costs of the care that is needed. Clearly, people who have challenging care requirements relating to intellectual or physical impairment, or to patterns of socialization that are different to usual or accepted behaviour, will need additional levels of care. Unless this is provided for in Commonwealth funding arrangements, members of these groups will not have effective access to quality aged care services.

3.2 Residential care

We are conscious that the current Aged Care Funding Instrument (ACFI) has been introduced relatively recently, and that in many ways it is an improved way of assessing the support needs of aged Australians than was its predecessor mechanism, the Resident Classification Scale.

However, the experience of some of our members is that ACFI fails to adequately account for the true extent of care and support needs of extremely disadvantaged residents, especially those who were previously homeless and who have complex needs including mental health issues. These needs derive in part from the separation from family that is often a concomitant of homelessness, with support needs thus assuming greater proportions than would often be the case. Specific deficiencies developed in the VincentCare submission are as follows:

- Mobility - The time taken to assist and supervise the individual cannot be claimed.
- Nutrition - The extra high protein drinks needed to be given to residents who are prone to losing weight cannot be claimed for.
- Behaviours - again the time needed to put strategies in place to enable day to day life to occur with minimal complications is largely not claimable.
- Medication preparation - while the time it takes for medication to be administered can be claimed, the time taken for the preparation of medication cannot be claimed. Schedule 8 drugs take a considerable period of time to organise, with two nurses checking. If this time allocation was funded, the funding would be more realistic.
- Other -The hours spent on referrals for external services to come in is also not claimable. The time spent completing paperwork, following through with GPs, dental services, Eyecare2 you, mental health services, and optometrists is not claimable.

One member organisation observed that, in a particular case, ACFI currently shows an $8,000 shortfall per year measured against the previous funding instrument, but the needs of the resident had not diminished.

In order that "all Australians, irrespective of socio-economic status, personal circumstances and location who are in need of aged care and support, have access to quality aged care services" changes are therefore needed to this funding instrument to enable it to reflect the true cost of supporting people who are homeless, extremely disadvantaged and have a range of complex

care and support issues - these issues require a reasonable degree of flexibility not available in ACFI.

3.3 Community support

Community care packages targeted at people disengaged from mainstream health and care services, and particularly those targeted at people with a history of homelessness and those at risk of homelessness, seem to work well when administered by organisations that have an affinity with that client group. In their submission to this enquiry, VincentCare Victoria note:

> The program's flexibility is a key to its success. Being able to spend time working with care recipients and getting them to a point where their situation is sufficiently stable, and then putting in place brokerage services, allows a range of barriers to be overcome.

There are inspiring examples available. One provider related to us that a client of their day centre who had previously refused to engage with CAPS or other programs was happy to work with providers that were identified with the Centre around which her links with the formal structures of society had been rebuilt.

However, problem arise that need to be addressed in program design and funding:

- the quantum of packages available is too small to meet the observable needs
- the scope of package programs limits effectiveness for special needs groups – guidelines need to be broadened, and additional funding provided to enable an effective response

3.4 Other recurrent funding issues

Indexation

The level of recurrent funding needs to be regularly adjusted, to reflect the increasing cost of service provision. Benchmarking to establish cost levels needs to be transparent and regular. The most recent 1.7% indexation does not reflect real cost pressures - the Australian Consumer Price Index rose 2.9% through the year to March quarter 2010, and by 2.1% through the year to December quarter 2009 (ABS 2010.)

Funding options to support and build on innovation

Beyond the specifics of the funding instrument, the experience of our member organisations is that the aged care and support needs of many people who are homeless or disadvantaged can require a broader mix of accommodation and support options than is provided for in existing care programs such as HACC, CACPs or residential care.

A number of CSSV members have developed well-regarded and successful programs that meet some of the needs of people who have been homeless. One such response is the development of Day Centres, such as St Mary's House of Welcome in Fitzroy, Ozanam Community Centre in North Melbourne, and Sacred Heart Mission in St Kilda. These facilities host activities such as recreational programs, psychosocial support and provide a sense of belonging. To some extent, a level of supervision could also be provided that many frail people miss out on when living alone. The personal, specialized responses that can be provided do not fit into any of the current aged care funding categories.

Innovation and development of services specific to the needs of ageing members of the community needs to be encouraged. This is because most of the current range of age care services has not really been designed to respond to issues of homelessness and other special needs - homelessness was only added as a special needs target for ACAR 2010. It is left to the creativity of providers to fit the program to the need, rather than have the need drive change to the program.

Funding for such programs should form part of comprehensive sector support, so that solutions that are targeted to the needs of those who are homeless, and other vulnerable groups, will continue to emerge. Such funding would enable organisations with specialized experience and expertise in relation to, for example, people experiencing homelessness, to use that expertise to address the broader and foreseeable needs of those they currently support. The VincentCare submission notes several lines of development that show current potential, viz:

- Exploring the continuum of care for people who are clients of agencies such as VincentCare in the early to middle years of their lives and how they could then transition into services designed to meet their needs in their older years. This would build on the experience of agencies in working flexibly with clients who are chronically disadvantaged, in a person-centred way.
- Another innovative program worth exploring further is the Home Share Program where vulnerable Victorians who need help with household tasks are matched with younger people looking for accommodation in home environment.

Support for specialist suppliers

Innovation and the specialist supports provided by organisations with a proven commitment to services for people who are homeless, requires special recognition and top-up funding beyond what current programs provide. These organisations take in those who are not attractive to most mainstream providers – they take in anyone. This is the challenging end of the market. The absence of the funding to enable these providers to continue their mission, which is the specialised services integral to the well being of an important group of ageing Australians, will lead to increasing financial pressure on organisations. This will disadvantage those that they seek to serve, and will also disadvantage the rest of the sector, who are not geared to work effectively with people who have special needs.

Pastoral care

A specific example of desirable specialist focus is in pastoral support needs. There is a dearth of funding available in this area generally, notwithstanding that, even "from a purely management perspective, effective pastoral care leads to more contented residents, happier families and fewer complaints and issues" (Catholic Social Services Victoria 2009) Some of our member agencies that have a specific focus on care for those who have been homeless provide dedicated pastoral support from their own resources. Due in part to the particular affinity that these pastoral carers have for the communities that they support, their presence is seen by residents and observers as an integral part of the overall quality of care that is provided (Hook 2007, 2008). The integration of appropriate pastoral care into funding models would foster the continuation of this strong 'value add'.

Limitations of competitive tendering

The tendering process can soak up an excessive amount of time and effort, particularly for those agencies that provide services to those who are homeless. These organisations tend to be lean, and cannot afford the investment in bid preparation etc that larger organisations deploy.

Nor can the wide range of services targeted to those most in need simply be contracted out to agencies that do not have the management and staff commitment and experience to address these areas of need. Building on current skills, commitment and of current practice is an important part of growing this area of service effectively. It is this niche community base and affinity that is needed to effectively deliver services to this clientele, including the need to effectively deliver what is designed as 'in-home' support to people who are homeless.

The imperative for Government funding bodies is to develop processes that deliver outcomes that address the communal interest in these challenging areas, and that protect the public interest without wasting the scarce time and resources of proven providers.

3.5 Aged Care Assessment Services for people under 65

Many Catholic Social Services Victoria members are called to work with people who show symptoms of ageing, even though they are less than 65 years of age. The current system of assessment allows some of these people to fall through the cracks, and is a serious gap in the overall approach to homelessness.

An experience common to a number of providers has been documented in the VincentCare submission:

> Many people we support through our programs present with signs of age-related conditions even though they may be as young as their late forties. Currently, most ACAS' will not carry out an aged care assessment if a person is under 65 years of age, regardless of whether they present with concerning age-related symptoms. We believe it is essential for services to be encouraged to have discretion to perform an assessment where a G.P or health, community or aged care provider believes it is warranted. As a guide, an extension to 50 years and over is appropriate with in-built discretion to assess people in their forties if sufficient symptoms present. For people who have experienced poverty, homelessness, drug and alcohol misuse, mental health issues, it is relatively common for early onset of some age-related conditions which should enable them to access age related care services.

Another member organisation reports that, as a matter of practice, they now find it impossible to organise an assessment for a person under 50, no matter what the level of need. The consequences of this are broader than simple lack of access to accommodation. Without an assessment, the person cannot get access to other services and programs that are designed for people in their position, for which entry to residential aged care is a prerequisite.

Another dimension of this issue is the absence of a uniform approach – different regions and assessors seem to apply different criteria. One of our members advise that they are currently experiencing a bottle neck in this area, with the unfortunate consequence that they can have a room vacant for up to nine weeks because of the delays in this part of the overall system. The real tragedy here is that this room is thus denied to someone who badly needs it.

3.6 Needs of Women

An area of emerging need is that of aged women who have been homeless.

For a number of reasons, women who are ageing are less likely than men to own property, more likely to have an ongoing caring role, and less likely to be part of those groups such as 'rough sleepers' and boarding house residents who tend to be targeted by a number of assistance programs – for example, in 2006 women comprised 46% of the homelessness population, but only 28% of boarding house representatives (Chambers and MacKenzie 2008).

So, a gender perspective is needed in order to better target needs and to provide more effective assistance. This permeates all areas of service, and requires a policy approach that is 'responsive to gender in a comprehensive and systematic way' (Women's Health Victoria 2009).

3.7 Capital funding

Another requirement to ensure effective access to quality aged care services is that organisations that are able to meet the needs of specific groups are supported to enable them to deliver those services. Our experience is that some of those we care for are more comfortable in communities where they are settled, and where they are accepted by fellow residents and by carers who empathise with their specific conditions and histories.

Such organisations need specific capital support. The current availability of some capital funding for special needs groups is welcomed, but it is far from adequate - current provision is for capital funding for one new service each year for aged people who have been homeless -

Residential bonds are the basis for much capital expenditure by residential aged care service providers, but CSSV member agencies that target poorer or special needs groups either do not attract bonds, or attract them at less than the industry average. Our understanding is that most not for profit and faith-based facilities experience a shortfall in access to capital funding because of the significantly higher concessional ratios of residents who come from low socio economic backgrounds (see, for example, VincentCare Victoria 2010).

Nor is the recurrent funding received sufficient to service loans. The providers are thus reliant on Government and donor provision of capital.

The extent of this inadequacy is underscored by Government policy to reduce homelessness by half. There were approximately 18,000 homeless people aged 55 or older at the 2006 Census, comprising 17% of all people who were homeless (Chamberlin & MacKenzie 2008), but the number of beds provided for this group is estimated to number only around 2,000. To halve homelessness for this cohort would thus involve an additional 10,000 beds, yet capital provision at the moment is for around 100 a year.

Another measure of the impending need is the current growth in social housing. Some of this will feed into demand for specialized aged care services, but funding for that growth is not available.

Nor are these specialized beds likely to emerge from the mainstream providers, for a range of reasons. Thus, a dramatic change in capital availability is needed.

Access to capital is also needed to upgrade current facilities for people of limited means. The current system seems to work because this cohort does not in fact have much effective choice, so facilities that are below the emerging de facto standard for the mainstream community are occupied. But this is to provide a level of service and support based on financial means, not on what should be expected from society. This is not good enough.

For effective access to quality aged care services, a significant and ongoing increase in capital funding is needed. The amount of capital should be assessed on a needs basis so as to enable services to be provided into the longer term, rather than be provided on the basis of budget-availability. The alternative is that providers of services for special needs or financially disadvantaged communities will not be able to function at community-accepted standards, and their client groups will be further disadvantaged. The gap between rich and poor in our society will widen.

3.8 Workforce issues

The attraction and retention of good staff is an issue for all of our member organisations.

There is broad recognition that the longer term solution involves action on three fronts:

- Increased community recognition of the importance of this work
- Increased remuneration
- Increased training and qualification standards.

The community as a whole shares with the Government a responsibility for deepening our common understanding of the importance of and commitment to care for the aged in our society. This applies even more so when it comes to caring for those with special needs, such as those who have been homeless, or those people who exhibit challenging behaviours. Unless we can develop a culture of loving care, then other measures to attract and support staff and volunteers will flounder.

Loving care is important. In the recent words of a 93 year old resident at St Joseph’s, Thornbury, Victoria, conducted by the Little Sisters of the Poor:

> I can tell when I feel someone's hands on me whether they express loving concern, or whether the person is just working for the money.

There are also issues of culture, value and perception as between aged care and other parts of the health system, and as between the aged care sector in general and care and support for those with special needs. As a community, we all have a responsibility to inform others of the realities and of the importance of support for those most in need. If this doesn't happen, then the challenges to get the right people in sufficient numbers will not be adequately addressed.

Salary levels are also important, in a number of ways.

Firstly, we need to ensure that work in the health care sector is fairly and adequately remunerated.

Secondly, equitable rates of pay across the nursing profession are needed. A particular issue in relation to Division Two nurses is that, once they are qualified to do medications and intravenous medications, they are able to gain better paid positions in the acute sector (VincentCare 2010). Equity in pay rates (and thus also in the funding that enables these rates to be paid) requires recognition that 'nurses who work in aged care are usually required to provide care to residents with multiple health problems, without onsite medical practitioners. They also carry out the critically important care of both residents and relatives in the end stage of life…' A fair wage commensurate with the skills necessary to look after the physical and emotional needs and demands of older people requiring care is critical. Staff should not be paid less than their counterparts employed in other parts of the healthcare sector' (VincentCare 2010).

A related point is that, as one of our members pointed out – this is tough work, dealing with complex behaviours, and additional levels of complexity. This is not to say that all people who are homeless exhibit complex behaviours, but some do, and staff need to be ready to provide care and support in that environment. This needs to be adequately remunerated.

Qualifications standards are another necessary area for improvement.

There is a strong view that the role of personal care attendants needs to be regulated, to lift standards and ensure adequate monitoring occurs.

A stronger regulatory framework in this area would work to ensure that initial training courses do in fact prepare people to effectively work in aged care. Entry requirements are needed related to literacy and to personal motivation to work in the sector, standard curriculum requirements are needed, and a minimum requirement of directed aged care experience is needed – 60 hours is seen by some as necessary. Recent changes to immigration priorities will put additional pressures on pre-service courses in this area, and underline the need for the establishment and maintenance of appropriate standards.

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Attachment 1 – *List of CSSV members*

Bethlehem Community
Catholic Chaplains Association for Health Care
Catholic Homes
Catholic Solo Parents
Centacare Ballarat
Centacare Catholic Family Services
Centacare Gippsland
CentaCare Sandhurst
Corazon
Corpus Christi Community
Don Bosco Youth Centre and Hostel
Early Education Program for Hearing Impaired Children
Edmund Rice Camps
Frankston Pregnancy Support
Good Shepherd Aged Services
Good Shepherd Youth & Family Services
Griefline
Jesuit Social Services
John Pierce Centre for Deaf Ministry
Justice and Peace Unit, Archdiocese of Melbourne
Kewn Kreestha - Rest Home for Mothers
Keysborough Learning Centre
Larmenier
MacKillop Family Services
Marillac
McAuley Community Services for Women
Mercy Health and Aged Care
Mother Romana Home
Nazareth House
Project Dreaming Tracks
Sacred Heart Mission
Shekinah Homeless Services
Sisters of Charity Community Care
Society of St Vincent de Paul
Southern Cross Care (Vic)
St Mary's House of Welcome
Villa Maria
Wellsprings for Women