Productivity Commission Inquiry Report

Catholic Homes

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Stronger flexibility and links between residential and community services

The prospect of being permanently placed into residential care is more often than not seen as the “beginning” of the end for elderly members of our communities. As importantly it is also seen to be a symbol by many families. A symbol, of failure, failure to care for their elderly relative and keep them at home as they had promised and wanted to do.

Current system options such as the 6 weeks of planned respite provide little enough support to families desperate to keep their family member at home and are in essence fail to recognise the burden these families carry keeping them at home and saving millions of dollars in costs to the community. Carer resilience, the ability to cope and the severe financial pressures continue to deplete until families feel they have no other option but to permanently place their family member into care.

Imagine though how that resilience, ability to cope, the financial pressures and the sense of failure could be improved if we as a society had the ability to access a transition model of shared care. Care which supports the elderly resident to stay at home by supporting the carer. Instead of the 6 weeks, respite care could be shared for up to 50% of the time with a residential care facility and coordinated by the community packages team in consultation with Residential Services Facilities directly.

Benefits:

- Permanent care costs would be decreased
- Demand for limited beds could be shared
- Fear of placement into a care facility could be reduced and no longer the death knell it currently is.
- Elderly residents and their families would really know the facility before making the final permanent move and vice versa resulting in improved communication and care and service delivery. Reducing the fear of placement into a care facility could be reduced and no longer the death knell it currently is.
- Relationship with the Residential Aged Care Facility would be improved, collegial and care planning more collaborative.
- Family member’s ability to cope and resilience would be increased enabling family members to keep their elderly family member home longer, “where they want to be”.
- Elderly family members would be able to stay home and remain connected to their community longer ensuring a better quality of life in their final years.

Current Funding Issues:

Community Care

The impact of the current service system on individuals and their families as they move through the ageing process is one of confusion and angst. Battling through the 'rules' as to who can receive what is a navigational nightmare.

The split between commonwealth and State funding adds to this complexity, the antiquated system based on age is suppressive and inefficient for families and individuals moving through the milestones of their lives. People with disabilities who have received services either at home or residential move towards the age of 65 and after often years of battling through the disability system and its rules and regulations are now faced with a whole new bureaucracy to deal with.

People turning 65 should not be expected to move from a residential disability facility into and aged care facility because they turn a certain age and are no longer 'eligible' for funding through disability services. A shift in funding divisions needs to happen for this growing group of people who are being disadvantaged and expected to leave their homes because of the rule determined by age.

Individuals with a disability who have been receiving substantial packages in order to maintain their lives at home in their community are penalized because they are getting older, what is going to happen to all those individuals on Individual support packages once they move into the commonwealth funded system of CACP and EACH programs that are financially insufficient and will be unable to meet the dollar values of the individuals previous funding through the State government.

What is needed is a funding pool not governed by whether it is State or Commonwealth but one that is based on the needs of our ageing population, one that will provide a more linear and integrated system also providing a much more streamlined process for access based on need rather on age.

In addition the existing community aged care program funding is insufficient. The funding allowance for a CACP is lucky in today's economical climate to provide 3 hours of care a week. With people coming onto the program later in life, with higher care needs this is inadequate. The restriction of accessing an EACH package based on nursing/personal care does not assist in maintaining a person's ability to remain at home for any length of time.

There are many individuals whose carers require a higher level of support at home to maintain their caring role, this is not always due to a person requiring personal care or nursing, but sometimes to relationships, isolation (geographically and emotionally) and health.

The current program restrictions both financially and systemically are inadequate and onerous for families to maintain the caring role for their loved ones. What we need is a more flexible model of regional funding allocated to organizations based on an individual's needs rather than the existing system that is restricted by the type of 'package' you are receiving. In addition to these restraints and as noted in the ToR 2010 (ACCV) the inequality between the residential and community subsidies and payments, being that the government provides subsidies and payments to approved providers for accommodation and living costs of residential but not community care users

Consumer Directed Care

The introduction of Consumer Directed Care as a model of service offering will not alleviate these issues as again these are too restrictive in the funding available, yes they will provide more opportunities for individuals and families to regain some control over their services but the limitations will not change.

In the UK the funding provides a holistic package of care based on a consumer directed model. Individuals are assessed based on need not on age or package type. Each individual receives a package of assistive technology funded by government to assist in maintaining the independence of the individual as part of their package, they choose if they wish to manage the funding themselves or choose a representative, and they receive all the funding direct and have total control over their care needs. This is a true model of Consumer Directed Care giving total control to the person (or family) in the planning and coordination of their care without the restrictions. The current proposal from Commonwealth for Consumer Directed care is still limited by the inflexibility of the funding i.e. equivalent to the existing CACP and EACH program. The option of a pool of funding to be allocated on assessed need would enable this model to be more flexible and meet the needs more accurately of the individual.

Respite Services

A drastic shortage of respite care has become a burden for many families; ageing children with disabilities (moving towards the aged care system) are often forced to wait up to six months in some regions for a place. With such a high ageing population growth service just has not kept up with demand, the current services are so stretched there are long waiting lists in many regions.

The funding from government for these services is minimal and hard to come by with no new growth in funding to encourage and support organizations from year to year. Many of the respite facilities are so busy managing the emergencies that they are unable to meet the planned break that would assist in reducing the stress thereby perhaps reducing some of those emergencies.

The clear direction of the future for our ageing population is to stay at home, receive the care they want at home for as long as they can. The current limitations on these areas is not conducive to government direction which is promoting independence and control how can people have more control and independence when the system does not allow the opportunities to support these basic needs? Federal Government needs to inject more funding into supporting respite to assist the carers.

Workforce Issues:

With people working beyond 65 it is important to rethink our thinking on work life balance and flexibility of work place hours and roles. Catholic Homes and many others I am sure have staff still working in the sector in the seventies and early eighties. Our volunteers are ageing and it is becoming more difficult to attract younger volunteers. The option of introducing incentives for volunteers funded through government funding would be a way of supporting people who are interested in volunteering to be able to do so. People who are unable to find paid employment could be encouraged to volunteer as part of their requirements to receive benefits, though not all would be suitable there are many who would appreciate an opportunity to do something worthwhile, with flexible hours and the possibility of finding permanent work in the future.

The industry is unique in the workforce dynamics as we employ staff who finish a shift at one facility and then go to work at another to achieve more hours of pay. This reality is ignored by Unions and employers who prefer to limit the opportunity for staff to pick up additional hours and overtime in the facility they use as their core income. This would allow the staff to save the cost of further travel and share in the wages that otherwise are given to Agency staff.

Additionally the staff work shorter hours and more shifts as a result to maintain the income they require to live. Though not for everyone the opportunity to work longer shifts and less shifts to receive the same income saves employees costs of travel and provides them with more days off to spend at home with family – longer shifts i.e. 12 hrs or 10 hrs – equals less days working to gain the same amount of pay. This has been provided to staff in the acute sector for many years and has works well.

With the core staff doing extra hours at the facility there are less complaints when unfamiliar Agency staff are on duty and a higher intuitive knowledge of the resident and their needs.

The Industry reduces costs as both the additional hours and the overtime are lower cost outcomes than Agency staff. It will reduce the dependence on Agency staff and the drop off in work for Agency staff will bring many of them back into the PPT workforce.

Housing models

The future of the expectations of our aged population is set to change dramatically over the next 10-20 years, with the baby boomers moving into their seventies by 2020 and less people reliant upon a pension, more self funded retirees comes higher expectations. Many are looking at retirement village living, supported by services, commonly known as service integrated housing. Though there are still those that will require the low cost housing options this is the merging trend with Service Integrated Housing fast becoming the third tier of aged care and replacing the low care aged care residential option. (AHURI Dec, 2009)

With this in mind shouldn't government be looking at how this fits within the current and future aged care service system? With the demand for a more integrated service model with people buying into retirement village and apartment living options with built in services as needed this appears to be an area that requires some debate and consideration for future funding support.

The integration of funded packages as part of a Service Integrated Housing model would assist in providing a suite of service delivery from housing through to day to day care. Though the current ACAR allows for packages specific to retirement living these are limited and could be incorporated into the funding model as a whole, i.e. accommodation, plus direct care services, meals and assistive technology, a real 'package' of integrated services all provided on site as a 'one stop shop' whilst still allowing people to live in a home of their choice and in their community.

The Service Integrated Housing model also assists in reducing the issues of isolation which as we know is a key agenda item for government. Many people who move into these environments do so for practical reasons but also to reduce their isolation as people age they lose friends and loved ones, find it more difficult to maintain the social activities and connections they once had. These environments reduce these issues and provide a safe and supportive environment the following is a testimony from one of our residents who is in her 80's:

"If I hadn't come here I wouldn't be alive, I was living in a country area outside Geelong, no longer able to drive. It was lonely because I could go for days without seeing anyone. My life is better now. I see my daughter and son-in-law, I've made new friends here, and I enjoy indoor bowls and other activities… I'm very lucky to be here".

Service Integrated Housing has thus far escaped the restrictions of regulatory requirements such as residential aged care and sits in line with the Retirement Villages Act. Do we really need the scrutiny and limitations of like regulations in this type of housing options for our seniors? A question for some debate in the future perhaps, however at this stage it would appear that these emerging models of housing developed predominantly by the not-for-profit and private sectors are so far meeting the needs and requirements quite adequately of this group of seniors.