VILLA MARIA

A Submission from Villa Maria to the Productivity Commission Inquiry:

Caring for Older Australians

Contact:
Valerie Lyons
Chief Executive Officer

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INTRODUCTION

Villa Maria is a not-for-profit, values-based organisation providing quality services and life enhancing opportunities for older people and people with a disability. From humble beginnings as the Catholic Braille Writers Association in 1907, Villa Maria has grown to become one of Victoria's largest providers of disability, education and senior services.

Today, Villa Maria provides support to over five thousand older people and people with a disability, and their carers through community aged care, disability services, education services and residential aged care, delivered from 42 sites across Victoria and in the Riverina region of New South Wales. Every day, more than 950 staff and 300 volunteers respond to the unique needs of the people and families we support with openness, innovation, creativity and flexibility.

Villa Maria's 60 programs provide a wide variety of services that include specialist education and early childhood intervention for children with disabilities or developmental delays, community based and in-home support services for older people and people with a disability, carer support services including information, referral and respite options, residential aged care and independent living.

As a service provider Villa Maria has insight into how current aged care services respond to people's needs, a keen awareness of service gaps and unmet needs, and a clear understanding of the broader issues that impact access to the aged care system and their attainment of effective outcomes.

Villa Maria's service provider perspectives are underpinned and reinforced by the findings of recently completed Stakeholder Surveys in which over 2,500 service users and carers shared personal experiences and described their future needs for services and support; and through subsequent focus groups with service users and carers that explored their needs and experiences in more detail.

SUMMARY OF RECOMMENDATIONS

Villa Maria makes the following recommendations:

A. Sustainability and Funding Options

1. ***Recurrent Funding*** *The development of an indexation basis that more closely represents the actual expense base of aged care providers – both community and residential – and provides certainty to Approved Providers. As an interim measure, until this critical recurrent funding shortfall is addressed we need a guarantee that the annual Conditional Adjustment Payment (CAP) for all residential services is continued and that it is made at a level commensurate with annual cost increases. Additionally the CAP must be extended to critical community services, including CACP,EACH, EACH-D, HACC, NRCP and Day therapy centres.*

2. ***Capital Funding*** *- Current funding arrangements in residential aged care (High Care) must change. The utilisation of accommodation bonds for extra services only in High Care is restrictive and counterproductive to enabling broader access of services to all. We need capital funding alternatives supported by appropriate legislation that:*
    - *1) protect the current capital funds base from both a providers and resident's perspective, particularly in view of the structural shift occurring to predominantly high care services in residential facility settings,*
    - *2) facilitate the generation of new capital funds for new high care developments, enabling a positive NPV for capital investments ,*
    - *3) enables long term funding macroeconomic reform for the building infrastructure needs of Australian seniors through means such as insurance or taxes.*

    We need to move to user pays contributions for all high care services where individuals have the capacity, while ensuring there is a safety net for those who don't.
3. *The exploration of a scheme similar to NRAS is developed to offer incentives to individuals and institutions to invest in residential aged care.*

B. Independence, Health Promotion & Rehabilitation

4. *Day Therapy Centre services should be available on an equitable basis to all older people. This may mean reviewing where services are located, and it will mean a financial and strategic investment in the growth of Day Therapy Centre services.*

5. *Reporting mechanisms and guidelines for Day Therapy Centres need to be reviewed to ensure accountability and quality.*

6. *More research into coping with frailty should be supported to identify and develop the services that lead to the best outcomes.*

7. *Improve community education to promote greater acceptance of this part of the human condition.*

8. *Increase funding to ensure Day Therapy Centres are able to attract suitable staff and improve the range of service in the environment of competition with other public health services.*

C. Support for Carers

9. The development of a public awareness campaign to enhance recognition of carers and their role, and to acknowledge and profile carer's contribution will greatly value the caring role and will encourage carer's initial engagement with the aged care service system. The funding of Carer Services to promote caring and carer support rather than the agency's services is a necessary element of such a campaign.

10. The "definition" of carer and "program guidelines" for carer/respite services should quite simply be revised to account for Australia's changing demography, the impact of societal changes and emerging health issues.

11. The role of respite/carer services must be extended to allow support for carers with a family member in permanent care to continue, perhaps for the duration of permanent care and at least across a reasonable transition period, following initial placement and also end of life. Such support could include but not be limited to provision of grief counseling, stress relief, and participation in carer support groups.

12. Formal acknowledgement of the expertise of relinquished carers (through recognition of prior learning, fast tracked training and establishment of volunteer or mentor programs) could create a solution to labour shortages and would enhance the capability of the aged care workforce. For relinquished carers this could bring new meaning and purpose to their lives as paid workers or as volunteers and for new carers a valuable care option based on empathy and understanding, derived from genuine knowledge and real experience.

13. A formal "care for carers" stream, focused on carer wellbeing should be an integral component of carer and respite services. Examples include Villa Maria's Emotional Support for Carer's Program which aims to build carer's capacity to maintain their caring role through self-exploration, group work, peer support and education and Villa Maria's People and Parks Ecotherapy Program that provides a nature-based solution to carer stress and social connection.

14. The concept of a "respite card" through which a carer has an entitlement to an agreed level of service, at an agreed cost over a set period of time should be explored. It should be possible for a carer, assuming application of consistent assessment and care planning tools and with support of an approved provider, to use the "respite card" to fulfill their needs in any way, not just through traditional respite placements. The measure of this model would be the "cashing out" of the respite card and the carer's formal indication of outcome attainment.

D. Continuity of Care

15. Improved information for older people and their families on the availably and quality of aged care services and where to access services (NHHRC, Productivity Commission, Hogan Review), including the amalgamation of information on the many different types of services, offered at different levels of intensity, from a variety of service providers, to enable easier understanding and access by older people, their families, GPs and others including a more transparent public system of accountability including the accreditation system to aid choice.

16. Improved communication between community and aged care providers, hospitals and GPs to ensure each is aware of and understand the services provided by each other.

17. *Development of a streamlined and consistent assessment for eligibility across all aged care and affirming ACATs as a single national consistent program which serves as a single vehicle for entry to the aged care system.*

18. *The development of an integrated service approach to delivering optimal palliative care that meets the needs of older people, including spiritual needs, no matter where they live. The expansion of community based palliative care services and improved end of life care for people with chronic conditions will need to be complimented by an expansion in the capacity and competence of primary health care services to deliver general palliative care services for people living in the community and in residential aged care homes, supported by increased collaboration and networking from specialist palliative care services.*

19. *Development and introduction of a national standard set of advanced care planning templates which are suitable and transferable across all care settings accompanied by appropriately tailored education programs for staff in community and residential aged care.*

In its Issues Paper, the Productivity Commission has identified a number of issues relating to the provision of care for older Australians, which it is seeking to explore.
Villa Maria has focused on four areas of concern, those being:

A. Funding options
B. Independence, health promotion and rehabilitation
C. Support for Carers
D. Continuity of care

Each of these areas of concern is discussed below, and a number of recommendations have been provided. Where appropriate, case studies have been included to provide insight to the area of concern discussed or to support the recommendation.

A. SUSTAINABILITY AND FUNDING OPTIONS

The current service system does not provide the range of services that give older Australians the life they choose to live with the support of quality services. In the first instance, we need to ensure the current levels of service can be maintained through realistic indexation and adjustment and in developing appropriate and sustainable aged care into the future, identify and implement different funding options for both service delivery and capital development. This would see both Government and private contributions to the aged care system through numerous mechanisms. This submission suggests a couple of these possibilities beyond traditional approaches.

Sustainability of current system and services

Indexation of funding needs to be reviewed. In relation to residential services, currently subsidies are indexed by reference to the Commonwealth Own Purposes Outlays (COPO) index, but this is a flawed concept given that Salaries & Wages would typically account for over 80% of an Approved Providers income. As COPO is derived by calculating 75% of the Safety Net Adjustment (effectively the minimum wage), and 25% CPI, it's not representative of the expenses an aged care provider experiences. Indexation for the Community Care sector is also not currently keeping pace with CPI. As the competition for experienced and qualified staff in both the community and residential sectors increases for a diminishing potential employee pool, the pressure on wages and salaries increases and thus on service delivery. An indexation basis must be developed that more closely represents the actual expense base and provides certainty to Approved Providers – unlike the current Conditional Adjustment Payment (CAP).

Recommendation 1

The development of an indexation basis that more closely represents the actual expense base of aged care providers – both community and residential – and provides certainty to Approved Providers. As an interim measure, until this critical recurrent funding shortfall is addressed we need we need a guarantee that the annual Conditional Adjustment Payment (CAP) for all residential services is continued and that it is made at a level commensurate with annual cost increases. Additionally the CAP must be extended to critical community services, including CACP,EACH, EACH-D, HACC, NRCP and Day therapy centres.

Capital Funding for High Care

Current funding arrangements in residential aged care (High Care) must change. The utilisation of accommodation bonds for extra services only in High Care is restrictive and counterproductive to enabling broader access of services to all. The "Accommodation Bonds in low care" experience has been a success and has been responsible for many approved providers accessing capital for the maintenance and/or expansion of facilities. Exempting bonds from the assets test has assisted residents to structure their financial affairs to achieve an optimal outcome that is advantageous to both the approved provider and the resident.
However the demand for high care places is growing while the demand for low care places is diminishing. Villa Maria is currently planning for the redevelopment of a number of our residential facilities. Our financial modelling for development projects typically requires the inclusion of Extra Service rooms that cross subsidize high and low care beds. Villa Maria has a history of providing residential care to supported residents at a higher ratio than

required and our inability due to legislative constraints to extend the option of accommodation bonds payments (or a like instrument) to general high care residential places reduces our capacity to do this

In the longer term, consideration should be given to alternate funding options such as insurance or an additional supplement to the Medicare levy to enable access of funds for care in the senior years.

For example, currently there is limited access to insurance products in Australia that will provide cover for Australians as they age. The ability to plan and pay for future care needs is found in other countries such as United Kingdom see http://www.privatehealth.co.uk/healthinsurance/long-term-care-plans/need/untries e.g. U . should be explored.

A universal right to aged care either in a residential facility or at home should be available for all Australians. If insurance products were available to individuals to plan and pay for their aged care either in a facility or in their own home there would be more money available to providers to develop services and build environments that would offer the types of services sought by older people and their families. To encourage people to take out personal long term care plans a tax incentive could be offered similar to that offered to individuals who take out private health insurance. The age at which you enter such a plan could be restricted. While the tax incentive will be a cost to government it would surely be less than providing care to an individual at a later date.

Recommendation 2

We need capital funding alternatives supported by appropriate legislation that:

a) protect the current capital funds base from both a providers and resident's perspective, particularly in view of the structural shift occurring to predominantly high care services in residential facility settings,
b) facilitate the generation of new capital funds for new high care developments, enabling a positive NPV for capital investments ,
c) enables long term funding macroeconomic reform for the building infrastructure needs of Australian seniors through means such as insurance or tax supplements.

We need to move to user pays contributions for all high care services where individuals have the capacity, while ensuring there is a safety net for those who don't.
Incentives for private/institutional investment in residential aged care

The Australian government has sought to stimulate private and institutional investment in affordable rental housing through the National Rental Affordability Scheme NRAS. Amongst other things, NRAS specifically aims to increase supply and encourage large scale investment in affordable housing. NRAS provides a substantial incentive under strict conditions which can be taken as a refundable tax offset or payment over a period of 10 years. State governments add to the incentive from the Australian Government. See: http://www.fahcsia.gov.au/sa/housing/progserv/affordability/nras/Pages/nras_info_invest.asx

In the USA, investors have access to Low Income Housing Tax Credits aimed at improving the supply of affordable housing. The USA scheme has been running since 1986 and encourages private and institutional investment to stimulate supply.

A scheme similar to the NRAS could be developed to enable and encourage both individuals and institutions to invest in the aged care sector. This will take time – the NRAS experience has shown that institutional investors need convincing, so a long term plan – beyond election cycles – will need to be developed. Long term support through incentives will ultimately make more capital funds available in the sector. Linked to the aged care planning framework, higher incentives would be offered to meet needs in rural and remote areas and for special needs groups such as CALD communities.

Recommendation 3

A scheme similar to NRAS is developed to offer incentives to individuals and institutions to invest in residential aged care.

B. INDEPENDENCE, HEALTH PROMOTION AND REHABILITATION

Given that Australia is facing significant challenges in caring for its current and future population of older people, it is essential that older people are supported to live independently, retain their physical and emotional health and stay connected to their communities for as long as possible.

Active participation in community is essential to maximising independence. Much has been written of the benefits of staying active and of the need to "use it or lose it". Socialisation is an under-recognised form of care. A service stream that supports initiatives that utilise the skills, interests and availability of older people will not only benefit older members of the community, but will capitalise on their expertise, reduce inter-generational barriers and may even fill a void in local communities.

Health promotion as a form of early intervention is also essential to maximising independence: the healthier an individual stays, the longer the delay in onset of reduced capacity. There is scope to enhance the roles played by current Day Therapy Centres (DTC) to add a stronger educational, health promotion and wellbeing element to traditional rehabilitation and maintenance programs. This would include health education, exercise, group programs and "how to look after yourself" programs in addition to therapies.

Day Therapy Centres offer a cost effective way of providing the education, social connection and therapeutic interventions necessary to ensure the ageing population stays healthier longer. Currently, these centres are not adequately funded to maximise the programs they do and could run and the benefits they bestow.

The ageing demographics, especially amongst the over eighties, are placing increased demand on all existing health, aged and community services. In Victoria, DTC's have historically had difficulty attracting appropriately qualified allied health professionals. Current funding means that agencies that run DTC's are not able to offer salaries that are comparable with other public health services. DTC's are not spread equitably throughout the community. In metropolitan Melbourne there is a concentration of DTC services in the eastern suburbs, with very little coverage in the western and far northern suburbs. There are only four DTC's in rural Victoria. As DTCs' are currently an area of 'no growth funding', which has had little, if any strategic planning dedicated to it, there has been little capacity or incentive to address these inequities of access. In spite of their lack of funding and strategic attention, DTC's have continued to evolve and in many cases flourish, benefitting from the low regulation approach which has allowed them to be flexible, innovative and responsive to their own community's needs.

DTCs', with their strong partnerships with multiple aged care services, their expertise in an holistic approach to restorative care for older people, their relatively low running costs and their ability to respond to their clients' changing needs over time, are ideally positioned to support older people to maintain and maximize their health status and remain as active as possible within their communities. They are an integral part of the continuum of care of the health and aged care systems. Older people present with very diverse needs and often require more time to improve and/or make adjustments to changes in their lives. Without this referral pathway, the acute and sub-acute services would be under increased pressure to maintain their services for longer or discharge clients without adequate supports, thereby increasing the risk of unplanned readmissions to a major factor within the rehabilitative process is how over time a strong relationship often builds between clients and DTC's. DTC staff know their clients really well, and are alert to changes in their circumstances. Not only can DTC's be responsive to and advocate on their client's behalf at very short notice, but the therapeutic relationship that forms allows for the new learning, attitude and behaviour change necessary for clients to maintain the gains they make with the rehabilitative process.

One area that is often overlooked in community aged care is social-emotional health. The importance of emotional wellbeing as a fundamental determinant in rehabilitation outcomes has been long understood. You cannot have good health without good mental health and vice versa. DTC's are well placed to focus on this aspect of healthy ageing.

Case Study 1

Jean aged 80 has been diagnosed with Parkinson's for some 2 years. She has been through a program at a private hospital and her neurologist has referred her to a specialised Parkinson's education program at a DTC. Jean & her daughter attended and learnt about the roles of each of the multi-disciplinary team and basic strategies to manage her condition. She then joined the DTC program with Occupational Therapy, Physiotherapy, and Social Work & Speech Pathology sessions both individually & in a group. The communication group has given her a chance to put into practice the skills she has, through meaningful discussion. Jean often speaks that apart from the individual work that she has done with the different therapists, it is the atmosphere of support and build up of a sense of community that has helped her manage her condition rather than be ruled by it. Though Jean's condition has lead to more significant disability (she now walks with a frame and her speech is more slurred) her ability to maintain an active quality of life has actually increased and she has been support by the DTC to join other interest groups in her local community and feels a greater sense of emotional wellbeing.

Recommendation 4

Day Therapy Centres services should be available on an equitable basis to all older people. This may mean reviewing where services are located, and it will mean a financial and strategic investment in the growth of Day Therapy Centre services.

Recommendation 5

Reporting mechanisms and guidelines for Day Therapy Centres need to be reviewed to ensure accountability and quality.

Recommendation 6

More research into coping with frailty should be supported to identify and develop the services that lead to the best outcomes.

Recommendation 7

Improve community education to promote greater acceptance of this part of the human condition.

Recommendation 8

Increase funding to ensure Day Therapy Centres are able to attract suitable staff and improve the range of service in the environment of competition with other public health services.

Case Study 2

Below is an extract from the report "Be Inspired – Case Studies from the *Go for Your Life* Physical Activity Program" produced by the Victorian Government in 2007. The extract details an initiative undertaken by Villa Maria that was based on a health and well-being model.

Grumpy old man no more

Graham Webster pulls no punches when it comes to himself. "I was a grumpy old man. I was cranky with myself and frustrated at all the things I could no longer do. It was terrible for everyone around me," he said.

Graham's wife, Evelyn, confirmed his assessment. "He was no fun to come home to, that's for sure," Evelyn said. It was one reason she thrust a brochure into his hand a few months ago, which promoted a *'Go for your life' Physical Activity Grants* project called *Living Life*, organised by the Villa Maria Society at the Wantirna Rehabilitation Centre. The program was developed to improve the level of physical activity, quality of life and the level of community participation of older people with chronic illnesses.

To Evelyn's surprise, Graham agreed to participate in the 12-week *Living Life* program, which involved physical activity and a diverse range of information sessions.

"It really changed my life. Of course I am still a bit grumpy sometimes, but the whole experience has taught me to look at life differently and to realise I can make small changes to my life that can make a very big difference," Graham said.

Graham, 67, and Evelyn both agree that his outlook on life deteriorated when he became ill with emphysema in the 1990s. Prior to his illness he had been a fit construction worker able to lift, climb ladders and work all day. Slowly though, as his health deteriorated and he put on weight, Graham became more and more frustrated with his physical limitations and his moods reflected his disappointment.

"I just let myself go physically and it had a big impact on my mental health. I agreed to go to *Living Life* because I realised I had become frail and depressed," he said.

The *Living Life* program showed Graham how small life changes could improve his physical, emotional and mental health. Each week he participated in an exercise program, which became more intense as he became fitter and more confident. He loved the talks, which covered issues such as, falls and fall prevention, posture, aromatherapy, healthy eating, exercise and services to support him. One talk on how to develop a more positive attitude to life had a profound affect on Graham, 'opening his eyes' to what his life had become.

He began the program able to walk 330 metres in six minutes. After 12 weeks he could walk 450 metres in the same time and breathe more easily as he walked. *Living Life* instructors also introduced participants to a range of physical activity options to pursue once the course ended. Graham and two other men from the program now attend a local gym each week.

The Ringwood East couple are enjoying each other's company much more these days and Graham has also become a mentor for new *Living Life* participants, speaking at sessions.

"Strange to say it about a man his age, but I think he has blossomed, he has come back to life again," Evelyn said.

Twelve courses have already been held since the *'Go for your life' Living Life* program began in 2006. Ninety-one people, ranging in age from 60 to 88, have participated. Melbourne University is currently studying *Living Life* to determine the health and well-being benefits of the program.

The Villa Maria Society are currently working on a resource manual for other organisations to implement *Living Life* programs to help people to lead more active lives.

C. SUPPORT FOR CARERS

As a service provider Villa Maria has insight to the ways that current aged care services respond to carer's needs, awareness of service gaps and unmet needs, and the broader issues that impact carer's access to the aged care system and their attainment of effective outcomes. Villa Maria's service provider perspectives are underpinned and reinforced by the findings of a recently completed Stakeholder Survey in which over 2,500 service users and carers shared personal experiences and described their future needs for service and support; and through subsequent focus groups with service users and carers Villa Maria explored their needs and experiences in more detail.

The Productivity Commission recognised that in 2003, 83 per cent of older Australians who received assistance in community settings received this assistance from informal carers (partners, family, friends and neighbours) and that most of this was unpaid. The Commission also estimated that in 2006 there were approximately 2.3 million people providing informal care to older Australians. This alone is adequate evidence of the role of informal carers within the aged care system. The Commission acknowledges that it will be necessary to provide support to help available carers, many of whom themselves will be older, to maintain their caring role; and that services to help informal carers will need to include education and information services about effective care techniques and strategies, as well as accessible respite services and income support to offset the cost of caring.

As a participant in the aged care system, through delivery of a range of respite services and with effective engagement with carers over a long period of time, Villa Maria is well positioned to respond to a key question about the aged care service system and support for carers raised by the Productivity Commission in its Issues Paper: "Are reforms required to more appropriately support informal carers and volunteers?" Responses to this question address a number of key concerns relating to informal care and the needs of those who provide it.

Carer self-identification

The notion of "carer" is a relatively new concept that remains alien to many members of the community. Unlike working parent or self funded retiree it is not simple to grasp. As one carer said of his role – "What is a carer? She is my wife, it is what I do". Some acknowledge their role, but see it as a loss, "I was successful at work, now I am just a carer". More disturbing is the unwillingness to identify as a carer based on fear and stigma, especially amongst younger carers of parents with mental health issues.

For a carer support system to be effective and for respite services of any kind to be fully utilised, informal carers must be able to identify with the concept of carer. If a carer fails to identify as such, information will not be accessed, services will be unused and needs will remain unmet.

Recommendation 9

The development of a public awareness campaign to enhance recognition of carers and their role, and to acknowledge and profile carer's contribution will greatly value the caring role and will encourage carer's initial engagement with the aged care service system. The funding of Carer Services to promote caring and carer support rather than the agency's services is a necessary element of such a campaign.

Emerging carer groups

Emerging carer groups are those that sit outside the traditional carer definition – carers of frail aged over 65 years, including those with dementia and/or challenging behaviours. Emerging carer groups include younger carers, mental health carers and migrant carers.
Younger carers are those whose circumstances demand of them a role as primary carer for a parent or family member, a number of whom are very young and still of school age. Mental health carers are those who care for a person (of any age) with a mental health issue, which may by periodic or on-going. Migrant carers are those caring for an older (but often < 65) family member whose circumstances prior to migration may have had lifelong impacts – trauma, injury, poor health. All have unique needs that are generally not adequately catered for by the current carer/respite system, particularly due to lack of recognition or inclusion within program boundaries.

Recommendation 10

The "definition" of carer and "program guidelines" for carer/respite service should quite simply be revised to account of Australia's changing demography, the impact of societal changes and emerging health issues.

Relinquished carers

Relinquished carers are not an emerging carer group as they have existed as long as care has been needed. They are a group of people who once actively participated in the aged care service system but due to changing services are no longer able to use it. Relinquished carers are those with a family member who has been placed in permanent care or who has passed away.

A placement in permanent care changes a carer's role significantly, as large elements of the caring role are handed over to the permanent care provider. This triggers a raft of emotions – guilt, loneliness, worthlessness, boredom, loss, grief, depression and associated illness to name a few. Whilst respite services may no longer be required, carer stress peaks at this time but entitlement to carer services has ceased. Death of a loved one will create a void in anyone's life; a long and close caring role will create a deeper and longer lasting void. The impact of death of a loved one needs no description, but again entitlement to carer services ceases. If carers in general are under recognised, then ex-carers are totally unknown. There are endless opportunities to utilise the knowledge and experience of ex-carers, in provision of support to "new" carers. This sadly falls outside the boundaries of the current carer /respite service system.

Recommendation 11

The role of respite/carer services must be extended to allow support for carers with a family member in permanent care to continue, perhaps for the duration of permanent care and at least across a reasonable transition period, following initial placement and also end of life. Such support could include but not be limited to provision of grief counseling, stress relief, and participation in carer support groups.

Recommendation 12

Formal acknowledgement of the expertise of relinquished carers (through recognition of prior learning, fast tracked training and establishment of volunteer or mentor programs) could create a solution to labour shortages and would enhance the capability of the aged care workforce. For relinquished carers this could bring new meaning and purpose to their lives as paid workers or as volunteers and for new carers a valuable care option based on empathy and understanding, derived from genuine knowledge and real experience.

Carer stress

The increased incidence of mental health issues amongst carers is disturbing and is a consequence of the stress experienced by those in caring roles. Recognition of this is largely anecdotal and may warrant proper investigation in its own right. Whilst a mental health episode may be an extreme outcome of carer stress, there are many other ways in which it manifests. Whilst respite services provide relief from caring roles for carers, it is only temporary relief. Respite is not always available when required by carers and respite program guidelines cap or limit the entitlement to service over a period of time. Carer assessment will too often focus on a respite outcome rather than a carer well-being outcome.

Recommendation 13

A formal "care for carers"stream, focused on carer wellbeing should be an integral component of carer and respite services. Examples include Villa Maria's Emotional Support for Carer's Program which aims to build carer's capacity to maintain their caring role through self-exploration, group work, peer support and education and Villa Maria's People and Parks

Ecotherapy Program that provides a nature-based solution to carer stress and social connection.

Case Scenario: Carer Stress – People & Parks Ecotherapy Program

Carer Stress has the greatest impact on a carer's capacity to maintain their caring role. There is a high incidence of depression amongst carers because of the burden of caring, and it is well documented that having contact with nature can alleviate some of the symptoms of depression and bring people back to having a good experience. With this in mind Villa Maria Eastern Community Services entered into partnership with People and Parks Foundation to deliver nature based Ecotherapy respite programs for carers. People and Parks Foundation's Feel *Blue Touch Green* 2006 Report found past Ecotherapy program participants experienced a calming effect, reduction of stress and increased social connection. The Ecotherapy program consists of a number of sessions in local national and state parks where participants engage in historical walks, meditation, and art therapy in the forest and park maintenance.

The program is well attended; one participant in particular caring for several family members has reported significant benefits to her mental wellbeing. Caring for two frail aged parents and a son with mental illness her carer stress was significant. The Carer Support Program provided case management for this carer and was able to bridge her into Ecotherapy and other respite opportunities such as the Villa Maria Carers singing group.

After attending the third session of Ecotherapy she reported that being in nature was a great place to have a break and re-energise to be better able to continue her caring role. She also said that she will try and connect more with nature in the future as a self care strategy.

MEDIA MONITORS

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Nature to help calm carers

By **Tristan Maddocks**

AN innovative new program in Melbourne's east will give carers a chance to connect with nature and experience its healing benefits in a fun, social environment.

Ecotherapy for Carers is a joint initiative by Villa Maria and the People & Parks Foundation and will run for four sessions in the Dandenong Ranges National Park from Thursday.

A 2006 report by the foundation found that participants in its Feel Blue Touch Green project experienced a calming effect and reduced daily stress levels from connecting with nature.

Studies indicate that while one in five people will experience depression, the risk of depression for a person caring for an unwell loved one can be higher.

Villa Maria's mental health resource consultant Jessica Taylor said difficulties facing carers included isolation, financial problems and the burden of care.

Ecotherapy for Carers will run for four two-hour sessions in the Dandenong Ranges national park, and will include learning about the history of the Dandenong Ranges, gardening, relaxation and meditation and art activities.

A nominal $5 fee for each session applies.

Details: Villa Maria, 1300 650 615.

Flexible respite services

The sheer volume of carers in Australia and the extent of provision of informal care alone provide adequate evidence of the need for respite services. If all of these carers sought services once or if a proportion of informal care was converted to funded service the current system would be stretched beyond capacity. A significant expansion of respite services, with a flexible range of options that are responsive to the range of carer needs is essential. Whilst it is the responsibility of respite providers to apply the creativity needed to meet carer's needs; this can only be achieved if respite program requirements move away from traditional measures of service type and hours provided; and delivery based on geographic boundaries that can act as barriers to service access.

Recommendation 14

The concept of a "respite card" through which a carer has an entitlement to an agreed level of service, at an agreed cost over a set period of time should be explored. It should be possible for a carer, assuming application of consistent assessment and care planning tools and with support of an approved provider, to use the "respite card" to fulfill their needs in any way, not just through traditional respite placements. The measure of this model would be the "cashing out" of the respite card and the carer's formal indication of outcome attainment.

D. CONTINUITY OF CARE

Better Access to Information

The aged care system in Australia is widely considered to be fragmented and difficult to navigate – by clients, their carers and service providers. Improving access to information is commonly identified as a priority for reform.

A lack of information about aged care is a major barrier to accessing appropriate services. Many people are confused by the various community care programs and how they interact, while others faced with accessing residential care, often at a time of crisis, find the system very complex. Older people and their carer's often highlight the following issues:

- Negotiation with a number of service providers
- Understanding the processes required to receive the services
- The number of separate assessments that may need to take place to receive different services
- Understanding the program under which the services are provided.

Many older Australians are unaware of the relevant services available to them and have difficulty knowing how to access information about the services and support they require. Introduction to residential aged care can follow a period of hospitalisation with families feeling pressured to find aged care placement, often with limited information about the services available or where to access them. Even if they were aware of them, they may not understand the range of services or how to obtain them, due to the complexity of service types and overlapping programs.

Recommendation 15

Improved information for older people and their families on the availability and quality of aged care services and where to access services (NHHRC, Productivity Commission, Hogan Review), including the amalgamation of information on the many different types of services, offered at different levels of intensity, from a variety of service providers, to enable easier understanding and access by older people, their families, GPs and others to aid choice.

Recommendation 16

Improved communication between community and aged care providers, hospitals and GPs to ensure each is aware of, and understands the services provided by each other.

Access to Continuity of Care

As noted above, the complexity of aged care needs will continue to increase significantly for current and future populations of older Australians. The proliferation of services and programs create considerable confusion for older people and their families when endeavouring to find their way around a complex system of Government and service programs.

There is a need to simplify the entry arrangements for people looking for services in addition to the urgent need to review the ACAT assessment process. This process should be made more relevant and time responsive to consumers looking for entry to aged care services as well as for the recipients of ACAT decision making, such as community and residential service providers.

Recommendation 17

Development of a streamlined and consistent assessment for eligibility across all aged care and affirming ACATs as a single national consistent program which serves as a single assessor and facilitates entry to the aged care system from multiple points e.g. service providers, GP's, hospitals.

Improved Palliative Care

Improving access to palliative care services is essential to enable people living at the end stage of their life (for whatever reason) and their families make the most of each day and to experience comfort and support. Seamless and coordinated palliative care is required as the population ages and deaths from chronic illnesses increase. The focus of the aged care reform must encompass optimal palliative care as well as supportive restorative and rehabilitative care.

Aged care services lack staff who are skilled and comfortable in providing palliative care. As a result, there is a higher risk of increased hospital admissions and length of stay for residents, staff burn-out and stress as residential aged care homes endeavour to manage the more complex needs of people approaching the end of their life with limited resources at hand.

Approaching end of life brings with it the need to more adequately support older people and their families. This raises both emotional and spiritual issues for older people and their families. To ensure these needs are adequately attended to, there is a case for provision of pastoral care services to be provided for as a cost component of care subsidies.

The universal benefit of Advanced Care Planning is well documented and needs to be given greater recognition in both community and residential aged care through a national approach to the development and introduction of a standard set of advanced care planning templates which are suitable and transferable across all care settings. This must be accompanied by appropriately tailored education programs for staff in community and residential aged care, to ensure effective implementation and ongoing sustainability.

Recommendation 18

The development of an integrated service approach to delivering optimal palliative care that meets the needs of older people, including spiritual needs, no matter where they live. The expansion of community based palliative care services and improved end of life care for people with chronic conditions will need to be complimented by an expansion in the capacity and competence of primary health care services to deliver general palliative care services for people living in the community and in residential aged care homes, supported by increased collaboration and networking from specialist palliative care services.

Recommendation 19

Development and introduction of a national standard set of advanced care planning templates which are suitable and transferable across all care settings accompanied by appropriately tailored education programs for staff in community and residential aged care.