



A response from Catholic Social Services Victoria to the Productivity  
Commission Draft Report on

## **Caring for Older Australians**

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## 1. Background –

### 1.1 **Catholic Social Services Victoria**

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](http://www.css.org.au)

### 1.2 **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'<sup>1</sup> that are necessary underpinnings for the care and support older members of our community deserve, and should receive.

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<sup>1</sup> Migliore, H.E. Mons. Celestino, 2005, Intervention By The Holy See At The Third Commission Of The General Assembly Of The United Nations On *Follow-Up To The International Year Of Older Persons: Second World Assembly On Ageing* (Item 63), New York, Tuesday, 4 October 2005, at [http://search.vatican.va/roman\\_curia/secretariat\\_state/2005/documents/rc\\_seg-st\\_20051004\\_migliore-ageing\\_en.html](http://search.vatican.va/roman_curia/secretariat_state/2005/documents/rc_seg-st_20051004_migliore-ageing_en.html) accessed 26 July 2010



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....', 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.'<sup>2</sup>

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.

### **1.3     *Our initial submission to the enquiry***

The July 2010 CSSV submission to the Productivity Commission enquiry into Caring for Older Australians complemented the analysis of Catholic Health Australia, and supported their objective, 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.

The focus of the submission was on the needs of people who have been homeless, or have other special needs. Current recurrent funding was considered not flexible enough to provide the care that is needed, and to fund the innovative services that are needed to reach out to these vulnerable groups. Additional capital funding was considered to be urgently needed, as was recognition in the funding process of those organisations who have expertise and experience in working with people who are homeless

The submission made 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.

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<sup>2</sup> Catholic Health Australia 2010 *Supplementary Submission to Productivity Commission Inquiry: Caring for Older Australians*



- 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. Response to the Draft Report**

Consistent with that earlier focus, in this response CSSV wishes to draw on the unique challenges of working with older people who often have no family or friends and exhibit challenging behaviours, which requires a greater effort to ensure loneliness, isolation, possible past inhumane treatment at the hands of services is addressed, to ensure the last chapters in their lives are happier ones.

This leads to comments on some of the specifics of the Draft Report.

#### **Smaller operators**

Implicit in the plan outlined by the Commission is that some smaller operators may not survive unless they join forces with other agencies. CSSV would be concerned by this unless it were accompanied by actions that could maintain the valued service provision from many of the smaller agencies in the Catholic sector, which offer an extremely responsive, flexible and innovative service-even with financial constraints-and it would be regrettable if the unique quality of these services was lost. CSSV would be interested to explore potential partnerships which could safeguard against this loss but provide greater viability-all possible within Catholic network.

#### **Tax advantages**



The P.C also recommends gradual removal of the tax advantage not-for-profit, charitable providers currently receive. We would not support this. The aged care sector is not a level playing field. It would be more appropriate to allow charities to retain advantage because they are fulfilling a role not motivated by purely for-profit considerations.

### **Issues raised in CSSV's initial submission in 2010**

CSSV believes the draft report does not adequately address some of the issues we raised in our initial submission, particularly in relation to the disadvantaged and vulnerable groups of older people we support as part of the Catholic Mission. These include older homeless and older who are socially and financially disadvantaged. These issues relate to a lack of specific attention to ACFI not fully reflecting the costs of service provision, particularly for socially disadvantaged and homeless older people. We are also concerned that eligibility for ACAR assessment for people who usually age earlier, is only addressed in a patchwork manner - Indigenous Australians are recognised as one eligible group whereas other disadvantaged groups are not.

A number of other CSSV recommendations have not been picked up in the Draft Report, particularly in relation to the need for special provision for capital funding, and to the need for recognition of the specific expertise of organisations that are experienced in working with people who have been homeless. These issues are again urged on the Commission.

### **“Gateway” to service system**

The formation of a single agency to be a “Gateway,” to the service system, to be known as Seniors Gateway Agency. Draft Rec 8.1 outlines its key features which include a focus on greater social inclusion and participation. In principle, the idea of a “Gateway” supports a client focus but will it adequately cater to some of the more vulnerable, disadvantaged groups? This would depend on how it is developed, its emphasis and the capacity and skills of key staff.

### **ACFI**

In recognition that some components of the ACFI may be set too low, the P.C is proposing that Department of Health and Ageing conduct a public benchmarking study of pricing of care and support services in consultation with the industry and other stakeholders. This to occur within the next two years. It is intended that there would then be a progressive increase of the accommodation charge paid by the Government for supported residents and regional quotas for supported residents set with providers able to trade these quota obligations.

This suggests that the issue was not given adequate attention during the review process even though many agencies raised it in their submissions. More rapid action is needed.

### **User pay-what are consequences for those who can't pay?**

There is some concern that user pays can suggest a higher quality of accommodation can be purchased by those who can afford to. CSSV would want to ensure that our clients have access to high quality care, regardless of capacity to pay.

### **Obligation on providers to provide a percentage of accommodation to supported residents**

Providers continue to be obliged to make a proportion of their accommodation available to residents who require financial assistance from the government.

Attention will need to be given to ensuring the rights of those with limited financial means are protected. Appropriate regulation will need to ensure that these quotas are upheld. We have seen for example, ‘quota slippage’ in social housing developments.

### **Approved basic standards for supported residents**



Draft rec 1.7 outlines that the Australian Government will contribute towards the approved basic standard for supported residents on the basis of a 2-bed-room with shared bathroom.

This suggests a lower than accepted norm of single room, inferring supported residents accept below community accepted standards. This raises a number of issues, which the Commission should tease out.

### **Workforce issues**

According to the report, pressures on the aged care workforce could also be alleviated through wage increases for nurses and other care staff delivering aged care services. The Commission expresses concern about the lack of parity for nurses in aged care compared with other health sectors. The report does not however indicate how an increase in wages could be achieved.

Other workforce recommendations included advanced clinical courses for nurses to become nurse practitioners as well as an expansion of teaching aged care services to medical, nursing and allied health care students.

There is a reasonable degree of attention given to formal carers and recognition of poor pay as seen as largely unskilled work.

These are important issues, as skilled carers can play a considerable role in alleviating social isolation which is so endemic among many older people in the general community and particularly apparent among the clients of our welfare agencies. The role can be far greater than simply personal care.