

MACARTHUR AGED & DISABILITY FORUM
(Sharing Information between HACC, DSP & Commonwealth Programs)
c/- P.O. Box 284, Campbelltown. N.S.W. 2560

26th July, 2004



The Secretary,
Senate Community Affairs References Committee,
Suite S1 59,
Parliament House,
CANBERRA. ACT 2600

Dear Sir/Madam,

The Macarthur Aged & Disability Forum is made up of over 120 representatives from variously funded projects who provide services to people who are frail aged, younger people with disabilities and their carers in the Macarthur area. The aim of the forum is to encourage the exchange of information between different sectors to ensure a cohesive and co-operative service provider network within the Macarthur area.

We thank you for the opportunity to have input into Inquiry into Aged Care. Members of our forum have discussed the Terms of Reference and offer the following comments:

- (a) ***the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training***

As most of our forum members are community based services we do not feel that we have the necessary expertise to comment on the above point, however we have had success in the community sector with the work for the dole scheme. A local nursing home has become a partner with YWCA regarding training work for the dole participants to achieve their AIN qualification. This scheme has had great success for both the participants and the nursing home involved. It may be appropriate to investigate avenues within this current system for providing the necessary training and support for interested unemployed people to gain a range of qualifications and experience within the aged care industry.

- (b) ***the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:***
(i) ***assessing and monitoring care, health & safety***

- (ii) ***identifying best practice and providing information, education and training to aged care facilities, and***
- (iii) ***implementing and monitorin accreditaiton in a manner which reduces the administrative and paperwork demands on staff***

As most of our forum members are community based services we do not feel that we have the necessary expertise to comment on the above point.

(c) ***the appropriateness of young people with disabilities being accommodated in residential aged care facilities***

While we feel that it is completely inappropriate for younger people with disabilities to be housed within residential aged care facilities, at present there are no other options for many people.

The Community is sick of the political buck passing that keeps occurring over this issue, we do not care which Minister is responsible. We feel both State and Federal Ministers have a responsibility to jointly address this issue and to come to a viable solution for these people and their families. If, as a society, we want deinstitutionalisation for younger people with disabilities we have to pay for it. Some hard decisions are going to have to be made to ensure that not only our ideals but our budget can provide the necessary housing options for younger people with high support needs.

The Commonwealth simply withdrawing funds from Residential Aged Care facilities who may be supporting a small number of people with disabilities within their Residential Aged Care setting is not constructive. The Commonwealth Government is placing unnecessary stress and pressure on families already under strain and placing providers in an intolerable situation of having to tell families that funding is no longer available. We urge the Reference Committee to read discussion papers and other documentation provided by NCOSs regarding this issue and sustainable solutions.

It has been suggested that perhaps the age that people become eligible for residential aged care should be lowered to include the 50/55 plus age group. This would also allow these people to receive CACP's.

and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements

We feel that current arrangements within the Aged Care sector do not encourage or give facilities the scope to ensure that they have a range of trained staff who can provide a quality service to people with special needs. People with Dementia are to some extent catered for, however those with challenging behaviours find it extremely difficult to get placement in appropriate settings.

People who are mentally ill, have intellectual disabilities, have chronic

illnesses, have acquired brain injury etc etc etc **get old**. We do not feel that our present aged care system is able to provide the type of flexible services that may be needed by the above target group. It seems that current funding arrangements are too prescriptive to allow for flexible service provision or the pursuit of excellence - rather they seem designed to provide a one size fits all approach to ageing and provision of adequate (rather than excellent) care.

We have had experience in our local area of clients moving to a facility based on an assessment conducted in their own home and then being told by the facility that they cannot stay as their needs have increased from those initially assessed. We would have thought that it was common knowledge that moving home is a stressful time in an individual's life and often this change of environment may increase the symptoms of dementia or result in challenging behaviours being exhibited. To further upset the client and family by the facility then being forced (due to funding arrangements) to insist that the client be removed from the facility is placing undue pressure on an already tense situation. Surely an efficient funding system would allow for these anomalies to be addressed quickly and without impact upon the client or family.

We understand that new initiatives will mean that Nursing homes will be able to do their own reassessments of clients. This will no doubt take pressure of ACAT teams however it will also remove the independence from the process. Will not this new system be open to abuse by nursing homes?

(d) *the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly;*

Many issues impact upon the adequacy of the HACC Program including:

Intersection with other Programs/Sectors

Understanding the myriad of differing Standards, processes and guidelines that impact upon the provision of HACC services takes away from direct service delivery. In addition having many programs increases the risk of services being duplicated and/or conflicting priorities.

We strongly urge the Committee to read the various reports/discussion papers written by the ACSA, NCOSS, The Community Care Coalition and others regarding the simplification of the Community sector regarding aged care.

Funding to the program

Older people and others with a disability or chronic illness are missing out on much needed care, due to dramatic underfunding of community care from all levels of government.

The Home and Community Care Program (HACC) is the largest government program supporting people in their own homes.

The average amount of domestic assistance received by nearly 44,538 HACC clients last year, was just 45 minutes per week. We ask members of the Committee - can you mop your kitchen and bathroom floor, vacuum your home and clean the toilet in 45 minutes per week?.

For 14,670 frailer HACC clients needing personal care (help with showering, shaving, getting meals etc.), they received just 100 minutes per week, which is just over 14 minutes per day. Can you imagine having someone assist you to have a shower, go to the toilet, do your personal grooming or prepare a meal in 14 minutes per day? - we would suggest that most of us take longer than that just having a shower unassisted.

We urge the Committee to really think about what the above statistics mean to the thousands of people who rely on HACC to allow them to live independently in the community. Is it really enough? - we do not think so.

Do our ideals and our budget match? - we do not think the promotional spiels regarding HACC remotely match the budget or the real service levels people expect to receive.

Without major increase in funding older people, people with disabilities and their carers these people will make greater demands upon the hospital and residential aged care sectors. Many people now attending Accident and Emergency Departments in our hospital have not had an accident but are having a crisis regarding their care.

Funding provided to the program also needs to take into account the many legislative requirements that services must comply with when providing service. In the last few years major costs have been experienced by providers regarding, just to name a few,:

- new OH & S legislation (This has meant that other systems then have to find more money for equipment, e.g. hoists, when a client may be able to transfer safely but slowly using a sliding board with the assistance to lift his/her legs up onto the bed. This level of support is now frequently considered to be an OH&S problem. It also means a loss of possible independence and self esteem with dependency being encouraged.)
- new Privacy legislation
- new Food Service Standards
- new Insurance requirements

Funding bodies have not kept up with these requirements and indexation increases given to services just cover the superannuation guarantee levy, without providing any real assistance to services. The practice of providing inadequate Indexation constantly leads to service viability issues. These viability issues are extremely difficult to get funded as they are considered "non-output" by the same Governments that caused the problem by providing the inadequate indexation in the first place.

We urge the Committee to recommend a complete review of the formula used to estimate the annual indexation increases given to community services with the view of ensuring that they are brought in line with the overall CPI. Once this is achieved service should be allowed (for a limited time) to apply for viability funding to make up for previous inadequate Indexation.

Change in the Target Group

Over the years with various Government Departments administering the program the definition of the HACC Target group has not only changed within the actual guidelines but also within the perceptions of the Policy makers. Many within the industry can remember a time when the sector was told that:

"people with disabilities" meant anyone who had a permanent physical or intellectual disability

then with the advent of the DSA and other standards the definition slowly changed within the minds of the beaurocrats and now includes:-

- people with episodic conditions
- people with HIV/AIDS
- people with psychiatric disabilities

and many more. In fact the sector is now looking at "**what** tasks of daily living" cannot be accomplished by an individual rather than "why".

We do not say that this is wrong, in fact, we agree that there were many more people who needed assistance to stay living independently in their own home. We do, however, argue that the funding has not increased in line with the change in philosophy.

HACC services are being forced by necessity to assist clients with higher and higher needs. We seem no longer to be "preventing premature or inappropriate" institutionalisation but are providing service to clients who would more appropriately be suited to some form of Residential Care, however placements are not available so HACC is the only option.

HACC services are often now responding to crisis rather than responding to ongoing needs of the client. A local client recently commented "you used to assist people before they broke their hip - now it's only afterwards". Surely it is more cost effect when providing services to older people to provide a service to a lower need client, therefore preventing their needs increasing, than to provide high level support to a high needs client.

To give you an idea of the unmet need currently experienced in Macarthur the following figures were quickly collected:

Service Type	Number on waiting list or time before service provided
Home Modification Level 1	6 mths

Lawn Mowing	60 on waiting list
Frail Aged Day Care	30 on waiting list
Occupational Therapy	Regularly 6 to 12 mths wait (urgents seen)
Podiatry	Regularly 12 to 24 mths wait (urgents seen)
Food Services/Neighbour Aid	Usually no/or short waiting lists, however crisis regarding getting volunteers has meant clients are refused service
Personal Care	Approx 20 (it should be noted that new funding was received in 2004 and already the service has a waiting list)
Domestic Assistance	Approx 60 (it should be noted that new funding was received in 2004 and already the service has a waiting list)

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community

Often clients bounce from hospital to respite beds to community and back again. The forum feels that the issue of transition has never been addressed effectively or with any intensive resourcing until Compacts was recently funded by NSW Health. Compacts utilises a partnership between NSW Health and Community Option services to provide up to six weeks care in the community to people leaving an acute setting who need two services or more to assist them while they recover. We have great hopes for this program as it finally addresses the increased need for immediate community services that has been the result of earlier discharge practices.

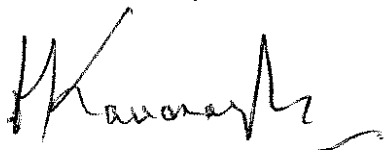
This initiative provides funding to utilise the expertise of the community sector to provide the knowledge and best mix of services to people leaving acute care. People who are aged and require ongoing assistance are referred by Community Options to other HACC and HACC like services. Because Community Options is constantly working within the community sector and keeping up to date with day to day developments within services the transition from Compacts to HACC is more effective than previously occurred when dealing directly with Hospital staff who had little understanding of the community sector.

We thank you for the opportunity to have input into your deliberations regarding Aged Care and attach herewith some of the reports referred to in this letter for your information. Enclosed are:

Younger PWD in Nursing Homes
ACSA Paper re community care

We look forward to your reply at your convenience regarding the abovementioned issues. It should be noted that the opinions/ideas and views contained in this documentation reflect the views of the Macarthur Forum Action Group and do not necessarily reflect the opinions/ideas and views of the person whose signature appears below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Allan Kavanagh', with a stylized flourish at the end.

Allan Kavanagh
For and on behalf of the Macarthur Aged & Disability Forum