



Federal Election 2004

Issues Kit

NSW Aged Care Alliance Federal Election Kit 2004

The NSW Aged Care Alliance comprises **over 25 organisations** concerned with the adequacy and quality of aged care services to older people in New South Wales. Our mailing list comprises many more associated organisations.

Convened by the Council of Social Service of NSW (NCOSS), the NSW Aged Care Alliance comprises consumer representatives, industry organisations, universities and education facilities and others actively promoting the needs, rights and interests of older people focussing on all forms of aged care, including healthy ageing. The NSW Aged Care Alliance meets on a bi-monthly basis at NCOSS to discuss issues and strategies to advance our objectives.

We are pleased to present our Federal Election 2004 Issues Kit in order to raise the important issues as they relate to the upcoming Federal election. The NSW Aged Care Alliance has prioritised the following issues for particular attention in the lead up to the election, including a brief description of each issue with recommendations and questions for all candidates to Federal Parliament.

Older People and organisations are encouraged to use any or all of the Issues Kit in their representations to candidates when discussing areas of concern for Australia's older population.

Candidates are requested to provide their responses to the concerns and recommendations contained in the Kit **by 30 August, 2004**. These will then be immediately conveyed to the Alliance network organisations, their members and our mailing list.

If you require more information about the Kit please contact Christine Regan, Senior Policy Officer, NCOSS on 02 9211 2599 ext 117, fax 02 9281 1968 or email chris@ncoss.org.au

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Or to the contact details listed above.

Thank you for your time.

NCOSS wishes to acknowledge and thank the many members and supporters who contributed their time and expertise to the development and compilation of this Issues Kit.

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RESIDENTIAL CARE

Quality Care & Industry Sustainability

Residential aged care services are facing viability issues as a result of increased costs. This has been caused by a growing gap between Australian Government funding and the costs of providing residential care. Some services are already considering closing. Many more will face critical viability issues in the near future.

Between 1996/7 and 2002/03, the Government has effectively reduced funding to residential aged care by \$405 million nationally.¹ Providers have absorbed this as best as they can by restructuring, cost cutting and taking steps to improve productivity. The result has been the steady dilution of services provided in residential care – for example, staff are not able to spend as much time with individual residents. In most cases, there is no more fat to trim.

The Government acknowledged the issue and commissioned an independent Review of the Pricing Arrangements for Residential Care by Professor Warren Hogan. The Review Report was released alongside the 2004 Federal Budget, which contained an aged care funding package worth \$2.2 billion over four years and some policy adjustments in response to Prof Hogan's report. The Alliance welcomes the Federal Government's funding package, but it is concerned that some fundamental issues remain unaddressed. The Alliance is alarmed by the inappropriate reliance in Prof Hogan's longer-term recommendations on a market driven solution to the provision of aged care.

The NSW Aged Care Alliance is aware that around 12% of all allocated aged care places are not operational, which means about 7,000 places in NSW. This arises due to the length of time it takes to prepare for the places eg building, renovating, recruiting etc. The Australian Government should consider increasing the proportion of community care places or some other flexible service provision to bring these aged care places into operation more quickly. Any increase in income to aged care providers should result in improved quality of care (including better wages and conditions for staff, staff training etc) and/or increased amounts of care to older people.

To ensure aged care is sustainable and can provide quality residential care, the Government must:

1. Assess the effectiveness of the change in the aged care planning benchmark to 108 places per 1000 population over 70yrs in light of strong and increasing demand by an ageing population.
2. Address the inequities in current funding models. While the Alliance welcomes the Budget increase in aged care subsidies over the next four years, a more appropriate long-term indexation method is necessary and well overdue.
3. Address the challenge in attracting registered nurses to residential aged care. Funding should be guaranteed for increases to aged care nursing wages with a view to ensuring wage consistency between the aged care sector and the acute hospital sector.
4. Develop a more appropriate capital funding model to ensure the safety and well-being of older people and the future sustainability of the industry. While the measures in the 2004 Federal Budget have provided some immediate relief, in the longer term residential aged care facilities do not have access to adequate funding to meet current and projected demand for building improvements and certification across all parts of Australia.
5. Increase rural and remote services by funding improvements to building stock that meet the 2008 certification requirements.
6. Provide alternative options for the relocation of more than 1000 younger people with disabilities currently residing in aged care facilities.

¹ Australian Institute of Primary Care, La Trobe University, *Residential Aged Care Funding: Fourth Report 2003*.
NSW Aged Care Alliance – Federal Election Kit 2004

RESIDENTIAL CARE

Transport in Residential Aged Care.

The transport needs of people in residential aged care largely depend on the capacity of the family to provide transport support. Providers cannot provide necessary transport services covering health and doctors' treatments, personal business and social activities. The 2003 *On the Road Again Report*² found that at least one third of aged care residents in NSW had no significant access to family or friends and that essential health appointments were cancelled for lack of transport. One of the greatest barriers to travel was the need for escorts to accompany residents. The Report makes many recommendations towards the systematic provision of transport for aged care residents, especially emphasising the initiation of the Residential Aged Care Transport Subsidy to enable individualised responsive transport to people in residential aged care.

Complaints Mechanism

The Aged Care Complaints Resolution Scheme is available to the consumers, family, carers and advocates who wish to make a complaint about a Commonwealth funded aged care service. Currently the Scheme does not work well for either consumers or operators of aged care services.

The Government must develop a complaints scheme that is:

1. Independent and established as a separate authority based on leading practice eg. the Benchmarks for industry based dispute resolution schemes released by the Minister for Customs and Consumer Affairs.
2. Publicly accountable through published accounts of decisions and determinations.
3. Subject to periodic independent review of its performance.
4. Able to highlight and report on systemic industry problems where they exist.

Recommendations:

- **Develop a future financing plan to quantify and redress the projected shortfalls in aged care funding.**
- **Increase funding immediately for new residential and community care places to ensure that the current Government benchmark of 108 per 1000 is in place across Australia**
- **Increase the ratio of care packages at home for people requiring nursing home and hostel level care.**
- **Replace the current inappropriate indexation method for residential care to ensure true costs are funded in the future.**
- **Develop a new capital funding system that guarantees affordability and standards for older people.**
- **Provide funding to remove wage disparity between acute and aged care nurses.**
- **Assist rural and remote services to develop and remain viable to ensure people can receive services locally.**
- **Provide more appropriate alternative supported accommodation for young people with disability now living in residential aged care facilities.**
- **Provide quarantined funding for transport for residents in aged care facilities through the Residential Aged Care Transport Supplement.**
- **Establish an improved complaints scheme as a separate authority based on leading practice examples eg, the *Benchmarks for industry-based dispute resolution schemes* released by the Minister for Customs and Consumer Affairs.**
- **Ensure that the residential care needs of Aboriginal and Torres Strait Islander people are identified and addressed in a manner that is timely and culturally appropriate.**
- **Ensure access to an appropriate mix of mainstream and ethno-specific residential aged care for older people from culturally and linguistically diverse backgrounds.**

Question:

- **What will your Party do to address each of the above recommendations?**

² Council of Social Service of NSW NCOSS, *On the Road Again Report* 2003.

COMMUNITY CARE

Funding and Service Expansion

There have been increases in community care funding in recent years. However, insufficient funding in the system restricts access to an increasingly significant number of people who require support to remain at home. Inadequate supply of community care services may result in older people suffering declining health and well-being and/or unnecessary admission to hospital or nursing home care.

Data from the 1998 Australian Bureau of Statistics indicates that approximately one quarter of households of people aged 65+ years reported needs that were not fully met. The main types of assistance required were: personal care, transport, domestic assistance, respite, meals and home maintenance. On top of this, inadequate indexation of grants has resulted in an effective reduction of \$120million to community care. Unlike their residential aged care counterparts, existing community care services received no additional increase on top of indexation in the 2004 Federal Budget. Community care providers have absorbed the reduction as best as they can by restructuring, cost cutting and generally taking all steps to improve productivity. The result has been an increasingly thin spread of community care services – for example older people only being showered once a week instead of every day.

Community care services are particularly important for indigenous communities and people from culturally and linguistically diverse backgrounds. These groups tend to make **less use** of residential aged care and consequently require **higher levels** of community care support.

The following key actions must be taken:

- **increase Home & Community Care (HACC) funding by 20%** as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand.
- **increase other community care programs by 10%** to relieve pressure on quality of care from years of underfunding eg. Veterans' Home Care, National Respite for Carers Program etc.
- **replace the inequitable indexation model currently used.** The existing indexation method is inappropriate for community care, as it does not reflect the real staffing and other costs of running services. Nor does it reflect the real movement in costs of providing Community Aged Care Packages and HACC and it is calculated in a slightly different way for each program resulting in different levels of compensation for similar cost increases.
- **expand the range and level of care available, particularly:**
 - ~ *care management programs*, both for people with high and lower needs
 - ~ *programs to support homeless older people*
 - ~ *comprehensive carer support services* by the development of a comprehensive package of co-ordinated carer services tailored according to the needs, preferences, culture and age of the carer as well as the person requiring support.
- **Increase the provision of equipment to older people.** The affordability and availability of equipment can be a determining factor in whether a person can be supported in their own home and maintain their independence. Aids and equipment must be available to support older people at home, thereby avoiding high cost and often premature admission to residential aged care.

Reform

The Federal Government commenced a review of the national community care system in 2003, following pressure from industry, consumer and professional groups. A major issue for the community care sector is the growing number of community programs which, while largely compatible, create separate reporting requirements, have different eligibility rules and inhibit the provision of quality care to individuals while replicating management overhead costs. Many organisations which provide community care programs complete 2 or 3 sets of essentially similar accountability information. Therefore, the Review must create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and for providers, eliminate the duplication of reporting and management systems among the plethora of programs.

COMMUNITY CARE

Responses to Consumer Needs

The sheer complexity of the community care system and its plethora of programs can be defeating for people needing to access the system. Indeed, many providers complain of their own difficulty in navigating the system. This complexity for consumers is a barrier in itself and creates unnecessary hardship, inequities and inconsistencies for consumers and families, sometimes resulting in an escalation of consumer need simply to access the system. This in turn results in system inefficiencies and provider confusion. Further, consumers report to the Alliance the undeniable need for locally responsive services, provided in local areas by providers with local expertise. A significant percentage of carers are aged 65 + years. Many services, including respite care, are provided to both the carer/family and the person receiving care. The adequacy and appropriateness of respite can be a critical element in the decision to access residential care. Respite and community support services to older people without family and/or who are homeless, are conspicuously important in the protection of especially vulnerable older people.

RECOMMENDATIONS:

- **Increase HACC funding by a 20% as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand.**
- **Increase other community care funding rates by 10% to relieve pressure on quality of care from years of underfunding.**
- **Improve the indexation funding method for community care to ensure true costs are covered in the future.**
- **Implement strategies to improve community care programs to create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and for providers, eliminate the duplication of reporting and management systems among the plethora of programs.**
- **Improve access to aged and community care services for people with special needs and older Australians in rural and remote communities.**
- **Provide funding to examine the effectiveness and sustainability (including cost) of the full range of existing examples of flexible respite options and to pilot and evaluate new 'carer friendly' models of respite care**
- **Provide significant additional recurrent funding to promote best practice in respite care and develop incentives for specialisation and diversification of models of respite care,**
- **Increase packages of support for family carers which address the range of needs, including flexible respite, quality in-home support, counselling, education and access to quality residential care.**
- **Double the inadequate national funding for the Assistance with Housing and Care Program which assists homeless older people.**
- **Ensure that the community care needs of Aboriginal and Torres Strait Islander people are identified and addressed in a manner that is timely and culturally appropriate.**
- **Ensure access to an appropriate mix of mainstream and ethno-specific community care services for older people from culturally and linguistically diverse backgrounds.**

Question:

- **What will your Party do to address each of the above recommendations?**

OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Aboriginal and Torres Strait Islander people have been disadvantaged for many years without access to many of the opportunities other Australians take for granted. The issues for older people from Aboriginal & Torres Strait Islander communities are complex and require deliberate attention.

Because Aboriginal people have lower life expectancy than other people in the population, their timely access to aged care services can be delayed and the appropriateness of those services can be diminished without attention to individual needs and cultural responsiveness. Additionally, the number of older people in Aboriginal and Torres Strait Islander communities is increasing. Consequently, the usage rate of many community support services by Aboriginal people is unacceptably and disproportionately low.

In 2003 in New South Wales, a statewide Gathering of Aboriginal and Torres Strait Islander workers in community care and disability services determined that the most important ways to provide equitable access to appropriate services were to progress the autonomy of services to be delivered to Aboriginal people by Aboriginal people with quality training, proper representation within decision-making systems as well as a deliberate investment in Aboriginal and Torres Strait Islander service provision.

Specific issues raised by the Gathering Committee identified the following needs were of a critical nature to older people and their family carers from Aboriginal communities:

1. Due to the lower life expectancy, it is crucial to lower the access ages for aged care and community care support services to 45 years in line with the HACC program.
2. Improved access to health care for older people and their family carers. Health care must be culturally responsive and involve an Aboriginal worker in direct service provision. This especially but not exclusively includes increased access to dialysis treatment, dental care and oral health and other health services.
3. Specific access to community care services which are provided by Aboriginal people in culturally respectful ways. At present, such access is inadequate and ad hoc, and includes access to mainstream services by Aboriginal people and the provision of Aboriginal and Torres Strait Islander specific services.
4. Family carer needs are paramount to equitable access to support services. Deliberate attention is required to assess and address the specific needs of family carers of Aboriginal older people.
5. The provision of and access to appropriate, local and affordable housing to Aboriginal and Torres Strait Islander people and communities is critical to the wellbeing of Aboriginal older people and their family carers. Housing has been included as part of the National Aboriginal Health Strategy. More resources are needed for the Commonwealth State Housing Agreement to support Aboriginal People.
6. Transport is a long-neglected issue but an enabling service to other critical support services for Aboriginal and Torres Strait Islander people. Affordable, accessible and responsive transport for health, cultural, personal business and social reasons is woefully inadequate within Aboriginal and Torres Strait Islander communities. This could be included as part of the National Aboriginal Health Strategy.

OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

QUESTIONS:

- **What steps will your Party take to progress the autonomy of Aboriginal and Torres Strait Islander services to older people and their family carers?**
- **How will your Party enable effective management and training support for the development of Aboriginal and Torres Strait Islander services to older people?**
- **What are your Party's plans for investment in Aboriginal and Torres Strait Islander services to older people and families in need?**
- **Will your Party lower the eligibility age to 45 years to enable access to necessary support services by Aboriginal and Torres Strait Islander people?**
- **What are your Party's plans for improved health care for Aboriginal and Torres Strait Islander people, especially older people and their family carers?**
- **How will your Party ensure that Aboriginal and Torres Strait Islander workers are trained and employed in health and community care services?**
- **What strategies will your Party implement to increase community care services to Aboriginal and Torres Strait Islander people and communities?**
- **How will your Party address the specific needs of Aboriginal and Torres Strait Islander family carers?**
- **Will your Party reopen negotiations over the Commonwealth State Housing Agreement with a view to increasing funding for public community and Aboriginal housing?**
- **How will your Party co-ordinate with NSW to improve the provision of appropriate transport services to Aboriginal and Torres Strait Islander older people?**

CULTURALLY APPROPRIATE CARE

Over the next 20 years, the residential and community aged care services sectors are set to experience unprecedented levels of demand for culturally appropriate services. Current strategies for improving access and service quality are insufficient to keep up with culturally and linguistically diverse (CALD) population growth and unmet demand.

Data and demographics

Current use of both HACC and residential care services by consumers and carers from culturally and linguistically diverse backgrounds is poor, whereas access rates to Community Aged Care Packages (CACPs) are excellent.

- **Population Projections:** Between 2001 and 2011 the numbers of people aged 65+ (for community care) and 70+ (for residential care) who were born in a non-English speaking country are set to increase by 174, 400 and 139, 000 people respectively.
- **Home & Community Care (HACC):** At 14.7 %, the national usage of HACC services by consumers born overseas in a non-English speaking country falls 4.6 % short of the national benchmark of 19.1 %, according to the latest available HACC Minimum Data Set.
- **CACPs:** Consumers from CALD backgrounds currently use 23% of the total number of CACPs. This demonstrates the effectiveness of this model for CALD older people & carers.
- **Residential Care:** In 2001, 19 % of people in Australia aged 70+ were born in a non-English speaking country. Current statistics show, however, that only 7.1% of people in residential aged care are from a CALD background. (The Australian Institute of Health & Welfare and the Australian Bureau of Statistics)

Access, Unmet Need, Unknown Demand

Clearly, the needs of older people and their carers from CALD backgrounds are disproportionately under-serviced in comparison to the general population. Levels of demand and type of need are currently under-researched and under-valued. As a result, levels of need and demand from CALD communities are hidden, leading to inequitable service utilisation. Anecdotal evidence suggests that, within these communities, there is a general lack of awareness of service availability due to culturally (and regionally) inappropriate information and referral networks. An additional barrier to service provision for older people and family carers from CALD backgrounds persists in the now discredited stereotype that CALD communities do not demand or need services because 'they will look after their own'. The increase in the numbers of CALD older people makes the access issue increasingly urgent.

Quality of Service Delivery

Arguably, the quality and outcomes of service delivery will impact on equitable service usage for CALD consumers. The growing number of CALD older people will increase the importance of a number of issues in service provision, including but not limited to:

- Respectful care that is responsive to the cultural beliefs and practices and preferred language of the older person and their family carers
- Ongoing education and training in culturally and linguistically competent service delivery for all staff, in both mainstream and ethno-specific services.
- Services provided in the person's preferred language by accredited interpreters or, where this is not possible, with competent language assistance services
- Organisations which regularly assess and report improvements in capacity to respond to CALD older people and carers
- Regularly updated needs assessment and service planning that reflects a current demographic and cultural profile of the local area
- Participatory, collaborative partnerships with CALD communities
- Conflict and grievance resolution processes are culturally and linguistically sensitive

CULTURALLY APPROPRIATE CARE

In order to effectively meet the needs of the increasing number of older people and carers from CALD backgrounds, and ensure the service system can respond in timely, efficient and resourceful ways, the Aged Care Alliance recommends a number of strategies across aged and community care services. In this way, the Australian Government, in consultation with States and Territories, will be able to develop sustainable strategies to effectively manage the demands and needs of CALD communities and to ensure equitable service access and client outcomes.

1. Standards:

The Australian Government initiates the development of one set of comprehensive National Culturally Competent Performance Standards for aged and community services for CALD consumers, to be incorporated within the Ethnic Aged Care Framework, including independent assessment of performance against those standards.

2. World Class System:

Through concrete, coherent actions and resources, including systematic research and evaluation, the specific needs and demands of older people and carers from CALD backgrounds can to be recognised and addressed within the National Aged Care Strategy. This will offer a world class national response, through the definition of national objectives, strategies and outcomes to be delivered at state and regional level, to the twin challenges emerging from the rapid rate of CALD population ageing, and the rapidly growing unmet demand for formal and informal local services.

3. Flexible Planning Mechanisms:

Current planning methods must allow greater flexibility at the local level and will involve a more flexible aged care service planning ratio for community and residential aged care services to enable CALD communities equitable choices and preferences. An integrated network of services is required to meet the changing needs of CALD older people and carers in order to achieve a more appropriate level of equity and consistency. This process would involve relaxing existing funding boundaries and classifications that separate residential from community care, and high and low-level care.

4. CACPs:

The obvious success of CACPs in addressing the needs of older people from CALD backgrounds must be protected and extended. Such levels of access to CACPs must be sustained into the future.

QUESTIONS:

- **How will your Party address the unmet needs of CALD older people for support services including residential aged care, community care, health care and preventative strategies etc?**
- **What will your Party do to ensure that services are appropriately responsive, that minimum standards are achieved in service provision to CALD older people?**
- **What strategies will your Party develop to research and evaluate the responsiveness, effectiveness, unmet need and quality of service provision to CALD older people?**
- **How will your Party ensure that planning for existing and future services is thorough and flexible to address local demographic profiles of CALD people and communities?**
- **Will your Party increase the numbers of CACPs available to CALD older people to address unmet need and gaps in service provision?**
- **How will your Party ensure access to interpreters for GPs to more appropriately respond to the local health care needs of older people from CALD communities?**

RURAL COMMUNITIES

Older people in rural and remote areas generally have the same needs and desires as their urban counterparts. Aged and community care services in rural and remote areas are beset by all of the issues that affect urban services. However, the nature of rural and remote services means that the impact of these issues is intensified.

The infrastructure of smaller country towns and surrounding areas has been eroded over time – local hospitals have closed, GPs have moved to larger regional centres, small residential care facilities (most suited to rural and remote areas) are very vulnerable under current funding arrangements; and unemployment is high. This has created access difficulties for country people to the whole range of health and welfare services. Environmental factors such as the current devastating drought in NSW have equally affected necessary support services for older people, resulting in fragmentation of families, financial crisis, diminishing infrastructure, reduction in local workforce etc.

There are generally fewer support options to choose from in rural New South Wales. For example, there may not be a dementia specific service (such as community psycho-geriatric service) with the expertise needed to provide residential care or community support to a local older resident who has been in the local community for his/her entire life. Older people in rural and remote communities may have to leave their home area to access a residential care service. Family and friends may not be able to travel long distances to visit them.

Service providers in rural or remote areas are likely to face greater challenges in terms of:

Viability:

Viability issues for smaller community located residential care homes may force them to either close down or amalgamate for economies of scale. While current arrangements attempt to acknowledge rural issues and additional capital funding has been made available following the last election, the funding provided remains inadequate to maintain quality services. Cost structures for such services may be different to those of larger urban services. Access to additional forms of funding is essential to build new services and to enable existing services to upgrade and meet fire safety and other building certification requirements by 2008.

New models:

Service models have been created to specifically cater for the needs of rural and remote communities. In theory, models such as Multi-Purpose Services (MPS) enable co-location and integration of acute, residential and community care services based on the needs of the community. In reality, more work is needed to make these models work effectively for older people and for the local communities.

Workforce:

Rural and remote workforce issues can be acute. Providers have difficulty finding staff with higher qualifications; do not have access to flexible professional development or formal training for their staff, or the funds to purchase such training from far afield.

Spread and Access:

Not all needed services are available in all local areas. There is extra pressure on service providers to compensate the barrier of distance for older people and families due to cost, added discomfort, length of time, need for escorts, contact with familiar social and family networks, cost of accommodation when away from home etc.

RURAL COMMUNITIES

RECOMMENDATIONS:

- **Provide financial assistance to rural and remote services ensure sustainability so that people can receive services locally.**
- **Work with local communities to ensure integrated service models operate efficiently and effectively.**
- **Improve access to aged and community care services (including specialist services) for older Australians in rural and remote communities.**
- **Ensure appropriate access to support services for older people in rural and remote areas by Aboriginal and Torres Strait Islander people.**
- **Ensure appropriate access to culturally appropriate support services for older people from culturally and linguistically diverse backgrounds in rural and remote areas.**

Question:

- **What will your Party do to address each of the above recommendations?**

DEMENTIA

Dementia, a devastating condition, is widespread in Australia. It progressively destroys the brain cells of those affected and touches every aspect of their daily life. The decline can last for many years and has a profound effect on the person with dementia and those who care for them.

- 170,000 Australians have a diagnosis of dementia. Of these some 6,600 are aged less than 65.
- By 2041, it is estimated that 500,000 Australians will have a diagnosis of dementia.
- As a consequence by the middle of the century, dementia will impact on the lives of 1.5 million Australians (people with a diagnosis, their families and carers).
- By 2016, dementia will be the number one cause of disability for our ageing Baby Boomer population ahead of cardio-vascular disease, cancer and depression.
- By the age of 85, one in four people have a diagnosis of dementia.

The scale of the dementia epidemic, its economic impact and viable solutions have been clearly identified, most recently in the Access Economics Report, *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia*.

The NSW Aged Care Alliance supports the call by Alzheimer's Australia³ to:

1. Make dementia a **national health priority** to ensure co-ordinated national action.
2. Invest \$50 million a year for 10 years on **dementia research**.
3. Improve access to **quality dementia care services** in all parts of the health, community care and residential care systems.

Despite Governments' substantial and growing investments in meeting the needs of people with dementia and their families and carers, consumers continue to indicate that their needs are not being met.

1. Programs funded by different levels of government and by different parts of the same level of government remain poorly co-ordinated. There is need for a concerted national vision at the government level to address dementia and its consequences.
2. Research, which provides the only hope for the future, is funded at less than 1% of the total dementia health care costs.
3. People with dementia and their families and carers seek support from inadequately funded and over-stretched services. This is the same when looking for GPs to undertake diagnosis and referral, when looking for information and support services or when seeking a place in a nursing home. The problem is worse in rural and regional areas and for people from culturally and linguistically diverse backgrounds. People with dementia and challenging behaviours can find it very difficult to access services.

Solutions

There is a need for a national whole of government co-ordinated strategy within a public health framework because dementia care touches on every part of aged care, community care, residential care, medical services, psychiatric and specialist services, and pharmaceuticals.

Australia needs to make its own real investment in research now to ensure that it is positioned to implement new discoveries quickly to provide maximum benefit to Australians. Without a deliberate investment in research, there will be little alternative in the longer term but to provide more and more institutional places to care for people with dementia with resulting loss of quality of life and huge public costs.

³ Alzheimer's Australia *Dementia Manifesto 2004 - 2007*

DEMENTIA

The inclusion of dementia within the Better Outcomes in Mental Health Care Initiative would assist in promoting a more effective approach by GPs to diagnosis, planning and review of the care of people with dementia.

There is good evaluative evidence to show that the timely provision of accessible information and support to people with dementia, their families and carers has high cost benefits. Deliberate investment could maximise outcomes for people with dementia.

Well-resourced community care services are fundamental to supporting carers who provide 75% of the required care. Within community services the greatest deficit for people with dementia and their families and carers is inadequate access to appropriate respite care, especially more flexible kinds of respite including emergency and overnight respite.

A significant one off injection of funds into community care services is needed to promote access together with growth into the system of at least 20%.

There is an urgent need for a mix of capital and recurrent funding incentives to residential care providers that will result in improved dementia care in mainstream facilities. In addition, dementia specific services must be planned and allocated within the residential planning care framework. The proportion of dementia specific care places within residential aged care must be raised from almost 6% to at least 15% to cope with the large populations of people with dementia in that system.

It is increasingly understood that delaying the onset of dementia by as little as five years will have an enormous impact on the overall toll of the condition. It has been estimated in the USA that a five year delay in onset will halve the number of people with dementia.

It is also increasingly understood that what is good for the health of the heart is good for the health of the brain. So controlling high blood pressure and high cholesterol, reducing obesity and alcohol and tobacco consumption and increasing physical exercise will all reduce the prevalence of dementia. Increasing mental exercise also appears to have a positive effect.

More research is required to better understand the causes of dementia, but we already know enough to advocate for substantial increases in funding for programs that reduce risk through interventions which address the above issues.

QUESTIONS:

- **Will your Party make Dementia a National Health Priority?**
- **What strategies will your Party implement to fund, encourage and initiate research into the causes and treatment of dementia?**
- **What are your Party's plans for improved quality and access to dementia care services to support older people?**
- **How will your Party respond to the dementia care needs of Aboriginal and Torres Strait Islander people?**
- **How will your Party respond to the dementia care needs of people from culturally and linguistically diverse backgrounds?**
- **How will your Party ensure that sufficient dementia care services are locally available to people in country areas?**

MEDICARE & the PBS

Medicare

As a health coverage scheme, Medicare is extremely popular, especially with older people, and serves Australian health consumers well. Importantly, it ensures older people have access to health care – even though many are on low incomes.

Medicare is currently under review by the Australian Government. The NSW Aged Care Alliance is concerned that Medicare may be gradually downgraded from a universal system to only a safety net whereby only concession card holders will be eligible for bulk billing and everyone else, even low income earners, will pay an ever increasing “gap” payment when they see a doctor. Access to affordable health care is critical for the maintenance of older people into a healthy old age, particularly including self-funded retirees. Gap payments can be prohibitive for many non-pension older people and others who rely on low incomes.

The Alliance is concerned that recent Australian Government initiatives may not go far enough to encourage doctors to rejoin the bulk billing system – effectively the keystone of Medicare. The NSW Aged Care Alliance contends that it is essential that Medicare remains a universal health system and accordingly, the Australian government must ensure adequate funding to the system to guarantee this.

Oral Health

Oral health is not covered under Medicare. The abolition of the Commonwealth Dental Health Scheme in 1997 has left a large number of people, including older people on pensions, without adequate dental care. This means they suffer from oral health problems which profoundly affect their overall health. The Alliance recommends that oral health is included in Medicare, or at the very least, the restoration of the Commonwealth Dental Health Scheme.

Pharmaceutical Benefits Scheme (PBS)

The PBS is also an important part of our health coverage system. It is a scheme whereby consumers can access essential drugs at affordable rates. This is extremely important for many older people who require health enhancing pharmaceuticals later in life.

QUESTIONS:

- **How will your Party increase the incentives to GPs to bulk billing and enhance Medicare’s existing services?**
- **What guarantees can your Party make to ensure non-concession card holders continue to be eligible for bulk billing?**
- **What will your Party do to deliver accessible dental services to low income earners – that is, will your Party restore the Commonwealth Dental Health Scheme and include dental health into Medicare for low income earners?**
- **How will your Party protect and extend the PBS to ensure the ongoing provision of affordable essential medicines regardless of any free trade deal with the USA?**
- **What is your commitment to maintaining and improving the quality of health care services for older people on low incomes?**

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Oral Health

Good oral health care is essential for good general health and unlike many other conditions there are no alternative treatments for dentistry and oral health treatments. Good oral health contributes to the overall health of the older individual. The need for medically necessary oral health care is well documented in conditions such as diabetes, heart disease, immune deficiency diseases, cancer, head/neck surgery and radiotherapy. There are no self-help options for dental/oral disease. Oral health problems can lead to malnutrition, chronic pain, disability and infection resulting in illness and subsequent increasing costs to the public health budget.

At present low income and disadvantaged groups of older Australians are denied good dental care as a result of inadequate funding for public dental health services. The Commonwealth Dental Health Program introduced in 1993 gave disadvantaged older people limited access to dental care. Since the Commonwealth Dental Health Program was not renewed in 1996, waiting lists have grown by 29% and remain unacceptably high, despite limited funding increases by State Governments.

Care of the Older Person in Hospital

People aged over 65 years account for 12.6% of the Australian population but account for 33% of hospital admissions and occupy 47% of all public hospital beds. Many of these admissions are not for single issues because the older patient is more likely to have complex and interrelated medical, functional and psychosocial issues. There is good evidence that the older patient undergoing evaluation and management by a multidisciplinary team that includes geriatricians, nurses with skills in acute aged care and a number of different allied health professionals (eg: physiotherapists, occupational therapists, speech therapists and dieticians) will generally have fewer acute care hospital admissions, spend less total time in acute care hospitals and have a lower mortality rate as a result. In addition, greater improvements in functional status have resulted as well as fewer initial discharges to nursing homes and less time spent in nursing homes.

The key elements are that all acute hospitals need to have specialised units for acute aged care. Existing acute care units as well as new units must be adequately staffed with medical staff, nursing staff and allied health staff. The workforce shortage of geriatricians, acute aged care nurses and allied health staff is the critical problem. Specific funding is necessary to build up acute aged care units, increase the workforce and provide training for all staff who care for older people in hospital.

There will need to be changes to the acute hospital system so that the older patients in hospital will receive equitable and holistic care, which will be targeted to the individual's needs. The presence of a complete and skilled multidisciplinary workforce (medical, nursing and allied health) is seen as fundamental to the provision of a high quality service, for the sick older patient in hospital.

Post Acute Care, Transitional Care

With an ageing population, there is an increasing demand for specialist services to assist particularly older people to make the transition smoothly from hospital to home or residential care service. These services should function with access to medical and multidisciplinary health team input. Quality programs, such as continence management, medication management, improved nutrition, improved mobility and communication will be part of this strategy. Funding should come from Australian Government aged care programs and State health and have a very strong focus on rehabilitation programs.

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General Practitioners

The NSW Aged Care Alliance has identified a number of serious issues surrounding the service provision by General Practitioners in responding to the needs of older people. The crisis in general access to GPs in rural and remote areas is especially difficult for older people. Many older people require access to after hours GPs services and home visits. The Alliance believes that strategies must be employed to achieve a better uptake by GPs of the Enhanced Primary Care Initiatives of health assessments for the over 70s, care planning and case conferencing, especially in giving meaningful involvement to the consumer and their carer. As explained earlier, access to bulk-billing is a major contributor to good health care in the older person. Similarly, improved access to medical attention by GPs for people in residential aged care will provide the older person with the choice and timely support necessary to their continued well-being. The Alliance acknowledges the Medicare Plus aged care initiatives for Divisions of GPs but is concerned that these provide too little incentive for GPs to attend residential aged care facilities.

Community & Preventative Health

The NSW Aged Care Alliance has identified a number of serious issues surrounding the provision of preventative health services in responding to the needs of older people. These include:

- The promotion of self-managed care as a powerful prevention strategy
- Under the Commonwealth State Health Agreement, funding for Community Health and Preventative strategies must be increased, quarantined and separately accounted.
- Allied health services play a major part in the improvement of community health, especially podiatry, physiotherapy, dietetics, speech pathology, occupational therapy. The Alliance contends that these critical services receive insufficient funding in the public system.
- Community health and prevention material must be provided in accessible formats and languages to respond to people from culturally and linguistically diverse backgrounds and indigenous people.

Mental Health

It is increasingly recognised that older people have specific needs for mental health services. It is economically acceptable to provide specialised funding to respond to the special needs of older people for mental health services. The Alliance contends that funding towards the treatment and support needs of older people with mental health issues should be on an evidence-based proportional basis. The unacceptably high incidence of depression in older people due to illness, isolation, death of a loved one, changing life circumstances must be deliberately and specifically treated. Depression is increasingly recognised as a significant problem. In many cases of depression in older people, the medical practitioner or health professional treats the resultant presenting symptoms without attention to the underlying cause. One of the highest rates of suicide is among older men and the Alliance fears that this incidence is under-reported.

Further, the impact on carers of older people is a critical factor in the treatment and prevention of devastating mental illness in older people. Carers must receive the support they need to maintain the caring relationship and their personal health and to support the treatment of their loved one.

Older Women's Health

The National Women's Health Policy identified the health of ageing women as a priority health issue. The views of older women about their health and quality of life should be sought to break down existing stereotypes. In addition to specialised care in case of illness, many older women require assistance to maintain independence. Women need a range of health services that are affordable, acceptable, accessible and appropriate to their needs. Innovative projects, such as wellness centres, have proven

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effective in some areas and where results can be demonstrated, funding should be continued and extended to successful projects.

The development of an area of expertise in the Department of Health and Ageing with responsibility for Women's Health and Gendered Health would ensure that gender is incorporated as a dimension for analysis and strategic planning within any major health policy and planning process. This would link in with the areas responsible for the National Health Priority Areas such as asthma, cancer control, cardiovascular health, diabetes mellitus, injury prevention and control, mental health, arthritis and musculoskeletal conditions.

RECOMMENDATIONS:

- **Re-instate the Commonwealth Dental Health Program to levels commensurate with Australia's ageing population.**
- **Improve access for aged care residents to their choice of General Practitioner.**
- **Immediately increase incentives for GPs who participate in care planning and case conferences and health assessments through the Enhanced Primary Care program.**
- **The development of a Commonwealth /State Agreement on transitional care units to ensure older people have access to in-patient transitional care units with strong focus on rehabilitation.**
- **The Australian Government work with State and Territory Governments to improve the range and quality of mental health services to ensure greater access to people with mental illness and their carers.**
- **Commitment by the Australian Government to respond to the health needs of Australian women through the ongoing implementation of the National Women's Health Program is essential.**

Questions:

- **What will your Party do to address each of the above recommendations?**
- **Will your Party develop specialised units with adequately staffed and qualified multidisciplinary teams in acute hospitals to respond to the specific needs of older people?**
- **How will your Party respond to the need for self-managed care?**
- **Will your Party increase and quarantine funding to Community Health and Preventative strategies under the Commonwealth State Health Agreement?**
- **How will your Party improve service and treatment responses for older people with mental health needs?**
- **What commitment will your Party make to the health needs of older women?**
- **How will your Party provide better health services to older people in rural and remote communities in NSW?**
- **Does your Party have specific policies in relation to the improvement of the health of Aboriginal and Torres Strait Islander older people?**
- **How will your Party improve access to health services for people from culturally and linguistically diverse backgrounds?**

INCOME SECURITY

Assisting pensioners and other older people on social security incomes

Older people on a very low income have few or no prospects of ever being able to reduce their difficulty meeting basic needs. The focus of Government should be on helping people who have no or few sources of income other than a social security pension or allowance. These basic living costs are difficult to meet, particularly where older people must meet the costs of co-payments for health services, medications not covered by the PBS, rent or house maintenance costs, or high transport costs. This is particularly an issue for older people from an Aboriginal and Torres Strait Islander background.

Women are most likely to be solely reliant on a full pension or allowance, for long periods of time due to their greater longevity (82 for females and 76 for males). It is quite possible for a woman to be solely reliant on a pension for 20 or 30 years.

Single people also have particular difficulties in managing on a pension or allowance as the only source of income, compared to married couples. Many older people who lose spouses complain of the greater difficulties of maintaining a house and garden because the fixed costs are the same as for a couple. But the most disadvantaged of all are those in private rental accommodation.

Poverty can be an issue for some older people, particularly those reliant on Government support as their main source of income. Increased financial costs associated with meeting health or care expenses can also precipitate financial hardship for older people and carers. For example, meeting expenses can be particularly difficult for consumers of residential aged care who can be asked to contribute more than 85% of their income on residential fees. The ABS financial stress survey in 1999 found 5% of age pensioners suffer financial hardship. These make up 12% of all people in financial hardship. A further 2% of those in hardship receive carer or wife pensions⁴.

The Alliance recommends that there be an ongoing increase in the incomes of full pensioners who do not have access to other forms of income, as well as significant increases to carer allowances.

Retirement Incomes Policy

The current taxation arrangements for superannuation contributions is *inequitable* because high income-earners receive a much larger tax subsidy, per dollar contributed, than people on low incomes – largely because employer contributions attract a flat rate tax of 15% instead of the progressive tax rates that would normally apply to an employee's earnings. For every dollar of employer contributions:

- a person earning less than \$20,000 receives a tax subsidy of just 2 to 4 cents;
- a person earning \$40,000 (around average full-time earnings) receives 17 cents;
- a person earning \$80,000 receives 34 cents;
- a person on \$100,000 receives 19 cents.

A **fundamental restructure** of the present tax concessions for superannuation contributions is needed to ensure employer contributions are made from after-tax earnings. **Long-term savings should be encouraged with a simpler rebate system** that is equitable across all income ranges.

Such a structure targets tax subsidies more equitably and efficiently, reduces waste, and injects an element of simplicity and transparency into the system. This could be done in a revenue neutral way while improving retirement incomes for the vast majority of fund members.

⁴ ACOSS submission to Senate inquiry into poverty and financial hardship
NSW Aged Care Alliance – Federal Election Kit 2004

INCOME SECURITY

Compulsory saving for retirement is needed but there is a question as to whether the current balance between retirement and pre-retirement savings needs is appropriate. The purpose of long-term saving is to smooth expenditure across the life course. This point seems to be overlooked in debate over the adequacy of future retirement incomes. More research on retirement and pre-retirement living standards is needed to establish the adequacy of retirement incomes attained through the 9% Superannuation Guarantee and Age Pension.

A more appropriate balance between retirement and pre-retirement long-term savings might be offered, for example, by something like a 12% contributions guarantee, with some of this able to be accessed after 5 years for other purposes. (See ACOSS Paper 123)

Employment for Older Workers

With the Australian population ageing, longer life expectancies and general improvements in the health status of older people, ongoing employment into older ages is both desirable and financially necessary for many older people. NSW has recently axed its very successful Mature Workers Program which provided employment support programs to 12,000 mature workers per annum with a placement rate higher than many existing federal labour programs. The Australian Government must overcome barriers to continuing employment for older people, eg employer attitudes, and provide a co-ordinated approach towards improved employment opportunities for older people to maintain a degree of personal, social and financial independence.

RECOMMENDATIONS:

Pensions

- **An ongoing increase in the incomes of full pensioners with little or no private income. This should take the form of an increase in the percentage rate of Male Total Average Weekly Earnings for the Age Pension.**
- **The rate of Newstart Allowance needs to be brought up to the same level of the Age Pension.**
- **Undertake to review the income and assets test and adequacy of the aged pension for long-term income support.**
- **There should be no increase in the eligible age for the Age Pension beyond 65 years.**
- **An immediate significant increase in the Carers Allowance to ensure appropriate support for carers.**

Superannuation

- **Undertake a review of the three pillars of Australia's retirement income system:**
 - **superannuation,**
 - **the public pension system particularly in relation to adequacy,**
 - **private savings,**

in order to ensure the future income security of older people and to avoid entrenching poverty amongst sections of the older population.

Question:

Employment for older Workers

- **What will your Party do to facilitate access to employment opportunities for workers over 45 years and older unemployed people?**

WORKFORCE ISSUES

Aged and Community Care

It is estimated that around 55,000 people work in aged and community care services in NSW and the ACT. This workforce is supplemented by a large number of volunteers.

Difficulties in recruiting trained staff for aged and community care services threaten to reach crisis proportions. There is a worldwide shortage of nurses. Recent workforce surveys have found:

- one in ten nursing and personal care positions cannot be filled with permanent staff
- recruitment is particularly difficult in Sydney
- 65% of staff are aged over 40 – meaning the aged care workforce is itself ageing.

The industry cannot compete for staff when the workers doing comparable work can achieve better conditions and more money in other health services. For example, a nurse working in a hospital will earn more than one doing similar work in a nursing home.

A key to quality care is to ensure that there is a well-trained workforce for aged care. Employment in aged care services requires sophisticated and ongoing training to ensure staff have the most up-to-date skills and knowledge. Significant progress has been made in recent years, with recent surveys finding around 60% of Assistants in Nursing and Care Service Employees now have formal qualifications.

There are not enough university places to meet the current and growing demand for registered nurses. Research has shown that the demands of an ageing population will exacerbate the current shortage of registered nurses and create an Australia wide shortfall of more than 4,000 graduates by 2006. Yet in the 2004 academic year universities had to knock back 3,000 aspiring nurses due to a lack of funded places.

In addition to this refresher and re-entry programs are not consistently available.

Plans must be put in place to ensure that there is a workforce willing to deliver aged and community care services both now and in the future to meet the growing demand for aged and community care. Work has been done in this area with the Federal Government commencing development of a National Aged Care Workforce Strategy – which does not consider the community care workforce demands and issues - and introducing nursing scholarships. To date there has been no practical outcomes from these initiatives for homes and services around Australia.

Carer consultations regarding the accreditation process and carers' inclusion in residential care have clearly indicated the need to train all levels of management in residential aged care facilities about issues for family carers.

A range of strategies must be pursued to address the workforce shortages:

- improving the wages available in aged and community care through better government funding
- identifying and funding a benchmark of care
- improving collaboration between consumers, unions, industry, educational bodies and governments
- fostering a culture in services that values older people and workers
- strengthening educational and career pathways
- working to improve the image of ageing and aged care.

Dentists and Allied Health

The Alliance receives frequent reports of the need for more podiatrists, physiotherapists, speech pathologists, and occupational therapists. Often there are too few qualified people to fill positions.

One critical example is the current availability of dentists. Insufficient numbers of dentists are graduating to replace those currently leaving the workforce. This situation is exacerbated by the ageing population and the retirement of dentists in the baby-boomer demographic. There are few incentives for general and specialist dental practitioners to join the public system, while there are increasing disincentives for private practitioners to work in rural and regional areas. Related to this are demonstrable disincentives for dentists to engage in

WORKFORCE ISSUES

specialist training. There is inadequate availability of public dental services, and access to them is determined by criteria on the acuity of treatment needs while management of most oral disease is hampered due to lengthy waiting lists. Low delivery levels of oral care in NSW are reflected by low levels of public funding of oral health compared with other States as well as the absence of clear public policy in this area. There are insufficient incentives for dentists and other oral health professionals to be retained in the public sector, such that in the order of only 10% of dentists are available to serve the 30%-40% of NSW citizens eligible for public dental services.

The health and support needs of older people are obviously and increasingly jeopardised when there are no available qualified health professionals to provide necessary treatment and preventative strategies to older people. Without this necessary treatment, the support needs of many older people quickly escalate, requiring possibly avoidable and very expensive, high level and often permanent interventions.

RECOMMENDATIONS:

- **Develop and adopt an industry wide (residential and community) workforce plan, including a national training strategy, with a timetable for action and funding for implementation.**
- **Adopt an indexation formula for aged care services that reflects the cost pressures experienced by industry, including wage increases.**
- **Take the lead in developing national responses to supporting the training of aged care workers, including nurses. For example, reduce the HECS payment for nurses and allied health professions and develop best practice models, which bridge the gap between school or university and industry.**
- **Introduce a Federal Age Discrimination Act to match those of sex, race and disability and implement an education campaign to complement introduction of the Act.**
- **What additional strategies will your Party implement to ensure trained and available workers in aged and community services?**
- **What will your Party do to increase the numbers of qualified dentists and allied health professionals available in the public system to support older people?**
- **How will your Party ensure the above workers have incentives to work in rural and remote areas?**
- **What are your strategies for improving the workforce participation of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds?**

Question:

- **What will your Party do to address each of the above recommendations?**