



**SENATE COMMUNITY AFFAIRS
LEGISLATION COMMITTEE**

**Consideration of Legislation Referred
to the Committee**

AGED CARE AMENDMENT BILL 1998

APRIL 1998

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REPORT

AGED CARE AMENDMENT BILL 1998

1. THE INQUIRY

1.1 The Aged Care Amendment Bill 1998 was introduced into the House of Representatives on 5 March 1998. On 11 March 1998, the Senate, on the recommendation of the Selection of Bills Committee (Report No. 2 of 1998), referred the provisions of the Bill to the Committee for report by 2 April 1998.

1.2 The Committee considered the Bill at a public hearing on 27 March 1998. Details of the public hearing are referred to in Appendix 2. The Committee received 26 submissions relating to the Bill and these are listed at Appendix 1.

2. THE BILL

2.1 The *Aged Care Act 1997* implemented structural reforms to the aged care system. The Aged Care Amendment Bill provides for the introduction of a number of additional measures, announced by the Government in November 1997, to the structural reforms. The Bill also addresses some administrative and procedural issues.

Accommodation charge

2.2 The Bill provides for the introduction of an accommodation charge for people needing nursing home level care. The charge replaces the accommodation bond introduced by the Aged Care Act for those entering nursing homes. The accommodation charge 'maintains the principle of people making a contribution to improving the quality of their accommodation where they can afford to do so'.¹ The charge is capped as a daily rate specified in the User Rights Principles. In November 1997 amendments to the Principles were gazetted to cap the rate at \$12 per day for non-concessional residents or up to \$6 per day for assisted residents. The accommodation charge applies for a maximum of five years.

2.3 The actual amount of the charge for each resident will be determined by an income based formula. Concessional residents or those facing financial hardship cannot be asked to pay the charge.

2.4 The Bill provides for flexibility in payment options. Nursing home residents may rent out their homes to produce an income stream to pay the charge. In such a case, the rent will be exempt from the pension income test and the value of the house from the pension assets test.

2.5 The Bill provides that operators must use the accommodation charge to meet capital works costs relating to residential care or to retire debt or improve the range and quality of aged care services.

2.6 Accommodation bonds will continue to be able to be charged by hostels.

1 Second Reading Speech, 5.3.98, p.448.

Carers residing in the family home

2.7 Under the Aged Care Act, in order for a person to qualify as a concessional resident or assisted resident, the person must, among other things, not have owned a home for 2 years or the home must have been occupied by a carer or close relation for the past 5 years and that carer/relation is in receipt of a pension. The Bill provides that a carer need only have resided in the care recipient's home for 2 years. The 5 year rule still applies to close relations residing in the recipient's home.

Administrative and procedural amendments

2.8 The Bill provides for a number of administrative and procedural amendments including: the assessment of concessional and assisted resident status each time a person enters a residential care facility including when they move from one facility to another; clarification of pre-entry leave provisions; clarification of approved provider responsibilities; and, qualification of the 7 day rule relating to agreements for those residents who are mentally impaired.

Amendments to other Acts

2.9 The Bill introduces amendments to the *Social Security Act 1991* and the *Veterans' Entitlements Act 1986* to exempt income earned from renting the family home to the pension income test where the person is liable to pay an accommodation charge.

2.10 The *Aged Care (Consequential Provisions) Act 1997* is to be amended to provide for sanctions for pre 1 October 1997 breaches of responsibilities by providers and to allow for the extension of approvals-in-principle (AIPs) for additional recurrent funding for new and rebuilt and upgraded nursing homes.

3. ISSUES

Uncertainty over application of accommodation bonds

3.1 Submissions indicated that there was still a level of concern among intending residents about the type of accommodation charge, the methods of payment and duration of payment.

3.2 Other issues raised in submissions related to accommodation bonds paid between 1 October and 1 November 1997,² the reintroduction of the terms hostel and nursing home care in the legislation³ and concerns about the prudential requirements for the protection of residents' funds.⁴ A further matter raised was assessments by an Aged Care Assessment Team (ACAT) indicating a high level of care but appraisal by a provider that a low level of care is required resulting in the low level care funding being received by the care provider. It was suggested that it may not be appropriate to transfer a person to another facility and the high level services may not be able to sustain a loss of funding by caring for the resident.⁵

2 Submission No. 12 (NSW College of Nursing) p.2.

3 Submission No. 4 (Aged Care Australia) p.1; Submission No. 26 (UCSA) p.3.

4 Submission No. 21 (Residential Care Rights) p.2.

5 Submission No. 4 (Aged Care Australia) p.3.

3.3 In its submission, the Department of Health and Family Services (DHFS) noted that there were two processes for determining whether a person needs a 'high' level of care, which has led to some confusion about the type of accommodation payment to apply. Assessment of a person by an ACAT is undertaken before the person enters care. A more detailed assessment of needs is undertaken by the aged care provider using the Resident Classification Scale (RCS) over a period of at least 21 days. DHFS stated that, while ACAT approval does not always provide a precise indication of the type and level of care needed, it is used as the basis for determining whether an accommodation charge or bond is to be paid 'so that people have certainty as to what they may be asked to pay before they enter care'.⁶

3.4 DHFS indicated that some problems had arisen because of these arrangements including where a person has a high care approval but is classified into a low care category of the RSC. Further, the ACAT approval, while it indicates the level or intensity of care, does not always reflect the type of environment and therefore the most appropriate type of accommodation payment. DHFS noted that the Bill contains a new provision 'under which the type of accommodation payment that residents be asked to pay will be determined by the type of care and accommodation they need – that is, hostel or nursing home care, rather than the intensity or level'.⁷

3.5 The Bill also provides for a statement to accompany the ACAT approval to indicate that the person is considered suitable for either nursing home care or hostel care. This statement is reviewable only by the person entering care or their legal representative. The Department stated that to have this statement reviewable by a provider 'would reduce the certainty that residents required at what can be a difficult time'.⁸

Concern over working of additional recurrent funding and future provision of capital for upgrades

3.6 A number of matters were raised in submissions concerning additional recurrent funding (ARF). First, it was argued that the changes to the ARF arrangements introduce retrospective conditions for the receipt of ARF for capital work already completed or in progress.⁹ As such, providers with an existing ARF should be permitted to charge accommodation bonds and charges for new residents.¹⁰ Secondly, it was stated that the change was discriminatory, as those who had received an upfront capital grant where not asked to repay the grant because they then chose to charge accommodation bonds.¹¹ Thirdly, where a facility receiving ARF is sold, the new owner is expected to pay out the former owners ARF, should the new owner accept certification.¹²

6 Submission No. 22 (DHFS) p.2.

7 Submission No. 22 (DHFS) p.2.

8 Submission No. 22 (DHFS) p.3.

9 Submission No. 4 (Aged Care Australia) p.8.

10 Submission No. 11 (ACHCA) p.8.

11 Submission No. 1 (Tricare) p.5.

12 Submission No. 5 (NANHPPH) p.3; Submission No. 14 (ANHECA) p.6;

3.7 DHFS noted that accommodation payments and ARF are:

alternative income streams for the same purpose, assisting providers to invest capital in their services. This is why providers were asked to choose – to retain their entitlement under the old ARF scheme, or to access resident accommodation charges. There has been no unilateral removal of ARF by Government and no change to the scheme for those who have chosen to retain it.¹³

DHFS also noted that the Minister had established a Technical Reference Group on Restructuring to advise him on the merits of proposals relating to ARF.

3.8 Some submissions made comment about the future capital needs of the industry and noted that the accommodation bond would have generated significantly more capital funding for high level care services than will be raised through accommodation charges.¹⁴ Aged Care Australia stated that it may take twenty years for adequate capital funds to be generated by accommodation charges.¹⁵ Some operators indicated that the accommodation charge would only provide sufficient funds for minor capital work.¹⁶ ANHECA noted that calculations for the accommodation charge were based on the assumption that all residents will stay in high care for 5 years when the average length of stay in high care facilities is 20 months.¹⁷

3.9 It was also suggested that consumers who were willing to pay an accommodation bond should be given the option to do so.¹⁸

Concern over the future of uncertified homes and the residents of those homes

3.10 Concerns were expressed in submissions about facilities that do not obtain certification. Those facilities that do not reach certification level will not be able to levy accommodation charges or bonds and will not be eligible to receive concessional supplements. It was argued that such facilities will have to cut costs to establish a cash-flow acceptable for borrowing and, it was suggested, that as a result, residents may be provided with fewer facilities.

3.11 The high failure rate in certification of Victorian facilities was also noted and that many of these facilities operate in small leased premises.¹⁹

3.12 In response to concerns about the future of uncertified homes, DHFS noted:

- services that are not certified can still receive Government subsidies for providing care to residents whilst they work to upgrade facilities;

13 Submission No. 22 (DHFS) p.4.

14 See for example, Submission No. 11 (ACHCA) pp.8-9; Submission No. 12 (NSW College of Nursing) p.2.

15 Submission No. 4 (Aged Care Australia) p.3.

16 Submission No. 6 (Maroba Nursing Home Inc) p.2.

17 Submission No. 14 (ANHECA) p.4.

18 Submission No. 4 (Aged Care Australia) p.7; Submission No.10 (Directors of Nursing for the Mid North Coast) p.1.

19 Submission No. 7 (ANF) p.4; Submission No. 21 (Residential Care Rights) p.2.

- there is no reason why these services cannot continue to provide care and start improving their buildings to reach the certification standard;
- the Minister for Family Services had recently announced a \$20 million program to assist in the restructuring of nursing homes and hostels; and
- in the event that it becomes necessary for a facility to close 'the Government will intervene to ensure that residents and their families are advised at an early stage and that arrangements are in place to enable transfer to other facilities with minimal disruption'.²⁰

Concern over equality of access and treatment

3.13 It was suggested that there was a need to keep concessional quotas under review, 'as there is concern the regional quotas do not reflect socio-economic profiles of regions within regions'. Further, one provider may attract a greater number of concessional residents thus disadvantaging other providers by leaving insufficient demand in the area in that category to meet their quotas.²¹

3.14 It was also suggested in other submissions that there was now a preference for concessional residents due to certainty and convenience and the supplement payable for each resident where the daily number of concessional residents exceeds 40 per cent of new residents. Further, the concessional subsidy does not involve the obligations under the basic rules about accommodation charges specified in the legislation.²² It was also suggested that a preference for concessional residents may also occur in areas where there are long waiting lists for care.²³ As a result, a financially advantaged person may be penalised as facilities encourage entry of concessional residents.

3.15 A further matter raised was the quarterly acquittal of the ratio of concessional residents in a facility. It was stated that imposing financial sanctions on providers who do not maintain the required number of concessional residents in any one quarter, may result in access problems 'because the provider may have to give preference to a concessional resident over a non-concessional resident in order to meet the required level for the quarterly acquittal'.²⁴

3.16 Catholic Care for the Aged, Diocese of Maitland-Newcastle, also raised a number of issues concerning the Commonwealth's planning systems and suggested that there were long waiting lists in some areas while there are empty beds in others.²⁵

3.17 DHFS noted that measures are in operation to ensure equity of access and treatment. These include: allocation of new places through the application of needs based planning principles; approval of entry by the ACATs in order to link people with the care options which best meet their needs and preferences; protection for those who cannot pay an accommodation bond or charge; equitable income testing arrangements; and application of quality care standards.

20 Submission No. 22 (DHFS) pp5-6.

21 Submission No. 25 (UCSA) p.5; Submission No. 4 (Aged Care Australia) p.11.

22 Submission No. 7 (ANF) p.6.

23 Submission No. 15 (Catholic Care of the Aged) p.6.

24 Submission No. 14 (ANHECA) p.9.

25 Submission No. 15 (Catholic Care of the Aged) p.5.

3.18 DHFS further stated that there were a range of indicators 'to warrant confidence' that there was equitable access to facilities, including: increased occupancy rates; that the sector is over-performing in meeting its concessional resident targets; and the Complaints Resolution Service had not received a single complaint in relation to the level of accommodation bonds or charges, resident agreements or denial of access related to capacity to pay.²⁶

The future viability of the sector

3.19 A number of submissions commented on the future viability of the sector. It was asserted in evidence that many nursing homes are experiencing a drop in income as a result of the application of the RCS. This, coupled with the problems of ensuring adequate access to capital to upgrade and expand facilities, was considered to place in doubt the sustainability of the industry.²⁷

3.20 DHFS stated that the concerns raised about the viability of the sector 'are not substantiated by the facts'.²⁸ The Department pointed to:

- higher occupancy levels in every State and Territory since 1 October 1997 with 444 more persons in nursing homes at the end of January 1998 than in September 1997;
- the review of the RCS which indicates that there is higher funding on average, for both hostel and nursing home residents, more funding for residents with dementia and behavioural care need and slightly less funding for the frail aged. It was also noted that funding outcomes depend on the resident profile;
- evidence of the strength and viability of the sector with a total of 5,238 places being advertised nationally on 13 December 1997, attracting some 1,236 applications from prospective providers;
- banker confidence in the sector as a secure area for investment with strong growth potential; and
- allocation of an additional \$20 million to assist in restructuring residential services as well as the establishment of Alert Response Teams to support individual providers encountering financial pressures which are directly attributable to the reforms.²⁹

4. RECOMMENDATION

4.1 The Committee reports to the Senate that it has considered the Aged Care Amendment Bill 1998 and **recommends** that the Bill proceed.

Senator Sue Knowles
Chairman

April 1998

26 Submission No. 22 (DHFS) p.11.

27 See for example, Submission No. 6 (Maroba Nursing Home Inc) p.3; Submission No. 11 (ACHCA) p.11; Submission No 25 (UCSA) p.5.

28 Submission No. 22 (DHFS) p.12.

29 Submission No. 22 (DHFS) pp12-15.

MINORITY REPORT

AUSTRALIAN LABOR PARTY

Aged Care Amendment Bill 1998

Introduction

The Aged Care Amendment Bill 1998 seeks, inter alia, to amend the *Aged Care Act 1997* to:

- replace the lump sum contribution (the 'accommodation bond') for entry into a nursing home with an annual charge (the 'accommodation charge');
- reduce from 5 years to 2 years the period of time a carer must have occupied a resident's home for the resident to qualify as a concessional or assisted resident.

These and other changes to the Act were first announced by the Government on 27 October and 6 November 1997. They were made only four weeks after the commencement date of the *Aged Care Act 1997* (1 October 1997).

The Government's subsequent changes to its aged care policies, particularly the reversal on accommodation bonds for nursing homes, clearly demonstrates that the Opposition's approach to the legislation at the time was correct. We proposed that the accommodation bonds for nursing homes be scrapped and that the legislation be delayed to enable further negotiation and consideration by the aged care sector.

The Government's refusal, at the time, to accept our view has resulted in a situation where many issues still remain unresolved and where the aged care sector still has major reservations about the Government's overall policies.

In their evidence Uniting Community Services Australia summarised the position as follows:

This package of structural reform is not a package. It has not been put together as a package. What we are asking this committee to seriously consider is whether the amendments to the act as contained in this bill provide the answer to an industry structural reform which has taken place in a fairly ad hoc and rushed way, and not with any due structural reform package in place. The removal of millions of dollars from the system and the inability of the user pays system to replace those dollars in either the short or long term will mean a drop in the levels of care to which aging Australians are entitled.¹

Access and Discrimination

There is widespread concern in the sector about the adverse effect of accommodation charges on access to care. The emerging fact of bed vacancies indicates that older Australians needing nursing home care are not getting that care. This is the result of confusion over the multiplicity of changes and fear of the impact of the changes which will see many older Australians having to sell, rent or re-mortgage their homes to get care. Many submissions and evidence presented called for a slowdown in the over-all pace of the Government's aged care

1 *Senate Hansard*, 27.03.98, p.CA3.

reforms. There has been major structural reform, the announcement of a National Strategy and the introduction of the first plank of that Strategy – the Carers package, but no real sense of industry involvement in the formulation of that Strategy.

There is a danger of discrimination against certain types of residents as institutions try to maximise their income from the different fees available. It is argued that the rates of concessional and assisted resident supplements will need to be increased in order to increase equity of access by financially disadvantaged persons.

Of particular concern to representatives of consumers and to many providers is the fact that the introduction of the extra daily income tested fee has the potential to lead to two tiers of care as those paying extra demand extra services.

A disproportionate number (39%) of nursing homes in Victoria have failed certification. Many providers may be tempted to simply carry on until they lose care subsidies in three years time. There is real concern about the quality of care of residents over this period. Resident groups also raised the issue of the rights of residents of facilities that close or transfer licences.

The National Association of Nursing Homes and Private Hospitals (NANHPH) warn that many providers will have to cut operational and staffing costs. There is the potential in this for a crisis in residential care in that state. Aged Care Australia (ACA) has called it a potential 'time-bomb' that must be defused using a pro-active strategy. The Australian Nursing Federation has also called attention to the issue of leaseholds and the impediments imposed on use or transfer of licences for the purpose of infrastructure improvements.

The solution must involve direct and urgent capital input from the Government. As the Australian Catholic Health Care Association (ACHCA) stated:

Good legislation requires a viable financing structure and sustainable funding of those services which complement the residential aged care program. These two issues cannot be considered separately. Ultimately, access to essential nursing home and hostel care should not be impaired by one's capacity to pay. It should also not be restricted due to one's geographical location or socioeconomic status. The amount of public funds available for rural and remote communities is far too insufficient to meet the real costs of construction.

Already, some homes are facing a precarious future. Having failed the certification process, they will now struggle to acquire the necessary capital to upgrade. ACHCA supports the push for better standards of accommodation, but calls for a realistic strategy to assist providers who seek to remain in the sector over the long term. At this stage, the \$20 million allocated for industry restructuring will not meet this goal or effectively assist rural and remote communities.

In analysing these amendments, we call on the committee to seriously consider the financial structure in which the legislation will operate. At this stage, as our submission suggests, we do not believe the Aged Care Amendment Bill 1998 should proceed through the Senate until these outstanding, yet crucial issues, are settled.²

Quality of Care

The Resident Classification Scale is currently the subject of review; however, a large number of providers and others involved in the sector insist that it is resulting in a lowering of the total care subsidy for facilities. There is a real concern that providers will be forced to compromise care and service standards in order to survive this reduction in subsidy.

NANHPH supports a moratorium period until the Government's reviews on this document are complete.

Lack of acquittal requirements mean there is a danger of subsidies allocated for care or refurbishment simply being taken as profit. Further, the watering down of requirements for trained staff is already seeing the reduction and replacement of skilled nursing staff. It is probable that lives will be lost if this run-down of trained staff continues.

Many in the sector believe the Minister is more interested in deflecting and defusing criticism than in finding genuine solutions for the problems of aged care. Boards and advisory groups are set up, officers are appointed, meetings held, funds allocated and re-allocated but nothing concrete ever seems to happen.

Quality of Homes

Cutting \$500 million from aged care and failing to make satisfactory alternative funding arrangements means that many residential aged care facilities have little or no prospect of upgrading. Aged Care Australia estimate that the new funding arrangements for capital reduce the capital funding for the industry by \$307.4 million over three years - a shortfall which ACA says cannot be made up by the industry through the new accommodation charges. This view is supported by most of the submissions and evidence given to the Committee. One specific example – that of Maroba Nursing Home Inc - provided evidence from their accountants that the facility cannot afford to carry out any serious upgrades with the level of capital generated by the accommodation charge and the concessional resident subsidy.

The Government must provide capital funding to ensure adequate upgrading and refurbishment of the sector. Providers of aged care have made it plain that the \$4380 raised annually from the accommodation charge will not be sufficient to upgrade.

Changing funding arrangements mid-stream by forcing providers to choose between Additional Recurrent Funding (ARF) and Accommodation Bonds and then replacing Bonds with the lower Accommodation Charge has financially disadvantaged many providers. Aged Care Australia also make the point that this is not an equitable arrangement as it effectively introduces retrospective conditions for the receipt of ARF for capital work already completed or in progress. NANHPH also raises the issue of ARF in relation to facilities that are sold. There is a serious problem in that the ARF payments follow the original provider and not the new owner, therefore they fail to assist with any upgrade of the facility.

The Government should honour existing ARF arrangements and address ARF anomalies involved in the sale of facilities.

The aged care providers are being forced to act to collect the extra daily income tested fee but the monies collected from this fee go to the Budget bottom line and not to care – this is already creating problems for nursing homes.

RECOMMENDATION

For all of these reasons, the Opposition believes that the Aged Care Amendment Bill 1998 should not proceed.

Senator Michael Forshaw
(ALP, New South Wales)

Senator Kay Denman
(ALP, Tasmania)

DISSENTING REPORT BY THE AUSTRALIAN DEMOCRATS

The *Aged Care Amendment Bill 1998* is designed to bring about changes to the Government's aged care reform package which was debated and accepted by the Senate last June. Some of these changes were announced by the Prime Minister on *A Current Affair* in November last year, while further changes were announced over the ensuing months. This bill also introduces measures which are designed to 'fine-tune' provisions which were introduced by the *Aged Care Act 1997*.

As far as the Australian Democrats are concerned, any proposal which is designed to change the way residential aged care arrangements operate must be carefully weighed up against the impact it will have on:

- 1) the ability of elderly Australians to access high quality residential aged care services regardless of their capacity to pay; and
- 2) the long term financial viability of the residential aged care sector.

With respect to this, a number of the issues raised with the Committee need to be considered.

Ad hoc approach to policy

Several witnesses told the Committee that the Government's ad hoc approach to residential aged care policy over the past six months has resulted in a policy package which is inconsistent, uncoordinated and lacking in long term vision.

As Ms Davies from Uniting Community Services (the largest provider of aged care services in Australia outside of government) told the Committee:

This package of structural reforms is not a package. It has not been put together as a package. What we are asking this committee to seriously consider is whether the amendments to the act as contained in this bill provide the answer to an industry structural reform which has taken place in a fairly ad hoc and rushed way, and not with any due structural reform package in place.¹

The Democrats share many of the concerns raised by witnesses regarding this Government's approach to the development of residential aged care policies over the past six months.

We suspect that the Prime Minister's backflip on accommodation bonds for nursing homes last November was driven, not by a desire to produce a 'better' policy package, but by a desperate need to minimise the political and electoral backlash associated with its failure to successfully sell its original aged care reform package.

Many of the changes which followed the Prime Minister's announcement in November seem to have been derived in an extremely ad hoc fashion. Once again, we suspect that the major driving force behind these policies was not so much a desire to achieve a beneficial policy outcome for the residential aged care sector but a desperate need to counteract a series of negative opinion polls on the Government's original aged care package.

¹ Ms Davies, Transcript of Evidence, p.3.

The Democrats believe that the Government's original package of aged care reforms was unfairly subjected to a deliberate scare campaign which was driven primarily by the Opposition and supported by the media. It is, however, regretful that the Government chose to respond to this in the kind of politically driven, ill-considered and ad hoc fashion we have witnessed over the past six months.

Uncertainty

One issue raised with the Committee which the Democrats are concerned about, is the level of concern and confusion which still surrounds both the Government's original aged care reform package and the subsequent changes which have occurred over the past six months.

Once again, we recognise that the Opposition's scare campaign played a strong role in creating the current situation. However, we believe the Government also has a case to answer to in this regard. While we accept that a range of brochures and information material is now available on the full range of reforms, it is clear that in many respects this has come too late for the many elderly Australians who are concerned and confused by the changes. It is unfortunate that the Government failed to take steps to ensure that all those with an interest in aged care reforms were fully informed from the outset.

The Democrats urge the Government to take whatever steps are necessary to ensure that elderly Australians, their families and their carers are fully informed about the way the Government's aged care reforms will affect them.

The future viability of the system

As the majority report notes, a number of submissions commented on the future viability of the aged care sector, with a number of these suggesting that the Government's reversal on accommodation bonds for nursing home patients will make it very difficult to fund capital works.

Mr Ireland from Aged Care Australia told the Committee that:

We would want to make a particular point about the capital crisis... We believe that it may be possible over two decades for the capital framework by government to provide a funding stream: it 'may' be possible. However, the funding processes and mechanisms are totally inadequate in the short term, both for those that have met accreditation and for the 300 facilities that scored less than 65, and particularly also for those that get nothing, because they have not been certified.²

Despite Departmental assurances that concerns about viability are 'not substantiated by the facts'³ the Democrats have grave concerns about the future viability of residential aged care facilities in this country. With a shortfall in capital funding for aged care facilities estimated to be close to \$1 billion and a rapidly aging population it is vital that the Government find a way to provide the aged care sector with a funding source which is sustainable and continuing.

² Mr Ireland, Transcript of Evidence, p.11.

³ Department of Health and Family Services, Submission, p.12.

The TriCare submission makes a valid point when it states that:

There is no doubt that the future viability of the aged care industry will continue to rest in the hands of the Federal Government upon whom it is almost totally dependent for income.⁴

The future of uncertified homes and the residents of those homes

The Democrats are not convinced that the \$20 million the Government has set aside to assist nursing homes and hostels which need to restructure as a result of failing to meet certification standards will be sufficient. Clearly, for many of these facilities it will be difficult to access the required capital for restructuring while they are unable to raise funds through accommodation charges or subsidies for concessional residents.

Where facilities are eventually forced to close, the Democrats urge the Government to ensure that the rights and needs of residents living in those facilities are given top priority.

Concern over equality of access and treatment

The Democrats support the suggestion that the adequacy of concessional quotas be regularly and carefully reviewed to ensure justice and equity for all elderly Australians is being achieved.

Senator John Woodley

Australian Democrats Senator for Queensland

⁴ TriCare, Submission, p.7.

APPENDIX 1

SUBMISSIONS RECEIVED BY THE COMMITTEE

- 1 TriCare Limited
- 2 Harbison Memorial Retirement Village
- 3 Blue Mountains District Health Service
- 4 Aged Care Australia
- 5 National Association of Nursing Homes and Private Hospitals (NANHPH)
- 6 Maroba Nursing Home Incorporated
- 7 Australian Nursing Federation
- 8 Mrs Rosemary A Baxter
- 9 Combined Pensioners and Superannuants Association of New South Wales Inc.
- 10 Mid North Coast Directors of Nursing
- 11 Australian Catholic Health Care Association
- 12 The New South Wales College of Nursing
- 13 Council of Social Service of New South Wales
- 14 Australian Nursing Homes and Extended Care Association Limited (ANHECA)
- 15 Catholic Care of the Aged, Diocese of Maitland-Newcastle
- 16 Australian Pensioners' & Superannuants' Federation (AP&SF)
- 17 Deniliquin Nursing Home Foundation Ltd
- 18 Hunter Region Aged Care Facilities Directors of Nursing Association
- 19 ARPA Over 50s Association Ltd
- 20 Australian Council of Trade Unions (ACTU)
- 21 Residential Care Rights
- 22 Commonwealth Department of Health and Family Services
- 23 Alzheimer's Association Australia Inc
- 24 Southern Cross Homes (Broken Hill) Inc.
- 25 Uniting Community Services Australia
- 26 New South Wales Nurses' Association

APPENDIX 2

PUBLIC HEARING

A public hearing was held on the Bill on 27 March 1998 in Senate Committee Room 2S3.

Committee Members in attendance

Senator Sue Knowles (Chairman)
Senator Andrew Bartlett (Deputy Chairman)
Senator Kay Denman
Senator Alan Eggleston
Senator Michael Forshaw
Senator Sue West

Witnesses

Australian Catholic Health Care Association

Mr Francis Sullivan, Executive Director
Mr Richard Gray, Director, Aged Care Services

Uniting Community Services Australia

Ms Libby Davies, Executive Director

Aged Care Australia Incorporated

Ms Maureen Lyster, Chief Executive Officer
Mr John Ireland, National President

Australian Pensioners' & Superannuants' Federation *(via teleconference)*

Mrs Betty Johnson, National Secretary
Ms Sarah Fogg, Executive Officer

National Association of Nursing Homes and Private Hospitals Inc. (NANHPh)

Mr Arthur Brotherhood, Chief Executive Officer

Australian Nursing Homes & Extended Care Association Ltd (ANHECA)

Mr Bill Bourne, Chief Executive Officer

The New South Wales College of Nursing/Geriaction

Ms Julienne Onley, Manager, Professional Services & Policy,
The New South Wales College of Nursing
Ms Anne Henderson, National President, Geriaction

Australian Nursing Federation

Mr Denis Jones, Acting Federal Secretary

Ms Jill Iliffe, Professional Policy Development Officer, NSW Nurses' Association

Australian Council of Trade Unions (ACTU)

Ms Jennifer Doran, Senior Industrial Officer

Residential Care Rights (*via teleconference*)

Ms Mary Lyttle, Chief Executive Officer

Ms Elizabeth Brophy, Senior Advocate

Department of Health and Family Services

Ms Jane Halton, First Assistant Secretary, Aged & Community Care Division

Mr David Learmonth, Assistant Secretary, Policy and Evaluation Branch

Ms Gael Yapp, Director, Legislative Review & Reform Section