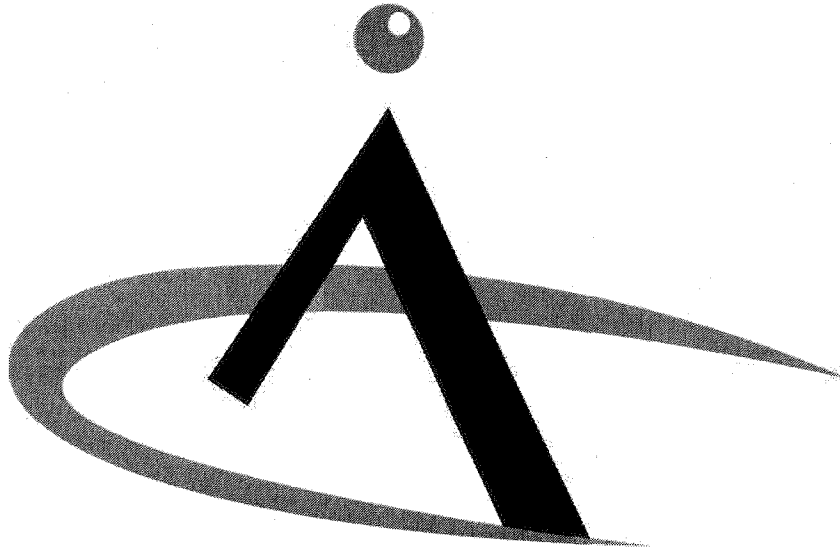


Submission No. 1085

(Inq into better support for carers)

Dec 28 / 108



**Aged & Community
Services • Australia**

INQUIRY INTO BETTER SUPPORT FOR CARERS

ACSA SUBMISSION

JULY 2008



11 July 2008

Mr James Catchpole
Committee Secretary
Standing Committee on Family, Community, Housing & Youth
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Mr Catchpole

RE: INQUIRY INTO BETTER SUPPORT FOR CARERS

Aged & Community Services Australia (ACSA) welcomes the opportunity to make a submission into this important inquiry into how to better support carers.

ACSA is the leading national peak body for aged and community care providers and represents around 1,200 church, charitable and community-based organisations providing housing and supported accommodation, residential and community care services to over 700,000 older people, younger people with a disability and their carers. ACSA members make up about two-thirds of Australia's rapidly growing \$7 billion aged and community care industry.

Our brief submission focuses on one aspect of the inquiry being *the practical measures required to better support carers*. The practical supports required are something that aged and community care service providers see on a regular basis and strive to provide. Successfully maintaining people in their own homes often depends upon a carer being able to continue to support the individual. Unfortunately current funding arrangements are eroding the level of services that can be delivered to support individuals and their carers and our submission outlines this issue along with practical access difficulties.

Please do not hesitate to contact ACSA on (03) 9686 3460 if you have any queries or would like to discuss any aspect of this submission further. Either I or ACSA's Policy Manager Pat Sparrow would be happy to speak with you.

Yours sincerely

GREG MUNDY
Chief Executive Officer

ABOUT ACSA

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THIS SUBMISSION

Our brief submission focuses on one aspect of the inquiry being *the practical measures required to better support carers*. The practical supports required are something that aged and community care service providers see on a regular basis and strive to provide. Successfully maintaining people in their own homes often depends upon a carer being able to continue to support the individual.

Unfortunately current funding arrangements are eroding the level of services that can be delivered to support individuals and their carers and our submission outlines this issue along with practical access difficulties.

This submission examines support for carers in community and residential care as well as outlining further the funding issues affecting the delivery of care and support for individuals and carers.

COMMUNITY CARE

Many older people, younger people with disabilities and their carers choose to remain living in their own home for as long as they can. Community care services provide much needed support to carers who remain at home. Carers need to be able to access general services to assist them with the tasks they need to undertake. Such services include general domestic and maintenance assistance, personal care and nursing care for the person they care for as well as case management and most importantly respite care services. Services need to be available on a regular, and emergency, basis to assist with relieving carer stress and enabling carers to be able to continue. These services are made available through a range of government funding programs including the Home & Community Care program (HACC), Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia packages (EACHD) and the National Respite for Carers Program (NRCP).

While the support provided through these programs is of good quality and highly valued there is not enough service available to meet the needs of all people requiring support and their carers adequately.

The current funding arrangements mean that community care services are being rationed and spread thinly:

- In 2006-07 208,815 HACC clients aged 65 years and over received an average of just 35.6 minutes per week of domestic assistance
- 62,577 very frail HACC clients aged 65 and over received an average of around 62.2 minutes of personal care (showering and shaving) *per week*¹

Carers have to provide all of the rest of the care and support that is required outside of the formal care system.

There are also many frail aged Australians, and their carers, who are missing out on receiving any aged care services at all. While waiting times are improving with 43% of ACAT-assessed clients receiving a Community Aged Care Package within one month 57% of clients wait for longer than that to access the support they need with 27.5% waiting for more than 3 months²

The Australian Bureau of Statistics³ reported in 2003 (still the most recent statistics available) that there were more than 433,000 Australians whose care needs were being met only partially, or not at all, including 70,000 whose needs were *not being met at all*.

People are however living at home longer and often now have higher care needs. There are currently not enough services options available for higher care needs clients and carers who often continue to be maintained on services designed for people with lower care needs. This can mean that people with lower care needs and their carers miss out on services.

Community care clients and carers need access to higher levels of care packages such as Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) Packages. In many areas in Australia EACH packages do not exist. There is an urgent need to speed up the roll out of EACH packages to alleviate some of the pressure being experienced by carers and in community care settings more generally.

The Government's promised review of the aged care planning ratio and allocation process needs to consider the appropriate mix of community and residential care at both high and lower care needs levels. The right mix will assist carers access the type of support required when they need it.

Insufficient levels of government-funded care at all levels increase the caring burden on family and friends – who are forced to give up work or their own time with family and friends. Carers can become socially isolated in their caring role.

Without additional funding for aged and community care services more of the burden of care will fall on the shoulders of family members and friends, diminishing their capacity to contribute to national productivity through participation in the paid workforce.

¹ HACC MDS 2006 – 2007 Annual Bulletin Table A17 and A18 (calculated from annual figure)

² Productivity Commission Report on Government Services 2008: 13.42

³ Australian Bureau of Statistics *Disability, Ageing & Carers: Summary of Findings* 2003

This inquiry should support the need for increased funding for community care and for speeding up the roll out of EACH packages.

The needs of carers should be considered in the Government's social inclusion agenda.

RESIDENTIAL CARE

Residential Respite Care

Residential care organisations provide much needed respite care enabling the carer to have a complete break knowing their loved one is being well looked after. Past research has shown some reluctance by individuals and carers to take up this option as it is often seen as the first step to entering a nursing home. In addition to this there are some practical barriers to taking up this respite with the main one cited being that the person being cared for can become confused and may be more difficult to care for when they return home.

Once the person enters residential respite care the community care support services cease until the person returns home. ACSA argues that the community care supports (other than personal and respite care), whether they be domestic assistance or social support activities for the individual should continue. This creates continuity of care for both the person being cared for and the carer. The main advantage of this is that the person being cared for has their routine and social contacts maintained and is less likely to become confused. This should ease the transition to/from home and residential respite care. Community care service providers should be able to continue to receive funding to support the ongoing provision of care during periods of residential respite.

There are other forms of residential respite care including cottage respite. These models are important to expand the options available for carers. An evaluation of the initiatives in this area, addressing the capital issues for organisations providing this form of respite needs to be undertaken.

ACSA contends that all respite care is a community care service and should be funded and delivered accordingly. If this approach was taken it would assist the accessibility and attractiveness of residential respite options for carers. ACSA's policy on respite care expounds on this further and is attached for information.

Impact of the Aged Care Funding Instrument (ACFI)

On 20th March 2008 the Government introduced a new residential care funding system called the ACFI. The aim of the ACFI is to more closely link funding to the level of support required to meet the assessed needs of residents.

As this matching of funding with needs has been done with only a modest amount of increased funding there are some categories of residents who will receive more funding and some who will receive less. People with lower care needs will attract significantly less funding in this system.

The reduction of resources available to support low care residents and "lower end" high care residents will have the effect of rationing residential aged care with up to 1

in 5 prospective residents and their families missing out on a much needed residential care place. The likely result for the care system overall will be an increased demand for community care and/or the need for different supported housing/ accommodation options to be available. Within its existing resources community care is unable to fully meet the current demand for services let alone an increased demand as a result of decreased access to residential care. Carers will be further disadvantaged if this is the impact of the new funding source.

It will be important for Government to monitor the impact of the new funding system on both individuals and carers as well as the other areas of the aged and community care service system. Adjustments will need to be made if carers are forced to support their loved one at home for longer without adequate community care available. Government has committed to reviews of the system after 20,000 ACFI assessments have been processed and after 18 months of operation.

The inquiry should support the need for these reviews to occur as promised and highlight the potential issues for carers.

AGED AND COMMUNITY CARE FUNDING

The current inadequate indexation of aged and community care funding impacts on service providers ability to meet the needs of individuals and carers.

Since 1997, the indexation formula (COPO) used to adjust Government subsidies has not reflected the actual costs of service delivery as it fails to take proper account of cost increases faced by the industry, conservatively estimated at 7% per annum. In other industries, such as private health insurance it was the previous Government's policy to ensure income matches costs (i.e. if they can demonstrate a 7% increase in costs, there is a 7% increase in premiums) but this approach was never applied to residential and community care services.

The introduction of the Conditional Adjustment Payment (CAP) in 2003 for residential aged care providers relieved only some of the financial pressure resulting from inadequate indexation costs. Such a payment has not yet been provided for community care services.

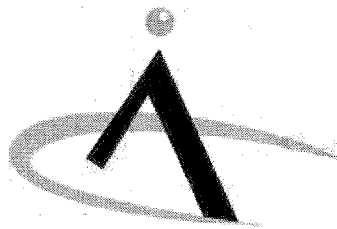
Even with the CAP costs are outstripping funding. Costs have been rising in all areas including wages (which represent approximately 75% of a provider's expenditure) and travel costs in community care. The impact of these increases in community packaged care services for example has been a steady erosion of the average number of hours of support per week that can be provided. This obviously has a direct impact on supporting carers in their ongoing role.

The Rudd Government has committed to maintaining the CAP for residential care for another year and to reviewing its effectiveness and the need for its continuation. During this time community care will fall even further behind.

It is clear that either the COPO indexation method must be changed or that the CAP must be maintained for residential care providers and extended to cover community care services.

If this does not occur service providers will inevitably become unviable. Both the individual needing care, and the carer, will suffer if this occurs. Given the increasing demand and need for aged and community services this must not be allowed to happen.

It is imperative that adequate funding is made available for aged and community care services to maintain and enhance the value of services that can be offered to support carers in their role.



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RESPIRE

NATIONAL POLICY POSITION

OCTOBER 2004

Introduction

Respite is formally defined as 'an interval of rest or relief' and/or to 'give temporary relief from pain or care'. It is a key service which supports both carers and the people for whom they care.

Respite is an increasingly important and much needed service because the majority of care provided to people at home is undertaken by an estimated 2.6 million carers. They provide a major socio-economic benefit as the care they provide reduces the demand for formal government funded services. This may however be at a cost to their own employment and education or training opportunities.

Respite care is provided informally by friends, neighbours and family members other than the main carer and formally through services funded by the Australian & State/Territory Governments in a range of community and residential based programs.

Given the aim of providing respite care is to support carers and care recipients to remain living in their own homes, respite is essentially a community service regardless of the setting in which it is provided.

About half of primary carers access formal care services, including respite care. Formal respite services can be provided in two ways:

- i. a formal service providing a break; and
- ii. an effect from another service, such as a day centre or allied health appointment for the care recipient, which provides a break for the carer.

Respite is currently provided by a range of organisations under a number of different models including:

- residential respite - aged care facilities, disability group homes, cottages
- in - home care
- out of home care, such as a day centre
- host family models
- holiday options
- emergency/crisis response
- banked hours models
- carer education and support groups

Respite care must be available to support carers and care recipients of all ages. Respite care services must be client focussed and support both the carer - to remain in the caring role, and the care recipient - to remain living independently. It is best provided in a partnership approach with the carer.

As the appreciation of the carers' role has grown, so too has funding for respite and other carers services including Commonwealth Carer Respite Centres (CCRC) offering a total package approach to carers seeking support services.

There should be a range of respite services that can be provided to meet the needs of the carer and the care recipient including both residential and community based options.

As important as respite care is, it is only one aspect of a package of support required to effectively assist carers and care recipients. For respite to be successful carers' other support needs must also be met. It should be provided as part of a flexible and co-ordinated integrated service system. The way respite interlinks in a package of care to support the carer and care recipient must also be recognised.

Respite Care Issues

From a Carer's Point of View

Despite the range of services available many carers can't access enough support to effectively sustain them in their role. It is often not accessed until there is a crisis situation - earlier access may help prevent a crisis from occurring.

Carers report issues with the types of respite available. Many feel reluctant to use residential aged respite care when they are caring for an older person. Others would like a mix of services provided - such as housework, meals preparation and labour saving items like washing machines - along with the regular hour or so break each week/fortnight. Such a mix may enable a real break from the caring role.

For people from culturally and linguistically diverse backgrounds, indigenous people, people with dementia and people with a mental illness appropriate respite options are more limited and often more difficult to access.

From a Service Providers Point of View

Service providers report issues with their ability to provide flexible respite within current funding and service guidelines and constraints. They also highlight the growing demand for more respite and different models to meet people's needs.

There are particular issues for providers of residential aged respite care relating to an inappropriate and inadequate funding base. Residential services are funded as long term care solutions. In their provision of respite care they are trying to accommodate the short term needs of people who are living at home with staffing, funding and systems primarily designed to support long term needs.

In summary the key respite issues to be addressed are:

i. Existing Community Respite

- demand far exceeds supply;
- traditional models dominate provision;
- short term brokerage/emergency funding available through Commonwealth Carer Respite Centres does not support continuity of care and does not support service infrastructure;
- uneven integration of Commonwealth Carer Respite Centres with the rest of the service system throughout Australia;
- overnight respite is not readily available in community settings;
- lack of successful models for younger people with disabilities and for people with a mental illness; and
- care recipients often have difficulty in continuing to access their usual community services when in residential respite.

ii. Existing Residential Respite

- aged care facilities provide much of the residential respite available for older people. Many carers and consumers do not want to use them in their current form;
- aged care providers are funded inadequately and inappropriately to provide quality respite care; and
- there is limited capital available to support the development of cottage and other alternative residential respite options which would better meet carer and consumer preferences; and
- residential respite care is inappropriately funded in the same way as long term residential care.

To address these issues ACSA calls on Governments to:

- Fund, plan and manage all forms of respite – including that provided in residential aged care facilities – as community care services. This will require the development of a new funding model for respite provided in aged care homes separate from the current ongoing funds provided for long term residential care.
- Amend Community Care program guidelines (including HACC, CACP & EACH) to enable community service provision (such as attendance at day care and social support activities) to continue while a person receives respite in a residential setting. This will ensure that respite is provided as part of a package of care and does not adversely affect ongoing service provision.
- Establish a pool of funding to support the development of innovative models of respite care to meet the range of carer and care recipient needs - including those of indigenous people, people from culturally and linguistically diverse backgrounds, people with dementia, people with a mental illness and younger people with disabilities. Priority should be given to projects which provide maximum control and choice for the carer and care recipient.
- Increase funding in programs such as HACC to enable successful pilots to be extended and become part of the service system.
- Amend the HACC Program Guidelines to enable the provision of overnight respite in community buildings (such as a day care centre) which meet all appropriate building and Occupational Health & Safety standards. Meeting such standards would be a condition of funding.
- Adequately fund the provision of residential respite care services including both the care and capital component so that it is provided in a way that better meets the needs of carers and care recipients and does not financially disadvantage service providers.
- Ensure the best use of available resources within the service system through:
 - promoting the role of the CCRC's, and their relationship to other services;
and
 - evaluating the Centres' brokerage model and its implications for continuity of care and service viability.

Governments and service providers must work in partnership with carers and the people for whom they care to ensure effective, high quality respite services are available when, how and where they are needed.