



Geriaction

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The Secretary
Senate Community Affairs Reference Committee

Geriaction – National Response to Senate Inquiry into Aged Care July 2004

Geriaction is a national organisation formed in 1967 that has developed into an effective special interest group promoting the interests of older people and those caring for them. General membership is open to all health professionals and care workers and other interested persons. The diverse membership allows it to put forward fully representative views based on consultation and collaboration.

Geriaction welcomes the Aged Care Inquiry that will examine the current workforce shortages and care standards in the aged care sector and are pleased to respond to the Terms of Reference as follows. Geriaction would also welcome the opportunity to present its position to the Community Affairs References Committee should an opportunity arise.

(a) The adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training.

Geriaction welcomes the Australian Government's initiatives in the 2004-05 budget related to aged care workforce training. However the organisation believes that Government has failed to address the fundamental issues related to recruitment and retention that are seriously impacting on aged care services providers' ability to deliver quality aged care services in all settings. Geriaction believes that wages and working conditions are central to the ability of the aged care sector to recruit and retain quality staff, especially in the current employment market. The Government has failed to establish a mechanism to eliminate the crucial issue of wage disparity for nurses and address appropriate remuneration for care workers in both the residential and community sectors. Overwhelming feedback from Geriaction members is incongruent with recently published research that suggests that remuneration and wage parity are not significant factors in relation to recruitment and retention.

Inadequate recurrent funding and a lack of a mechanism to ensure appropriate remuneration of health professionals and care workers also impacts on aged care services' ability to engage sufficient numbers of health professionals, in particular registered nurses. The increasing number of older people with complex health care needs requires a highly skilled and qualified workforce.

Workload issues continue to contribute to the attrition of health professionals and care workers from the residential aged care sector. Geriaction is concerned that the abandonment of the industry endorsed national trail of the R-RCS will result in continued excessive documentation requirements. This decision, that is a reversal of previous promises and commitments of the current government, shows contempt for the workload issue and has indicated the government's lack of sensitivity and awareness of the real issues facing those in the sector.

Geriaction therefore believes that the 2004-2005 budget will have virtually no impact on the aged care workforce shortages. While the training initiatives are welcomed this organisation believes they will have limited impact on the current workforce situation. These appear to be little more than bandaid measures that fail to address the need for a comprehensive work force planning strategy. Only with workforce planning will the sector be able to develop recruitment, retention and training strategies that will deliver quality outcomes over the long-term.

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(b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

(i) Assessing and monitoring care, health and safety

Geriaction is of the view that aged care services, consumers and the broader community have benefited from Accreditation in the residential sector. However, a number of issues continue to cause concern in relation to the Aged Care Standards and Accreditation Agency (The Agency) processes and practices.

Geriaction remains concerned about the inconsistency in the application of the standards. Geriaction believes that this issue would best be addressed through improvement in the recruitment and training of quality assessors and the use of Best Practice Guidelines to assist assessors in applying the standards. It should be noted that the development of Best Practice Guidelines should be the responsibility of health professionals and the aged care industry and not the Agency.

The number of Accreditation Decisions that are reversed following support contacts raises concerns over the quality of initial site visits which may be associated with the limited time quality assessor have to assess the standards and outcomes. Consideration needs to be given to the process of accrediting and monitoring services.

(ii) Identifying best practice and providing information, education and training to aged care facilities

Geriaction is of the view that the Agency should concentrate on its core business of assessing services against the Aged Care Accreditation Standards. Geriaction sees as is inappropriate the Agency's diversification into education and the promotion of best practice. Industry is supported by numerous academic and educational resources who can work with them in the development of their staff and the evolution of best practice. The organisation believes that such activities create the potential for situations of conflict of interest and the development of inappropriate relationships with aged care services.

(iii) Implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff

Geriaction believes aged care service providers with well established quality management systems do not find the administrative requirements of the three (3) year accreditation application onerous. There may however be opportunities for refining processes related to the accreditation of newly established or restructured services to minimise paperwork demands on staff.

However any refinements to forms and administrative processes must occur in consultation with all stakeholders.

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(c) The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements.

The needs of younger people with a disability are unique and can not always be adequately accommodated in the current residential aged care environment. However, aged care service providers do have infrastructure and experience and could accommodate these types of people in designated areas within services with proper funding.

Geriaction believes that recurrent funding is inadequate and inhibits the ability of providers to meet the needs of older people both in the community and residential settings. This short fall in recurrent funding raises additional issues for those older people with special needs, such as dementia and those with a mental health problem. Inadequate funding results in an inadequate supply of services, restriction in the way services can be delivered and in engaging an appropriate skills mix to meet the needs of these special groups.

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

Geriaction awaits the long overdue release of the Community Services Review with interest in relation to community service delivery. Geriaction supports government policy that has recognised both the financial and social benefits of deinstitutionalising many facets of primary and aged care and in providing greater care options for consumers. However, Geriaction does not believe that the current complicated system of numerous programs and funding models (both state and federal) is effective in managing community care, particularly in relation to continuity of care when required.

Currently services are fragmented and inadequately funded and will not meet the projected needs of the ageing population. Access to community care services needs to be streamlined and the service delivery system responsive to the needs of individuals. Appropriately skilled staff are crucial in a case co-ordination model that manages services in a cost effective manner and delivers a range of quality services that meet the needs of a diverse range of clients. Funding barriers must be removed and care co-ordinated by an appropriately skilled workers to ensure flexibility in service delivery.

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

As a member of the National Aged Care Alliance, Geriaction supports the position of the Alliance that older people need fair and equitable access to the full range of health services for optimal independence and well-being to be achieved. Progress towards a continuum of care for older people requires policies and strategies for the integration of primary care, community care, health promotion, rehabilitation acute care sub-acute care and residential care. People in residential aged care need more appropriate health care in the residential setting to avoid unnecessary hospitalisation. Currently the health care needs of older people are not being adequately met due to the fragmentation of health and aged care services.

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Geriaction believes that governments at all levels need to work with relevant stakeholders to urgently introduce policies to achieve a system of services that eliminate 'cost shifting' and program limitations and where access is determined by the needs of people rather than the particular point of contact or service setting.

There is currently a lack of true consumer and carer input into the decisions about care options. Consumers do now, and will continue to expect, inclusion in decision making about care delivery and when and where this will occur. They have high expectations of this care that may be reflected in the media, both locally and overseas, that may not be achievable or realistic in the current care situation. Such examples would include a lack of information and education for consumers and their families that enable them to make informed decisions regarding moving from their home, end of life care, palliation and options for acute care. This then has a 'flow-on' effect and contributes to the inappropriate admissions to emergency and acute care services and inadequate attention to recovery and rehabilitation. Consequently, pressure on acute beds impacts on decisions to seek residential care inappropriately and often too early. Aged Care Assessment Team assessments for placement within a few days of an older person's admission to an acute service remains an issue on a daily basis and is of great concern to many of our members. The lack of flexibility in cross sectorial funding to support case co-ordination across the continuum stifles creativity and innovation of care and service providers to deliver quality care.

The use of initiatives and pilot programs to address politically sensitive issues will not result in addressing the current fragmented service delivery framework or provide opportunities for genuine continuum of care across all interfaces.

Mrs Kate Hurrell
National President
Geriaction

30 July 2004

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