

**COMMITTEES**  
**Community Affairs References Committee**  
**Report**  
**Speech**

Senator MARSHALL (Victoria) (10.11 a.m.)—I present the report of the Community Affairs References Committee entitled *Quality and equity in aged care*, together with the *Hansard* record of proceedings and submissions received by the committee.

Senator MARSHALL—I move that the Senate take note of the report.

Given the time constraints that we are labouring under at this time in the session, I will seek leave to incorporate my tabling speech in a moment. I will just take one minute to pay tribute to my committee colleagues. This was quite a difficult report. It was potentially quite a politically divisive report. I want to congratulate my committee colleagues for working very hard to get to a position where it was a unanimous report, because we all acknowledge that unanimous reports are the reports that are really going to significantly contribute to improving public policy in these areas. To all my committee colleagues: I thank you for your hard work and your dedication to getting us to the position we are in today. I also want to thank the Community Affairs References Committee staff—Christine McDonald, Peter Short, Leonie Peake, Ingrid Zappe and Elton Humphery—for their excellent work in this regard. I seek leave to incorporate my tabling speech.

Leave granted.

The incorporated speech read as follows—

The terms of reference for this inquiry called on the Committee to address a number of issues facing the aged care sector. However, from early on in the inquiry process, the major emphasis became the plight of young people placed in aged care facilities.

Across Australia, there are over 6,000 people aged under 65 years living in aged care facilities. This number includes a nine year old child. This is unacceptable in most instances. Most aged care facilities do not meet the needs of young people: they are unable to provide opportunities to interact with the community; to socialise with family and friends; and often the facilities do not support the complex health, rehabilitation and equipment needs of the young people for whom they care.

Young people are placed in aged care facilities because there are simply no other options: there are no adequate supported accommodation options in the community; and the level of services do not allow for young people to remain in their own home or with family.

However, placing young people in aged care facilities need not be the only alternative for those suffering from the debilitating effects of an acquired brain

injury or degenerative disease such as multiple sclerosis, motor neurone disease or Huntington's Disease.

In Western Australia, the Young People in Nursing Homes project has seen over 90 young people move to alternative accommodation. The Committee also visited facilities in Victoria and Western Australia which provide specialised accommodation facilities and successfully support young people to maintain a fulfilling life. Services are provided which support psycho-social and complex health needs. These facilities are the result of significant work by stakeholders and governments. Funding has been provided by both the Commonwealth and State Governments. In the case of the MS Society's Carnegie House in Melbourne, funding was provided through the Commonwealth's Innovative Pool.

It is this point which the Committee wishes to emphasise: that in order to move young people out of aged care facilities, cooperation and collaboration at all levels of government and all stakeholders is required. It has recommended that all jurisdictions work cooperatively to provide alternative accommodation for young people who are currently accommodated in aged care facilities.

The Committee acknowledges that the Council of Australian Governments has identified helping young people with disabilities in aged care facilities as one way to improve the Australian health system. Senior Officials are to report to COAG by December this year on ways to improve the health system. The Committee has recommended that the Senior Officials clarify the roles and responsibilities of all jurisdictions in relation to young people in aged care facilities and that it support a range of accommodation options based on individual need.

The Committee recognises that, in rare instances, young people may choose to remain in an aged care facility. In this event, the Committee recommends that all jurisdictions work cooperatively to reach agreement on ways to provide adequate facilities and services for these young people.

A further area of need is assistance to ageing carers. The Committee acknowledges the initiatives already in place to assist ageing carers with succession planning and respite care. The Committee recommends that priority be given to the Working Party established in November 2004 so that further ways to assist older carers can be identified.

The Committee's report also includes an examination of aged care workforce issues. Like many inquiries before it, the Committee found that workforce shortages are impacting on the aged care sector. There are shortages at all levels: nursing staff, personal carers and medical and allied health professionals.

The problems within the aged care workforce are not new. While the Commonwealth and States and Territories have instituted a number of initiatives to address the nursing shortage, the Committee considers that more

needs to be done; in particular, to increase the number of undergraduate nursing places and to assist additional enrolled nurses to complete medication management training. The scope of the new National Aged Care Workforce Strategy needs to be expanded to address the workforce needs of the whole aged care sector and mechanisms to address wage parity for nurses and personal care workers require further consideration.

The Committee has also made recommendations for the funding of the care of the frail elderly with special needs such as dementia and mental illness and as a result of long-term disability and homelessness.

The report also examines the effectiveness of the Aged Care Standards and Accreditation Agency in assessing and monitoring the care of residents in aged care facilities. While the standards of care are generally adequate, the Committee believes that the Agency needs to improve the monitoring of standards in homes especially through increased use of unannounced 'spot checks' of facilities. The report also found that the quality of care could be improved through the development of a benchmark of care which ensures that the level and skills mix of staffing in facilities is sufficient to deliver the care required and a review of the Accreditation Standards to improve their effectiveness. The Committee also made recommendations to improve the Complaints Resolution Scheme so that the Scheme is more responsive to people lodging complaints. The issue of excessive documentation and the need to reduce the paperwork burden on staff to enable them to concentrate on their primary task of delivering care was also addressed.

The report highlights the importance of community care programs. While current programs provide valuable services to older people, significant reform is required to achieve a system that better responds to the needs of consumers, care workers and service providers. The report found that the current system is not providing adequate levels of service; services are fragmented and they are often difficult to access.

The report also reviews the care arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community. The Committee found that while a number of initiatives have been undertaken at the Commonwealth and State levels towards improving current arrangements, there is a need for a more coordinated approach between different levels of government. The Committee recommends ways to improve coordination in the development and implementation of transitional care programs and to improve discharge planning from acute hospital settings and in geriatric assessment.