

Senator McLUCAS (Queensland) (10.13 a.m.)—As Senator Marshall has said, this is a very important report. In the spirit of the Community Affairs References Committee, it is a unanimous report. I was quite concerned earlier this week when Senator Hill was asked a question about why reports had not been responded to within the three-month time frame and in his answer he said that most of the reports from references to committees of this Senate have been political in nature. I can assure Senator Hill that many of the members of the community affairs committee would find that answer quite offensive.

As with many reports of that committee, we have worked very hard to make sure this is a unanimous report. In doing that, compromises have had to be made. But it is the view of our committee that, if we are truly going to change policies that may be ineffective, poorly targeted or simply not working, it is important that we come to a sense of unanimity, and we have done that yet again. This report contains 51 important recommendations that, I say to the government, cannot be fobbed off and need to be looked at closely, and we will expect a response to this unanimous report within the three-month time frame.

The terms of reference of the committee were quite defined. The first term of reference went to the question of the work force, not only in residential aged care but also in community care. Evidence to the committee painted a fairly concerning picture, especially in residential aged care. Two statistics are identified that I think need to be brought to the attention of the Senate. Between 1995-96 and 1999-2000, the number of employees in residential aged care declined while the number of people being cared for increased. I think that is of concern to all of us who have people that we care for living in residential aged care.

Between 1996 and 2001 the share of direct care provided by registered and enrolled nurses declined in both nursing homes and accommodation for the aged while the use of personal carers increased significantly. This is not a reflection on the use of personal carers. They are a well trained and extremely important part of the delivery of aged care, especially in residential aged care. But the balance, in my view, has shifted too far.

Many care recipients and their families and many providers of residential aged care express concern about the ability to attract nursing professionals into residential aged care. They gave a number of reasons why that was difficult. They alerted us to a considerable lack of wage parity between the acute care sector and the residential aged care sector, and inadequate staffing levels. When you get to a certain level and nurses are not able to be employed on a full-time or permanent part-time basis, it is incredibly difficult to attract anyone to work in a residential aged care facility. They alerted us to the inappropriate skills mix and the workload pressure, including the enormous amount of paperwork that needs to be complied with to operate a residential aged care facility. If we were able to reduce some of that paperwork and there was a recommendation to that effect, it is the view of providers that we would be able to attract more nursing professionals into residential aged care. They

also alerted us to increased stress levels and an inability to deliver quality care.

Professor Hogan brought down his report some time ago. He recommended that this year, 2005, the government should allocate 1,000 new nursing places to start addressing the undersupply of nurses in residential aged care. The government has allocated 400 in this budget but we recommend that that shortfall be addressed and we encourage the government to truly look at the potential crisis that is appearing in the work force in residential aged care.

Another important recommendation in the report is that the National Aged Care Workforce Strategy be broadened to include the work force issues in community care. I think many of us often simply focus on residential aged care because it has a physical location. We forget that most of the care provided in Australia by a long way is provided through community care in people's homes and it is quietly happening in the community. We forget that that is where the bulk of the care is. We have suggested that the government look at the National Aged Care Workforce Strategy and broaden it to ensure that issues around the work force in community care are being dealt with, particularly in rural and remote areas, in Indigenous communities and with groups of people whose first language is not English.

Another reference to the committee was to look at the quality assurance system. Residents and their families need to have confidence that the level and quality of care that is being received by their loved ones is at the level that they expect. The government established the Aged Care Standards and Accreditation Agency to deliver that policy goal, but it is the view of the committee that it is time to refocus on whether that strategy has been successful. There are 11 recommendations that go to the issue of the accreditation agency. We heard strong evidence that there was not consistency in the assessment processes—that an activity happening in one residential aged care facility might be assessed as appropriate while in a different residential aged care facility it would be assessed as not being appropriate. Our committee believes that we have to have consistency in assessment so that confidence can be maintained.

One of the recommendations by Professor Hogan was that, for community members to make an assessment of the quality of a residential aged care facility, a star rating be established. In my view that is far too glib an assessment tool to be able to make real assessments of the attributes of a facility. We have made a recommendation of a more comprehensive but easily understood report card style—although that word did not appear in the end—piece of information that people would truly understand so they could make an informed choice about the appropriateness of the care that was being provided.

The agency currently has a role in assessment as well as training. Providers identified that there is an inherent conflict between those two roles, but the committee does recognise that the agency is in an ideal position to be able to collect information about best practice and about things that are happening

well in residential aged care. I need to put on the record that most residential aged care facilities provide excellent quality care—that needs to be understood. It is the odd maverick, underfunded, poorly managed operator that needs to be focused on. There are not that many of them, but they have to be monitored. We recognise that there is an actual or potential conflict between these two operations of the agency and we have recommended that the agency consider removing the training component from their role.

One of the expected outcomes that the agency has to assess is adequate staffing levels. Witnesses who appeared before the committee—providers, workers in the industry and consumers—expressed concern about that expected outcome being arbitrary and not applied consistently. We have made a recommendation in the report that the agency develop a benchmark of care that will give some surety and assurance to residents, potential residents and their families about the level of staffing and what they can expect if a loved one becomes a resident of an aged care facility. This is an important recommendation that I believe will be welcomed by the community, those people who work in residential aged care and the providers of residential aged care themselves.

A very important part of this report is contained in chapter 4. One of the terms of reference that we dealt with was to look at the reality of young people who live in nursing homes. This is an issue that has been hidden in our community for many years. I pay tribute to the very small but extremely effective group of advocates right across the country that have quietly tried to get this issue on the agenda. They have succeeded. They have got the attention of the Community Affairs References Committee, to the point where we were strongly unanimous about how we deal with the 6,000 people under the age of 65 who live in residential aged care. Many of those people are living in residential aged care because that is the only option they have.

Bronwyn Morkham, from the organisation spearheading the raising of this issue, said that it is appropriate for some people to live in residential aged care. But it is the view of the committee that for every one of those people an assessment should be done to determine whether or not it is appropriate for them to live there. We have set out a blueprint so that the states, territories and Commonwealth can work together to ensure that appropriate housing and support services are provided for people who have MS or who have spinal injuries—people who are young and are living in a place for older Australians that is quite inappropriate for them. I strongly commend these recommendations to the government. We need change and real action to ensure that these people are appropriately accommodated. I pay tribute to the secretariat and all colleagues on the committee.