

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.

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.

Senator KNOWLES (Western Australia) (10.26 a.m.)—I will speak briefly on this report of the Community Affairs References Committee. Aged care is always going to be a controversial issue. I want to place on record as a member of the government my commendation for what the government has done to dramatically increase funding for this vital sector. As Senator McLucas has just said, the most controversial issue raised in this inquiry was that of young people in nursing homes. The fact that the states have ignored their responsibilities according to the Commonwealth State Territory Disability Agreement is nothing short of a disgrace and I certainly hope that they lift their

game on this vital issue. I acknowledge that the Prime Minister has put this important matter before COAG and I hope that this very serious area of public policy will be addressed in a much more positive way.

I too am delighted that this is a unanimous report. It is quite unusual. I mentioned in my valedictory speech yesterday how unusual unanimous reports are. I commend Senator Marshall on his chairmanship of this committee and all of my colleagues, because we all had to give and take. That has resulted in a very good and positive report that is very clearly directed. I also wish to place on record my thanks to my personal staff member who helped Senator Humphries and me deal with this very complex issue and meet very short deadlines. I do not normally have someone working as closely with me on a report as I did on this occasion but it has been invaluable. I wish to hand over to Senator Humphries for the reason I mentioned with regard to the report of the committee on cancer. In closing, as a longstanding member of the Community Affairs References Committee I wish the committee the very best for all of their future endeavours. This is a very important area of social policy and I wish you all well.

Senator HUMPHRIES (Australian Capital Territory) (10.28 p.m.)—This has been a major and eye-opening inquiry by the Community Affairs References Committee. I am grateful for the opportunity to again have had the chance to take part in an inquiry of such significance. It is obvious, with burgeoning numbers of Australians who are reaching retirement age and becoming infirm, that issues to do with aged accommodation and services are going to be increasingly complex and important for bodies such as this chamber to deal with. The sheer pressure of that problem will occupy a very large amount of administrative time and money into the future. It is important that we set parameters for that process to succeed in overcoming problems associated with this sector.

It is important to note that the background to this report was a very significant infusion of additional dollars into the aged care sector in the last few years. In the last nine or 10 years, in fact, the amount that the Australian government has spent on providing services to older Australians, particularly in residential settings, has doubled. Of course, the population of Australians over the age of 65 has not doubled in that time. So this has represented a major exercise in starting to properly address an issue that, frankly, was not addressed adequately in the past.

There have been huge changes in the funding regime for aged care facilities, in the extent to which we expect standards to be maintained in those facilities—the establishment of the accreditation agency is a very important part of that process—and in the focus on particular problems within the nursing home setting, particularly dealing with the rising incidence of dementia. I pay tribute to successive ministers but particularly Minister Julie Bishop for the commitment that she has made to fund additional services in this area and to ensure that the sector is well enough resourced to be able to

deal with much larger numbers of people coming through the doors of facilities and nursing homes in Australia, and has the capacity to provide better, high-quality services at the same time.

Last year's budget made some very significant changes with respect to the resourcing of aged care in Australia and provided a funding boost in a range of areas. The conditional adjustment payment of \$878 million was a very important step towards addressing the long-term problem of aged care facilities in this country not having the necessary resources to meet the increasing acuity of care required for their residents. I am very pleased that that has gone a very long way towards addressing issues such as the lack of wage parity between nurses in aged care settings and those in the acute care sector.

There was considerable debate before the committee about the extent to which the conditional adjustment payment and associated funding boosts by the Commonwealth might deliver a capacity to provide for wage parity in Australia. I note the views of the Australian Nursing Federation, which felt that the payments were sufficient to enable providers to meet that wage expectation but that there were mechanisms lacking to ensure that providers actually spent that additional money on urgent and high priorities such as addressing wage disparity. I believe the evidence is that a great step can be taken in the direction of ensuring that we can attract and retain large numbers of high-quality nurses within that sector. I believe that the steps the government has taken will facilitate that occurring.

In my remarks today, I want to focus on the position of young people in nursing homes in Australia. I do not think it is too much of an exaggeration to describe the existence of large numbers of younger Australians in nursing homes in this country as a national disgrace. The committee was told that there were 6,000 people below the age of 65 in nursing homes and approximately 1,000 of those are below the age of 50. There is a lack of data on the exact conditions and disabilities that affect those people, but there is powerful evidence that many of them, perhaps an overwhelming majority, have a high level of cognitive awareness of their surroundings and are placed in completely inappropriate settings, where they are surrounded by people who are much older than them. These younger people consequently suffer from a lack of appropriate interaction with people their own age—with their peers. The step of removing them from that setting, where that is appropriate and where that is their desire, is a priority this committee strongly recommends. I believe that this issue must be addressed as a matter of public policy in this country, as a consequence of this report as much as anything else.

The committee did disagree to some extent on the question of where the onus for fixing that problem might lie. There was evidence, for example, about the benefits available to providers around this country through the aged care innovative pool funding, which is designed to offer the opportunity for an incentive payment or assistance in the cost of establishing alternative accommodation for younger disabled people outside of nursing homes. The

committee were also informed that that pool, despite being provided by the federal government, was little used. In fact, we visited the only facility in Australia that at this stage has been funded from the pool—namely, the multiple sclerosis home at Carnegie in Melbourne, which was a great home to visit. The residents, who had only recently moved in at the time the committee arrived there, were delighted about their new accommodation option. What is disturbing is that the pool has not funded other facilities elsewhere in Australia when the need for such facilities is, frankly, acute.

I have no hesitation in urging state governments in this country to take a much higher profile on addressing these problems, accessing funding arrangements such as the innovative pool and moving those young people out of those nursing home facilities. It is simply unacceptable that so many should remain in those settings. Alternative options are already well demonstrated in this country and they must be taken up.

I think it is important to comment—and Senator McLucas has made this comment—that, as far as nursing homes in this country are concerned, a high standard has already been met. Most aged care facilities in this country offer an excellent standard of care, and this report should not be interpreted as an overall indictment or blot on the record of those homes. However, it is also important to acknowledge that, with the huge pressures on nursing homes in this country by virtue of the large number of people who will be seeking accommodation there in the future, we need to ensure that standards are higher and that facilities are of an appropriate standard and level. It is also important to acknowledge that out-of-nursing-home aged care, such as that available through the HACC program, needs continued additional funding. The committee recommends that that continue to be supported by both state and federal governments.

I commend the staff of the committee for once again doing an outstanding job. It is no trade secret, so I confess that a very significant part of the work that goes into such reports is done by the staff. They always astonish us with the excellence of their contributions, and I thank them for what they have done on this report as on many others. I particularly want to thank Senator Sue Knowles for her contribution to this committee over many years. She has made an outstanding contribution in my time, and I know that contribution goes back long before my period on the committee. I seek leave to continue my remarks later.

Senator ALLISON (Victoria—Leader of the Australian Democrats) (10.39 a.m.)—I rise to talk about the report of the Senate Community Affairs References Committee entitled *Quality and equity in aged care*. During this inquiry we heard from many groups and individuals, and the report tabled today covers many of the issues that were raised by those groups. I thank everyone who put in so much time and effort to make submissions to the inquiry and to appear before us. All of the issues raised are important and probably deserve speeches in their own right; however, in the short time I

have today I will focus on an issue that the Democrats have been heavily involved in bringing to the attention of the parliament and the public—that is, young people in nursing homes.

We fought strongly to have the plight of young people with disabilities who are currently accommodated in residential aged care included in the terms of reference for the inquiry. Every day a young person with high or complex care needs is placed in an aged care facility somewhere in Australia because the accommodation they need does not exist. Some of these individuals are younger than 10 years of age. At the current rate of entry, there will be over 10,000 young people residing in residential aged care facilities by 2007.

Despite a concerted effort over the last few years by many dedicated people, there has been little change in the situation faced by more than 6,300 young Australians with a variety of disabilities who currently live in aged care nursing homes throughout Australia. Although there was a national summit on young people in nursing homes in 2002 and a national conference in 2003, both of which have drawn national attention to this situation, there are still squabbles between the state and federal governments about making the changes needed to provide the sort of community based accommodation and support services that these young people deserve.

This inquiry heard from many of these young people, their families and their carers, and from groups who have taken to their hearts the cry of these young people that something needs to be done. Almost half of the 240 submissions to the inquiry focused solely on the needs of young people in this situation and many more included detailed comments on the issue. These submissions not only focused on young Australians who are already living in residential aged care because there are no alternatives but also drew attention to the many thousands more across Australia who are at risk of placement in residential aged care—that is, they are still, in almost every circumstance, living at home. Those young people are cared for by family members who are struggling with limited support, and it will take very little to tip those young people into aged care facilities, which in most cases they try very hard to avoid. Whether currently in an aged care facility or at risk of going into one, those young people all have one thing in common: a desire to live in accommodation of their choice with the rehabilitation and support they need to have lives worth living and futures worth having.

This inquiry heard about the many factors that contribute to young people with disabilities ending up in this situation and the actions that need to be taken. We heard about the need for reform of the personal injury insurance arrangements—something the Democrats have often called for. We heard about failings in the aged care and disability acts and the way in which the Commonwealth-state disability agreement allows young people with catastrophic injuries or degenerative disorders that require high levels of care to fall between the cracks. We heard about poor assessment processes and lack of flexibility but, most of all, we heard about the territorial disputes.

I thank members of the committee for the agreement they reached that this is no longer an acceptable response to this longstanding problem. It is not good enough to simply point the finger and say that this is someone else's problem. It is time that all levels of government and all sectors came together to find achievable and sustainable solutions. It is a human rights issue as much as anything else. I endorse the focus that this report has on the need for a cooperative and urgent response. We recognise that there is some good work happening at both the state and federal levels and we saw some very good examples of what can be done. But much more needs to be done, and done quickly. That is why in this report we have said that no more young people should be moved into residential aged care facilities because of a lack of options. I seek leave to continue my remarks later.