

Benetas Response to the Productivity Commission, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Draft Report

Introduction

Benetas welcomes the Productivity Commission, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Draft Report.

Benetas is one of the leading not-for-profit providers of residential care, in-home care, respite care, housing services and retirement living in Victoria. We have up to 1,500 staff caring for more than 4000 clients across a full range of aged care services and facilities.

Like the Commission, Benetas believes in person centred care. We believe services ought to be based on the wishes and needs of each individual. There is no such thing as a 'one size fits all' approach in aged care, and our organisation is committed to being responsive and respectful of each individual.

Response to the draft recommendations

Benetas was established in 1948 when a small group of volunteers from the Anglican Diocese in Melbourne responded to an urgent need to support elderly Victorians. Today, our organisation is driven by this same compassion. Our sense of empathy influences and underpins the way we interact with and support all our clients.

Therefore, Benetas welcomes the Productivity Commission's recommendations regarding end-of-life care in Australia. We agree improving access to high-quality palliative care ought to be a priority for both aged care providers and governments, and believe this could significantly enhance the Australian way of life.

In this context, we wish to acknowledge the body of work undertaken through The National Palliative Care Strategy 2010 - Supporting Australians to Live Well at the End of Life (the Strategy). The Strategy's four goal areas are consistent with the Commission's findings and recommendations, and this existing national framework may provide a useful platform for future reform.

The following section outlines the response of Benetas to the Commission's draft recommendations.

Community-based palliative care -

Draft Recommendation 4.1

Benetas strongly agrees with the Commission's statement that governments need to ensure people with a preference to die at home are able to access support from community-based palliative care services. We appreciate State and Territory Governments are responsible for the delivery of community-based palliative care services, and agree they should play a leading role in reform.

However, we note this recommendation reflects the previous approach to the provision of home and community care services, which was (largely) integrated into the Commonwealth Government's home care program through the Living Longer Living Better Reforms.

We propose State and Territory Governments play a leading role in implementation of the recommended reforms, with the intention to discuss synergies and amalgamation with the Commonwealth home care program over time. In an environment where we are trying to make things as straightforward as possible for consumers, operating different programs offering similar services is confusing. Benetas believes consumers would benefit from a better continuum of care; one where they can move seamlessly between services as their needs change.

As noted by the Commission, much work is required to ensure consistent and equitable access to high-quality end-of-life care services across Australia, and this fundamental improvement needs to occur before we consider reforms to increase choice. Nevertheless, as service delivery progresses and moves toward informed choice and competition, Benetas believes greater resourcing of consumer education and advocacy support services will be required.

The recent 'Increasing Choice in Home Care' reforms have shown consumers need access to balanced information and advocacy support services to help them make informed choices along their aged care journey.

Current and future service users do not necessarily have control over what information is available about services and how useful it is to them. They may face significant challenges in accessing unbiased, readily understandable information about the options available to them and the potential benefits and disadvantages of these options.

There is an implication that the onus is on individuals to develop capacity to make choices. But many people's capacity to make informed choices is impacted by structural barriers, it is not simply a (fixed) personal characteristic. Access to information in different modes (internet, paper-based, easy English, large print, preferred language etc.) may be required to overcome disadvantages associated with lack of access to education, lack of access to internet and/or support to use it, non-English-speaking background etc.

More options do not necessarily improve choice and control - they can overwhelm rather than inform. Since the introduction of 'Increasing Choice', Benetas' Customer Centre has spoken to many consumers who feel overwhelmed because they have too many options to choose from.

Past experience influences choices, and so limited past experience tends to lead to narrower and/or less well informed choices. Individuals who have had limited opportunities (such as people with lifelong cognitive disability) can express a preference for a familiar option with which they have experience, because they do not have knowledge or understanding of the alternatives and their relative merits. This is known as "adaptive preferences" (i.e., expressed preferences are adapted to reflect past, limited experiences)¹.

This suggests a potential role for government to:

- Support greater resourcing of advocacy and/or supported decision making services
- Examine how providers are supporting or constraining the choices available to an individual, and more specifically,
- Require providers to make information available in an understandable fashion, including considerations of literacy (including financial literacy), language, etc.

End-of-life care in residential aged care -

Draft recommendation 4.2

As an aged care provider, Benetas is deeply conscious of its responsibility to deliver high-quality palliative care. In demonstrating this commitment, Benetas partners with The Royal Melbourne Hospital's 'Residential In-Reach Service' and 'Hospital in the Home' program to ensure clients have access to nurse practitioners in their home (i.e., their residential facility), and that hospital transfers are minimised. Benetas also partners with rural and remote nurse practitioners to support consumers living in our regional aged care facilities.

Whilst we acknowledge individual providers need to work within the current funding model to provide the best care possible, Benetas supports the Commission's recommendations to remove current restrictions on the availability and duration of funding for end of life care in residential facilities; and, for sufficient additional funding

¹ Reference: Ramcharan P, Leighton D, Moors R, Laragy C, Despott N, Guven N. It's My Choice! Toolkit (Volume 5). Inclusion Melbourne/RMIT University, Melbourne, 2013. http://www.inclusion.melbourne/wpcontent/uploads/2013/06/Its_My_Choice_Vol5_web.pdf

to be made available to ensure residents receive end-of-life care that aligns with the quality of that available to other Australians.

Yet, Benetas recognises aged care budgets and policies are developed in the context of monetary pressures, economic volatility, changing consumer and community expectations, and the continued ageing of the population. In other words, we appreciate and recognise the significant pressure and constraints the Government is dealing with.

In this context, the Commonwealth Government recently commissioned two separate reviews of the Aged Care Funding Instrument (ACFI) in order to improve sustainability and certainty. We would strongly encourage the Commonwealth to consider the Productivity Commission's recommendation as part of this work, to ensure proper funding for high-quality end-of-life care is made a priority in the new and/or improved funding model.

Advance care planning - Draft recommendation 4.4

Benetas is convinced of the importance of advanced care planning, and we welcome the Commission's related recommendation. We are convinced because it is very difficult for providers to respect the wishes of residents and their families at end of life if their choices have not been elucidated.

Benetas believes residential aged care providers have an important, if not essential, role to play in facilitating conversations about advance care planning, and we would welcome a decision by Government to include this in the Quality of Care Principles. As noted by the Commission, this will require careful planning, and consideration would be required to ensure facilities engage appropriately trained staff, and provide training and development to existing staff to support conversations about end-of-life care.

We also note there may be a role for home care and in-home nursing staff in promoting and/or supporting advanced care planning conversations.

Better data on end-of-life care - Draft recommendation 4.5

Benetas supports the Commission's recommendation that governments work together to develop and implement an end-of-life care data strategy. This information could not only inform government policy, it would also provide the sector with invaluable information to help improve service delivery.

Closing Remarks

Benetas was very glad to read the Productivity Commission's draft report and recommendations for end-of-life care in Australia.

The Commission has articulated a highly positive and constructive vision for the provision of palliative care services across residential and in-home aged care.

This crucial component of aged care service provision is too often ignored in public debate, as the discourse gravitates toward the more controversial and contentious dialogue regarding assisted dying (euthanasia).

At Benetas, we believe Australia needs to have a much broader debate on what it means to care for people at the end of life. We welcome the Productivity Commission's decision to prioritise this human service in its report, and look forward to the response of the Federal and State and Territory Governments.

ENDS.