

Just Better Care
Balgowlah 2093

Productivity Commission
Caring for Older Australians

Just Better Care is a community care provider and as such will make recommendations based on the knowledge and experience of the aged care sector from this perspective.

Service delivery framework

The majority of older Australians want to receive care and age in place in their own homes; a decision generally supported by their families and loved ones. The current system supports some people to achieve this, but not everyone.

Why? Because the system is too slow, is unresponsive and has waiting lists that are prohibitive to access when people need the help. This is partly due to the lack of knowledge that the elderly person or their families have about what is available for them and how to access it. This is a common and recurring theme that we witness on a daily basis.

ACAT assessments

The entry point to the CACP and EACH program is approval following an ACAT assessment that supports the application or need for community care. In many areas throughout Sydney the waiting time for an ACAT assessment is six to nine months. The ACAT teams have been under-resourced for the past decade to deal with the growing numbers of older people they need to assess and the waiting times are unmanageable.

People also do not realise that they need to have this assessment until they are often in urgent need of assistance and six to nine months is an impossible reality. GPs, allied health professionals and others that may have contact with the elderly person may not advise them to get the ACAT assessment when a person first starts to show the signs of decline with frail health or the onset of dementia.

Lack of planning, quality information and understanding of the system is the key problem that has been talked about for decades and still is the major first issue for the elderly person or their families. They simply do not know where to call, how to get help and what is available for them.

Waiting lists

The next hurdle in the service delivery framework is waiting lists to access the program which vary greatly within the regions and States. In some places CACPs are available immediately but not EACH; in other places neither program is available for periods of six to twelve months.

Our experience as a community care provider is that these services are essential. We do not provide services that are optional; these services make the difference and can mean that someone lives in a safe environment with appropriate supports delivered in a timely manner and episodes of hospitalisation and residential care may be avoided.

When an older person recognises they need for assistance with tasks such as personal care, domestic assistance, transport, meals or social outings, it is because they can no longer manage this for themselves. The system needs to be responsive and be able to cope with that person's needs. It is currently under-funded to be able to do so and hence the waiting lists exist, and people are going without the support they need, meaning their quality of life deteriorates more quickly.

When the older person recognises they need help, they do not want to feel like a burden, a second class citizen or a disempowered member of our society. Currently they often feel this way with lack of choice for their services and their service provider. The recipient of care in the past has had to fit the program, not the program fit the person – the individual.

Disempowerment of the service user

A flexible approach to community care is needed where people can access a variety of services that can be available to them and adjust and change as their needs change. The Consumer Directed Care model, where the recipient of care determines what services they need and who will provide those services, is long overdue.

Currently the fund holder has all the power. If the person receiving the service wants to transfer to another provider, this is not possible as the package is not transferrable. As Australians we have enjoyed the choice in all areas of our lives when purchasing services – until we come to community care. The funds are held by an organisation not the individual, who is placed in a disempowered position when the funding package is finally available.

Should funds remain with the individual then there is greater capacity for continuity of care as the person's needs change. They may be able to see the same care worker, beginning with a simple service such as domestic assistance, eventually providing a whole array of complex care services as the person's needs increase. Consistency of care staff is of vital importance to the older person who often does not like change.

Workforce requirements

Staffs that work in community care come from all backgrounds and generations. Baby boomers, gen X and gen Y are all represented and generally very positive about the sector.

The issues of residential care staff are not the same for community care staff. The intrinsic difference in the two workplaces is community care is essentially

not task oriented, but person oriented. It provides the ability to work one on one with people, build close, meaningful and ongoing relationships that allow staff to feel they are making a difference in a person's life, giving them a sense of contribution, worth and connection.

Community care staff needs to be multi-skilled, flexible, have initiative and an ability to be able to work with the individual. It is both challenging and rewarding. They need considerable support on a regular basis because they work independently in the person's home and face vulnerable, needy and often lonely individuals who may have complex care needs including advanced dementia.

From an employer's perspective, supporting staff includes regular and ongoing training, meeting with other support workers, face to face debriefing and regular phone contact. Care workers use their own cars to drive from one client's home to the next often after providing support services of one hour and sometimes less. It is a demanding job and the remuneration is at a very basic wage level despite the complex care needs that the care worker often manages.

We expect a great deal of our care staff but have limited ability to pay a higher remuneration due to the funding limitations. This is becoming a very significant issue, as people are leaving the sector as they can no longer afford their living costs associated with mortgages and rents. We need adequate funding to pay people what they are worth. Otherwise we are sending the message that care work is not valuable and we will become an unattractive sector for the workforce. At the moment we manage because contribution and a sense of making a difference outweigh the financial gain. This is not sustainable.

Government roles and responsibilities

The Government has a responsibility to make community care available to all older Australians when they need it, not just when they get to the top of a waiting list.

The Government has a responsibility to support initiatives that assist people to stay at home for as long as possible and give people quality choices.

The Government has a responsibility to assist community care providers to remain viable so they can do their job and support people to stay at home.

The Government has a responsibility to fund the sector adequately so we can pay people properly and attract and retain a long term skilled workforce.

The Government has a responsibility to make access easy, clear, definable and publically known.

The Government has the responsibility to make the system streamlined nationally. Currently we have different legislative requirements within the

States around reporting and program management. This is both a bureaucratic waste on the Government's part and a nightmare for national providers.

Gaps in continuity of care

An initiative that has disappeared through lack of funding is the 24-hour palliative care team, which was de-funded and removed from many Sydney metro areas several years ago. This has meant many people in their palliative final stages went into hospice care – not their final wishes or that of their families.

Another initiative that has disappeared is the mobile x-ray unit that could attend a frail elderly person in their home, instead of making them attend an emergency department following incidences such as falls.

The government needs to be able to assess applications for funding from providers in a less exhaustive and costly process that the current tender submission arrangement offers. Currently tender applications are often 40, 50 or 60 pages in length, costing every organisation that applies thousands of dollars that they can't afford. Once an organisation is an approved provider why can't these applications become simpler?

As community care providers we are convinced that an elderly person with reasonably complex care needs can be maintained in their home environment as long as the sector is adequately funded and people receive the assistance that matches their needs.