Day Therapy Centres Submission to the Productivity Commission 2010

"A comprehensive but poorly valued and forgotten services program"

Day Therapy Centres (DTCs') in Victoria welcome the opportunity to contribute to the Productivity Commission Inquiry into the care of Older Australians.

The attached submission has been developed on behalf of the DTC Network in Victoria.

DTCs' registering support to this document includes;

- Footscray DTC
- United Aged Care – Strathdon DTC, Oakleigh Rehabilitation Programs, Trewint Community Programs, Lumeah DTC, Elgin St. DTC
- Manningham Centre, Doncaster Rehabilitation Services
- Melbourne Citymission, Eltham Retirement Centre
- St Vincent DePaul Day Therapy Centre, Box Hill
- Royal Freemasons DTC
- Baptcare- Strathalan DTC
- Villa Maria Rehabilitation Centre
- VincentCare Victoria, Box Hill

The above DTCs' welcome the opportunity for the Commission to visit our DTCs', consult with staff and clients and gain a comprehensive understanding of our contribution to the Aged Health sector.

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Introduction

- Australia is facing significant challenges in caring for its current and future quadrupling generation of older people. Day Therapy Centres (DTC's) are potentially well placed within the Aged Health sector to support older people to live independently, retain their physical and emotional health and stay connected to their communities.

- DTCs' provide an important "continuum of care "role for the elderly wishing to live within their homes following surgery or medical conditions which would otherwise compromise their independence and often lead to further hospital re-admissions.

- Funding to DTC providers has recently been extended, from the previous annual agreements, to two years, that being from the end of November 2009 until June 2011. During the past 6 years, DTC's have been provided less than the CPI increases (approximately 2%) in their annual budgets. Consequently, with increasing demand for services and reduced budgets, DTC's ability to maintain existing services will be reduced.

Current Issues

- Australia has an aging population. In 2011, the first of the baby boomers turn 65. The highest rate of growth in the older age group is predicted between the years 2011 and 2021. The current cohort of 65+ will remain the numerically dominant group requiring support services. As yet there has been no government response to the increasing demands placed on DTC's. The ageing demographics, especially amongst the over eighties and the increasing CALD elderly requiring interpreters, are placing increased demand on all existing health, aged and community services.

- In Victoria DTC's have historically had difficulty attracting appropriately qualified Allied Health Professionals. Current funding means agencies that run DTC's are not able to offer salaries that are comparable with public health services and current market demand.

- DTC funding during the past 6 years, has been provided at less than the annual CPI increases, (on average approximately a "standing still" 2% increase with no growth dollars) placing more pressure on DTC's to reduce services despite the increasing population demands.

- The expressed desire of older people to stay at home.

- DTC's are not spread equitably throughout the community. In metropolitan Melbourne there is a concentration of DTC services in the eastern suburbs, with very little coverage in the western and far northern suburbs. There are only four DTC's in rural Victoria. As DTCs' are currently an area of 'no growth funding', which has had little, if any strategic planning dedicated to it, there has been little capacity or incentive to address these inequities of access. In spite of their lack of funding and strategic attention, DTC's have continued to evolve and in many cases flourish, benefitting from the low regulation approach which has allowed them to be flexible, innovative and responsive to their own community's needs.

Cost effectiveness

- A major aim of DTC's is to maintain people within the community and in their homes, thereby reducing hospital admissions and providing cost saving benefits to the hospital system and government.

- DTCs' fulfil their role in a cost effective way. Most DTCs' have continued to sustain their level of services despite funding increases at less than the CPI for the last six years: They have achieved this in the following ways;

- More group programs have been introduced,

- There is now a higher ratio of Allied Health Assistants (AHA's) to Allied Health Professionals.

- Client to staff ratio is quite high. Three examples of Victorian DTC's include:

  DTC (1) 200 clients per week for 3.56 FTE DTC (2) 210 clients per week for 3.4FTE

  DTC (3) 174 clients per week for 3.71 FTE

  DTC's vary with the number of clients seen per week due to the nature of referrals; more 1 to 1 interventions are required with clients with higher levels of frailty and complexity, as compared to group programs with the less frail.

- Ongoing demand for services offered in Victorian DTC's is indicated by waiting lists ranging from 2 to 8 weeks.

- Use of volunteers and students on placements

- Focus on improving client's capacity to self manage

- Despite lack of funding and strategic direction, DTCs' have at least benefitted from a low regulation approach and have been allowed to be flexible and innovative- within funding guidelines.

- Development of partnerships with other community agencies such as local councils, voluntary organizations, gyms and HACC-PAG's.

- Partnership with universities to further develop research which will underpin evidence based practice.

DTC Services

DTCs', with their strong partnerships with multiple aged care services, their expertise in an holistic approach to restorative care for older people, their relatively low running costs and their ability to respond to clients' changing needs over time, are ideally positioned to support older people to maintain and maximize their health status and remain as active as possible within their communities.

DTC's are an integral part of the continuum of care of the health and aged care systems. Older people present with very diverse needs and often require more time to improve and/or make adjustments to changes in their lives.

This diverse group includes

- People living with degenerative conditions such as Parkinson's Disease and Multiple Sclerosis,
- People whose rehabilitation is progressing very slowly and have been 'timed-out' from public or private services.
- Those who require support through the transitions associated with ageing e.g. accepting packaged care, adjusting to living with reduced capacity following e.g. a fractured hip, strokes, osteoporosis, arthritis and rehabilitation following cardiac and respiratory episodes.
- Those who need ongoing support to maintain their independence to live at home, e.g. very frail older people, especially those who are socially isolated and have few people to encourage them to go for a daily walk, eat well or maintain contact with their neighbours.

Without this referral pathway the acute and sub-acute services would be under increased pressure to maintain their services for longer or discharge clients without adequate supports, thereby increasing the risk of unplanned readmissions to hospital.

This indicates that the needs of older people are not always met by short term service provision or where clients' private health insurance benefits for physiotherapy run out.

DTC's receive referrals from many sources e.g. General Practitioners, Public and Private Hospitals, Community Health Services, private rehabilitation and community based allied health services and local councils. Examples of referrals from hospitals include post surgical (5-7 days) operations for hips, knees etc. Many DTCs' are able to respond relatively quickly, compared to community health services, which have a broader mandate to all age groups. There are often few other rehabilitation services available for our elderly who may be discharged early and private physiotherapy is inaccessible to many due to cost.

DTC's comply with and support current policies that support active ageing and the active service model. DTCs' provide a range of individual and group programs which may vary depending on the staffing compliment within each DTC. They often include:

- communication groups.
- functionally oriented programs such as public transport use, cooking strategies, kitchen/bathroom aids and equipment.
- strength and balance programs targeted towards those who find difficulty with participating in mainstream community exercise groups, particularly where their risk of falls is high.

- Individual assessments and 1:1 therapy by Physiotherapists, Podiatrists, Occupational Therapists, Social workers, Nurses, Allied Health workers.
- short term case management and counselling during crises or while clients are waiting for packaged care to commence.
- groups focusing on adjustment to disability providing both education and support e.g. stroke support groups, falls prevention, podiatry/ foot-care, diabetes education etc.

A major factor within the rehabilitative process is how over time a strong relationship often builds between clients and DTC staff. DTC staff know their clients really well, and are alert to changes in their circumstances. Not only can DTC's be responsive to and advocate on their client's behalf at very short notice, but the therapeutic relationship that forms allows for the new learning, attitude and behaviour change necessary for clients to maintain the gains they make with the rehabilitative process.

As smaller services within health and age care sector, DTC's have needed to develop extensive knowledge of other agencies which can assist their clients, and have been active in referring and linking client to other services, as appropriate.

Case Study

Jean aged 80 has been diagnosed with Parkinson's for some 2 years. She has been through a program at a private hospital and her neurologist has referred her to a specialised Parkinson's education program at a DTC. Jean & her daughter attended and learnt about the roles of each of the multi-disciplinary team and basic strategies to manage her condition. She then joined the DTC program with Occupational Therapy, Physiotherapy, Social Work & Speech Pathology sessions both individually & in a group. The communication group has given her a chance to put into practice the skills she has, through meaningful discussion. Jean often says that apart from the individual work that she has done with the different therapists, it is the atmosphere of support and build up of a sense of community that has helped her manage her condition rather than be ruled by it. Though Jean's condition has lead to more significant disability (she now walks with a frame and her speech is more slurred) her ability to maintain an active quality of life has actually increased and she has been support by the DTC to join other interest groups in her local community and feels a greater sense of emotional wellbeing.

One area that is often overlooked in community aged care is social-emotional health. The importance of emotional wellbeing as a fundamental determinant in rehabilitation outcomes has been long understood. You cannot have good health without good mental health and vice versa. DTC's are well placed to focus on:

- Helping create an atmosphere which enhances a person's meaning and purpose and facilitates an active role in the life of the community
- Addresses psycho-social issues of adjustment, loss, depression, frustration, anger etc.

- Establishing therapeutic relationships with persons which foster learning, self-management and control over life

- DTC's aim to achieve the right milieu and balance of professional and peer support to give people time and encouragement to 'stay their course', be it transitioning to the next level of care, re-engagement with the wider community or developing new strategies to cope with decline in capacity. They also allow for the necessary time that it can take for an older person and their family to adapt to their conditions and for the necessary learning and reinforcement of strategies to take place and become integrated into a person's changed way of life.

DTC's are different

It is important to highlight the important part that DTC's play within the rehabilitative service system for older persons and to clarify the difference in role between DTCs' and some Health and Community Care (HACC) services. HACC Planned Activity Groups (PAG's) focus is on social support, rather than on active rehabilitation. HACC-Allied Health services are funded to provide short term interventions of 6-8 weeks, but are not able to provide the longer term support older people may need to remain at home and connected to their communities. Similarly Community Health Services and Community Rehabilitation Centres are designed for conditions which benefit from episodic short term improvement focussed interventions.

DTC's provide coordinated and integrated multidisciplinary (e.g. Physiotherapy, Occupational Therapy, Speech Pathology, Social Work, Community Nursing, Podiatry) services to frail older clients living in the community. Whereas many clients achieve significant improvements, DTC's are also able to provide longer term services that support clients to maintain their capacities and in other cases support clients through the transitions associated with growing older or living with degenerative conditions such as Parkinson's disease. DTC's are one of the few services whose guidelines expressly incorporate maintenance of an older persons' independence. DTC staff are often involved as secondary consultants to case managers of Community Aged Care Packages (CACP's) and for residents in low care residential settings. DTC's have become centres of excellence in community aged care and are often the services that step in when other services say "we can't do any more."

	Social/Emotional Health	Intensive Rehabilitation	Slow Stream Rehabilitation	Maintenance Programs	Community Aged Care
Community Health	√	√			
Community Rehab		√			
HACC-PAG	√				√
HACC-Allied Health					√
Day Therapy Centres	√		√	√	√

***Table 1** – ticks indicate the focus of the services listed N.B. The above DTC service provision varies depending on the budget allowance of each DTC.*

Recommendations

- DTC services should be available on an equitable basis to all older people. This may mean reviewing where services are located, and it will mean a financial and strategic investment in the growth of DTC services.

- Reporting mechanisms and guidelines for DTC's need to be reviewed. DTCs' welcome accountability and quality improvement. However it must be resourced appropriately to assist growth, development and better outcomes for clients.

- Coping with frailty is a poorly understood area. There is a need for more research into this area and the sort of services that lead to the best outcomes. We also need to promote greater acceptance of this part of the human condition.

- In order to attract and retain appropriately skilled staff and improve the range of services, funding changes should also reflect the need to be competitive with public health services and offer career development opportunities for Allied Health Practitioners and others.