

Productivity Commission enquiry into the Care of Older Australians

annecto - the people network is an independent, not for profit association committed to increasing community inclusion, opportunity and choice for people with a disability, older people, their families and carers across Victoria. Our vision is a community where all people experience a sense of belonging, an appreciation of people from different backgrounds and abilities, and opportunities for each person to connect with their own talents and interests and to connect with others through affirming interactions and relationships.

annecto welcomes the productivity commission's enquiry into aged care as it will provide flow on outcomes for many of its constituents. annecto fundamentally believes that older Australians have a right to make choices about their current and future support needs, a right that is not always possible under the current system.

In line with the above, annecto is committed to exploring the topic of Consumer Directed Care (CDC) and rural remote issues for elderly Australians

Consumer Directed Care

Why is CDC important?

- Overseas studies into CDC have demonstrated that there are more flexible ways of delivering Aged Care services to older people. CDC is all about empowering the individual to make choices about the services / support that they receive. As mentioned above, the current system is a very restrictive one and in many cases disempowers people.
- The changing face of aged care with the onset of the Baby Boomer generation will provide the current sector with a wakeup call. Future recipients of aged care services will be more assertive than the current silent generation and will want to have more of a say into the way that they receive support. With similar disability models. (ISP's) have demonstrated that providing people with an opportunity to 'shop around' for services will provide a level of choice and control. As a by product, it will ensure that approved providers become flexible in service delivery as well as ensuring that they provide a high standard of service.
- CDC provides a flexible service delivery system, one that meets the needs of the individual and not the provider.

Reform Agenda

- In light of the required changes in a clearly inflexible system, CDC will need to be embraced by the Federal Government and by both current and potential service providers.
- Associated risks and rewards need to be clearly understood.
- State and federal jurisdictions will need to make some philosophical calls around the establishment of funding arrangements – e.g. more control to the consumer equals more risk to the government. How can this nexus be overcome given funders are notoriously risk averse?

Recommendations

In consideration of a CDC approach, annecto – The People Network respectfully recommends that the Productivity Commission enquiry into the care for older Australians look into the issue of CDC as part of a national reform.

We acknowledge that there has been some work undertaken by a number of community organisations e.g. Uniting Care Community Options, Alzheimer's Australia, Aged and Community Care Victoria along with some scoping work undertaken by the federal government (DoHA). We would respectfully submit that there needs to be a more systematic approach incorporating consultation with user groups, service providers, advocacy groups, carers and government to develop models that are reflective of the changing and/or emerging needs of service users and their families.

Aspects to be considered;

- How do we progress from current funding arrangements to one that truly enables self-directed support?
- What data and research is there currently available supporting the changing needs of individual e.g., Baby Boomers, technology, community and family needs?
- How do we identify risks and challenges?
- How do we measure benefits to individuals who may choose this approach?
- How do we measure increased independence, social participation and social inclusion as quality of life indicators?
- How do we ensure and safeguard against inappropriate practices?
- How do we establish a package of value? Are the CACP, EACH and EACH D levels fit for purpose? Or should there be a sliding scale?
- Continuity of Care – what does more choice mean for the service system?
- Changing requirements of individuals
- Funding levels – is a 3 tier approach what is required in the next 10 years (CACP's, EACH, EACHD)
- Maintaining levels of care through compliance, Continuous Quality Improvement (CQI),
- Changing requirements of service providers legislative amendments

Rural and Remote issues for Elderly Australians

annecto is committed to the development and delivery of Community Aged Care and Carer Support services to Rural, Remote and Regional locations throughout Loddon Mallee Region of North Western Victoria. Having been engaged in the support of this large regional community for over 8 years we believe we have some insight into the needs of isolated rural communities.

Why is this issue important to highlight?

- Complexities associated with workforce recruitment, retention and training for on the ground support workers, specifically attending to the health and wellbeing needs of older Australians residing in our rural communities;
- The delivery of a quality community care service system has a strong correlation to a robust and resilient direct support worker workforce. To achieve a workforce capable of meeting the future needs of an ageing rural population, there is a need to strengthen service and community based partnerships in rural locations. This will lead to more affordable, sustainable and quality provision of support to older Australians;
- Difficulty organising training and staff development to support staff residing in rural / remote locations. Many RTO's (Registered Training Organisations) will not commit resources to smaller communities due to low intake rates and small financial returns. Without training it is difficult to recruit and retain those currently working in the community care field. Often those working in rural communities are looking for opportunities to work with people who have a range of needs whether this is related to ageing, disability or even child care;
- An over reliance on a few highly skilled /expert workers can create a real challenge to continuity when the worker leaves or is on leave;
- The ARIA (Accessibility Remoteness Index of Australia) may" work well for remote QLD, NT, WA and NSW where there are Fly in – Fly out services, but does not recognise small and as equally isolated places "off the beaten track" in other more isolated places. This leads to complete isolation to the service recipient especially where family do not live within a few hours' drive;
- Transitional Care – is an ongoing quandary. Current research indicates that transitional care appears to provide greatest success for a client if it is provided close to home. In Rural remote areas Transitional Care is all but non-existent except in cases where there are no other options. This can and does have a counterproductive impact on the health of the service recipients.

Recommendations

- Consideration of a more flexible funding model together with opportunities to support local planning would more constructively enable Transitional Care for the care recipient and family's needs, wishes and the wider support service system.
- Need a lot more research in the skills gap of workers reconciled against those skills that are required to assist in the quality of support described earlier,
- The Government could respond with a more sophisticated and finely tuned focus on workforce strategies to smaller rural communities.
- Clustering or grouping services through a partnership or consortia arrangement to create economies of scale to build a more comprehensive support service platform. This allows the continuum of care to proceed and for a diverse range of services to respond. Existing funding models could be modified to accommodate this.
- Incentivise service providers delivering community care in rural and remote locations. This would provide opportunities for service providers who are currently providing support in these rural communities to source interested persons with the right emotional intelligence, personality attributes, attitude and disposition to consider a career in community care. It would also allow service providers to provide expert knowledge or support where required
- Shadowing "Shadow Shifts" or "Buddy" less experienced staff (new staff) with experienced workers can help build knowledge and social capital (worker retention) across the team, particularly in rural and remote communities. The additional costs to deliver this expertise to rural and remote communities to be explicitly recompensed through the ARIA scale.
- Redeveloping the ARIA supplement and its associated criteria to recompense those providers in rural locations who can identify additional costs of rural service delivery.

As a Community Based Organisation committed to providing better outcomes for individuals, annecto the People Network is committed to upholding the right so the people we support through strong advocacy along with initiatives that shape future policy consideration. We believe that both CDC and Rural and Remote Support Provision are 2 strong examples where Government leadership can and will make a significant difference to the quality of life outcomes for people receiving this important funding.