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ACiA Response

To

Productivity Commission Draft Report

Caring for Older Australians

21 March 2011

Context

As ACiA's membership is concerned with the delivering of community based care, ACiA's comments relate to the provision **of community based services**. A broad range of issues that impact on our industry were addressed in the initial ACiA submission.

ACiA is pleased to see that many of its recommendations to the Productivity Commission have been canvassed in the draft report, including the adoption of:

- clear levels of universal entitlement based on assessed need;
- a consistent approach to assessing the need for community based care;
- better recognition of unpaid carer support;
- increased flexibility for care recipients; and
- improved access to information about available services.

ACiA believes there is further scope for the Productivity Commission to look at ways of ensuring that high quality services are available to service users, while also reducing the administrative burden on service providers. In this context, our comments in this submission are contained to two key issues raised in the Commission's draft report.

1. Quality assurance and consumer-directed care

The Commission's draft report notes the great degree of variation in the quality of care provided in the community. The Commission also argues that a 'more liberated market' will be best placed to ensure high levels of care. Indeed, high levels of care should be seen as a competitive advantage as people exercise choice over who they will seek support services from. However, all individuals need to know that the service provider they are considering purchasing services from is well managed, has a competent workforce, can provide effective care and will uphold their individual rights in accordance with all relevant legislation. Furthermore, the types of care being delivered in the community will become increasingly complex as the population continues to age. This will inevitably lead to increased risks that need to be managed by the deliverers of care services.

- ACiA concurs that individuals requiring support services must be given choice in choosing a care provider – on an entitlement basis and as a result of assessed need. The key to implementing this in practice is ensuring that service users are able to make an **informed choice**. This necessitates a robust system for ensuring **approved** community care providers are delivering high quality services at low risk to the service user.
- ACiA therefore also concurs with the Commission that the results of **rigorous quality assessments** of aged care services in the community must be made available to the public (using the Community Care Common Standards or similar – see point two below).

2. Reducing duplication and the administrative burden

The Commission's draft report identified that duplicate and overlapping regulation of quality is leading to higher costs, while jurisdictional variations increase complexity for both providers and service users. This is a key concern for the sector which takes valuable time and resources away from service provision. As ACiA noted in its initial submission to the inquiry, many service providers are currently "drowning" in quality/performance reporting requirements. Some of our members have had to address up to 13 different funding body requirements. In addition, any generic programs that are Australia wide are not focused on the specific requirements of the industry.

The Commission submits that the issue of duplication will be largely remedied with the introduction of the Community Care Common Standards (CCCS). While this represents an improvement for the community care sector, the standards themselves only apply to one set of defined programs for older Australians, which will be funded and administered by the Australian Government. These are:

- the Home and Community Care (HACC) Program
- packaged care programs [Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD)]
- the National Respite for Carers Program (NRCP).

Most providers of community care services are, however, likely to be delivering a broader range of programs than those outlined above, and are therefore still subject to a number of other quality requirements imposed by funding bodies across jurisdictions.

In order to address this issue, ACiA developed a National Quality Certification System specifically for the attendant care industry that will meet most funding body quality requirements, including the CCCS. The system utilises the Attendant Care Industry Management System Standard: 2008 (ACIMSS). ACIMSS focuses on the key issues required to deliver high-quality, individualised care in the community. In particular, it is suitable for **any** type of service user, that is, the frail aged, people with a disability, people with an acquired brain injury or a physical injury. It is not limited in scope to any one particular program.

ACiA notes that that some funding bodies in charge of administering the state-based lifetime care and support schemes, which provide care for people severely injured in motor accidents, have adopted the ACIMSS as their standard of choice and are requiring that approved providers achieve ACIMSS certification.

Given these same providers will likely be delivering Commonwealth funded community care services to elderly Australians, **ACiA submits that a substantial burden on community care service providers could be lifted if a formalised process was established to allow whole or part recognition of other national quality certification systems that are deemed to meet the requirements of the CCCS.**