ENSURING EQUITY OF ACCESS & OUTCOMES IN THE FUTURE AGED CARE SYSTEM

JANUARY 2017

This Statement was developed by the NACA Equity of Access & Outcomes Internal Working Group and endorsed by the 48 members of the National Aged Care Alliance.

A Statement of Principles

The ultimate measure of the effectiveness of aged care reform is how it impacts on the most vulnerable. Reform will have failed if aged care is not responsive to diversity of need or accessible to the disadvantaged.

Older Australians have diverse characteristics, with the majority experiencing one or more factors that may pose a barrier to accessing aged care services or impact on the outcomes achieved by services (See Attachment A). The aged care system must be responsive to the unique needs of consumers, whether they be from special needs groups recognised in aged care legislation or experience other forms of disadvantage or diverse circumstances, with their needs considered holistically and not just through the lens of a particular characteristic.

To achieve this, addressing systemic barriers impacting people with diverse circumstances and specific needs must be at the centre of aged care system design and reform and be seen as core business.

The following set of principles is designed to guide the design, development, implementation and evaluation of aged care reform in order to ensure equity of access and outcome for all older Australians. Some examples of barriers and issues with proposed actions have been identified. We know these may change or others may emerge over time. While the Principles will remain, we envisage the barriers/issues and actions will require regular review and updating.

Principles, Issues and Initial Proposed Actions

The aged care system must be designed, developed and implemented to ensure no section of the Australian population is disadvantaged. This will be achieved by:

Principle	Examples of Barriers/Issues	Initial Proposed Actions
1. Actively overcoming and addressing the barriers to access that certain consumers face;	The My Aged Care and equivalent central in-take systems will not by themselves work for everyone. It may be necessary to complement the generic process with outreach support for some population groups to ensure equitable access. The impacts of market failure and thin markets are felt disproportionately by specific groups and geographic areas. Universal assessment processes can be exclusionary.	Active outreach[1] access and support roles must continue and be expanded for vulnerable populations. Risk mitigation requires additional alternate systems in place to ensure full service coverage and access across Australia for all consumers. Assessment tools that successfully identify and work for special needs groups will need to be developed. Minimum agreed data collection and statistical monitoring of vulnerable groups' access to aged care services needs to be undertaken by My Aged Care to identify access patterns and changes over time. This will require timely data analysis, feedback and remedy.
2. Ensuring equity of outcomes for all consumers and their carers;	Delivery of services is standardised, with little attention paid to the additional or different needs of diverse consumers. The market may not respond to the needs of some consumers, due to higher costs not being recognised in government contributions.	The adequacy of subsidy amounts should be reviewed and where cost is a barrier for vulnerable groups, supplemental subsidies made available. This will ensure vulnerable consumers can exercise choice and control and receive quality services when purchasing in an open market.

[1] Outreach refers to the activity of actively 'seeking out' and engaging with clients in their own environment, rather than waiting for the person to request a service or waiting for another agency to make a referral. It may also involve re-engaging with an existing client who has become withdrawn, and providing continued support to help the person remain linked in with services.

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Principle	Examples of Barriers/Issues	Initial Proposed Actions
3. Maintaining services and supports tailored to the individual needs of diverse consumers;	Consumer choice in this environment may focus providers on the needs of the majority rather than those with particular needs.	Accreditation/Quality Review processes should be updated to include an outcome measure that evaluates whether providers are providing care that is designed to respond to people's life goals and strengths, and enables access to tailored services from across service systems. Representatives of diverse consumer groups should be involved in ongoing system evaluation to provide evidence of how effectively the service system is targeting difficult-to-reach cohorts and ensuring their needs are identified and met with appropriate and meaningful information,support and services. Advocacy and outreach services would also provide information for ongoing system evaluation.
4. Ensuring the viability of the necessary specialist services for diverse populations;	Individualised funding for packages may threaten viability of specialist services. Specialist services may be seen as the responsibility of other service systems.	Specialist services[2] are crucial in delivering quality and appropriate care for all and the funding for such activities must be supported and continued as a part of the system.

[2] Specialist services are services shaped to meet specific population group/s.

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Principle	Examples of Barriers/Issues	Initial Proposed Actions
5. Ensuring consumer choice and control is accessible for all;	Consumer choice and control may be limited by inadequate consumer information. Advocacy services may be inadequately funded to respond to diverse needs. The market may not respond to the needs of vulnerable groups, due to higher costs not being recognised in government contributions.	Efforts to create informed consumers must include active measures to ensure all older Australians benefit from and become empowered by information. A range of advocacy services reflective of the diversity of need must be developed, funded and implemented. Representatives of consumer groups (including diverse consumer groups) and advocacy services should be involved in an ongoing system evaluation process to provide evidence of how effectively the service system is targeting difficult-to-reach cohorts and ensuring their needs are identified and appropriate and meaningful information, support and services are provided in parallel with the single access portal and other mainstream services. Ensure information is available in different mediums and appropriate languages and formats.
6. Providing workforce planning and training that is representative of the diverse needs of consumers and the diversity within the aged care workforce;	The aged care workforce is not representative of the diversity of the client population. Aged care training is not inclusive of the training and education needs of diverse groups Needs of special needs groups are not covered adequately in aged care training and education.	Governments must work together to break down barriers that prevent accessibility of training and entry to the aged care workforce to people from diverse backgrounds. Mandatory Aged Care qualification curriculum and continuing education should include training focusing on communicating with, and meeting the needs of, special needs groups. Training efficacy and outcomes should be monitored and evaluated.

The aged care system must be designed, developed and implemented to ensure no section of the Australian population is disadvantaged. This will be achieved by:

Principle	Examples of Barriers/Issues	Initial Proposed Actions
7. Recognising consumers with complex needs require holistic support to access services across multiple systems; and	Consumers with special needs may be more likely to require a broader range of services than aged care, such as housing, financial services, health services to treat chronic conditions, mental health services etc.	Governments and the sector must work together to break down silos and ensure the interfaces between aged care, health, disability and other community and social services are streamlined to provide consumer centred, integrated and holistic care, where access is determined by consumer need. Governments must ensure comparable service user data is collected across service systems to allow access by diverse groups to be measured in a real and timely manner Representatives of diverse consumer groups should be involved in evaluation of provision of integrated and holistic care to consumers with complex needs.
8. Undertaking research and data collection on access and outcomes for diverse populations to inform policy, planning and practice.	Barriers to access are not well understood. Older people from diverse populations are not achieving the same outcomes as other older people.	Research is commissioned on barriers to access and equity of outcomes. Data gaps are identified and remedied. Administrative data on characteristics of aged care service users should be made publicly available and routinely analysed to inform policy, planning and practice.

Older Australians with Special or Specific Needs

The population of Australia is very diverse and this diversity is a central feature of the population that uses aged care.

It should be noted that there is diversity within special needs groups and that individuals can identify with more than one of the special needs categories. It is also not the case that all individuals within these groups will always require aged care services or experience difficulties or barriers in accessing those services. This variability, diversity and intersectionality means that the total number of older Australians who may face barriers and require additional, different or tailored approaches to service access and delivery is difficult to quantify. However, the available information shows that in Australia:

- 1 in 10 people aged 65 years and over as at 30 June 2015 live with a cognitive impairment and dementia[3].

- 52.7% of people aged 65 years and over in 2012 are experiencing disability[4].

- 102,612 people aged 50 years and over as at 30 June 2014 identify as Aboriginal and/or Torres Strait Islander[5].

- 28% of people aged 65 years and over in 2014 were born outside of Australia and 20.1% are from culturally and linguistically diverse backgrounds[6].

- 1.5% of people aged 65 years and older live in remote or very remote areas[7], while 11.1% of people aged 65 years and older live in rural areas as at 2011[8]. In 2011, 69% of people aged 65 years and older lived in major urban areas (population clusters of 100,000 or more), and almost 25% lived in other urban areas (population clusters of 1,000 to 99,999) such as smaller cities and towns[9]. In 2015, 69% of operational places in residential aged care were located in major cities, with only 0.8% in remote or very remote areas[10].

- In the 2011 Census, older people in Australia are considerably more likely than younger Australians to report a religious affiliation (81 percent). Their identification was mostly with Christian denominations but all world religions are represented in Australia's older population. About 10% of older Australians reported no religion and 8.5% chose not to state their religion[11].

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[3] Australian Institute of Health and Welfare (AIHW), 2015a, Dementia, http://www.aihw.gov.au/dementia/
[4] Australian Bureau of Statistics (ABS), 2012, Disability, Ageing and Carers, Australia: Summary of findings 2012, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0Chapter3002012
[5] Productivity Commission, 2015b Report on Government Services, Chapter 13: Aged care services, http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/community-services/aged-care-services
[6] AIHW, 2015b, Diversity in aged care, http://www.aihw.gov.au/aged-care/residential-and-home-care-2013-14/diversity/
[7] Ibid
[8] Australian Bureau of Statistics (ABS), 2011, Census of population and housing, http://www.abs.gov.au/census
[9] Australian Bureau of Statistics (ABS), Where do older people live? Reflecting a Nation: Stories from the 2011 Census, Cat. No. 2071.0.
[10] AIHW, Operational Places Residential Aged Care 2014-15, http://www.aihw.gov.au/aged-care/residential-and-home-care-2014-15/services-and-places/
[11] Australian Bureau of Statistics (ABS) 2012-13, Who are Australia's older people? Reflecting a Nation: Stories from the 2011 Census, Cat. No. 2071.0.

- 1 in 12 people aged 65 years and over at as 2010 are experiencing financial or social disadvantage[12].

- 165,658 people aged 65 years and over at 30 June 2014 were veterans[13].

- 14,851 people over 55 years in 2011 were homeless or at risk of homelessness[14].

- 500,000 children were placed in institutional care last century[15]. They are now aged between 40 years and 90 years old (aka care leavers)[16].

- Of the approximately 150,000 adoptions between 1951-71, many were arranged without informed or willing consent, with parents separated from their children by forced adoption or removal, suffering significant personal and psychological impacts[17].

- 11% of people as at 2012 identify as Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI)[18].

- In 2007, Lesbian, Gay and Bisexual people were twice as likely as the general population to have had symptoms that met the criteria for a mental health disorder in the past 12 months[19].

- A significant minority of older Australians experience one or more mental or behavioural disorders (9.5%), high levels of psychological distress (10.9%), or take medication for their mental wellbeing (24%)[20].

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[12] Rodgers and Rodgers, 'Chronic and Transitory Poverty over the Life Cycle' (2010) 13(2) Journal of Labour Economics 117.

[13] Australian Government, Department of Social Services (DSS) 2014b, 2013–14 Concise Facts and Figures in Aged Care, https://www.dss.gov.au/sites/default/files/documents/11_2014/att_a_-_2013-14_concise_facts_figures_in_aged_care.pdf

[14] ABS 2011

[15] Australian Government, Department of Social Services (DSS) 2013, Families and Children: Care Leavers, https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/apology-to-the-forgotten-australians-and-former-child-migrants/questions-and-answers/care-leavers

[16] Kenneally, C. 2012, 'The Forgotten Ones', The Monthly, August 2012

[17] Australian Government, Department of Social Services, Supporting people affected by forced adoption – fact sheet, https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices

[18] National LGBTI Health Alliance, 2012, LGBTI data: Developing an evidence-informed environment for LGBTI health policy, http://www.lgbtihealth.org.au/sites/default/files/LGBTI%20Data%20-%20Online%20Version.pdf

[19] National LGBTI Health Alliance, The statistics at a glance: the mental health of lesbian, gay, bisexual, transgender and intersex people in Australia, http://lgbtihealth.org.au/statistics

[20] Australian Institute of Health and Welfare, Older Australians at a Glance: 4th Edition, 2007, Australian Institute of Health and Welfare: Canberra

NACA

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.