

national  
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# Position Statement for the 2016 Federal Election

*Enhancing the quality of life of older people through  
better support and care*

NACA Blueprint Series

April 2016



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## National Aged Care Alliance: Position Statement for the 2016 Federal Election Platform

### Introduction

The National Aged Care Alliance comprises 48 peak body organisations representing consumers and their families, informal carers, special needs groups, nursing, allied health and personal carers involved in the aged care sector, and private and not-for-profit aged care providers.

As a leading voice for improvements to aged care for the past decade, the Alliance strives to implement its vision for ageing in Australia, that is:

*Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them.*

The Alliance has developed this Position Statement for the 2016 Federal election in order to highlight a range of positions which, if pursued by the Australian Parliament, would help achieve significant further improvement in aged care services to cater for the needs of the diversity of older Australians. The Position Statement builds on the proposals outlined in the Alliance's *2015 Blueprint II*<sup>1</sup>, which in turn updated and built on the Alliance's first *Blueprint for Aged Care Reform*<sup>2</sup> published in 2012.

The Position Statement also builds on the reforms already implemented or committed to by Australian Governments since the Productivity Commission's seminal report, *Caring for Older Australians*.

The Alliance recognises these improvements will not only benefit older Australians, their carers, families and friends but also the workers, professionals and aged care service providers engaged in the aged care sector.

Efficient and quality aged care services also have the potential to make a significant contribution to the Australian economy, including through the expansion of a competitive services sector. The aged care sector in 2013-14 had revenue of \$17.9 billion representing 1% of Gross Domestic Product and 3.6% of Government expenditure<sup>3</sup>. With an ageing population, this will significantly increase over the next decade.

The Alliance invites all Australians to support the Alliance's Position Statement for the 2016 Federal election and to keep up to date with election activities by signing up to <http://agewellcampaign.com.au/>

<sup>1</sup> Available from [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_2015\\_Final.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_2015_Final.pdf)

<sup>2</sup> Available from [http://www.naca.asn.au/Age\\_Well/Blueprint.pdf](http://www.naca.asn.au/Age_Well/Blueprint.pdf)

<sup>3</sup> Aged Care Financing Authority (July 2015) 'Third report on the Funding and Financing of the Aged Care Sector' Australian Government, Canberra, p viii.

## Older Australians are a diverse population

The extent of the diversity of Australia's population is such that it is difficult to quantify how many older Australians may face barriers in accessing aged care services and who may require additional, different or tailored approaches in order to access the services they need. However, the available information shows that:

- One in ten Australians over 65 years lives with cognitive impairment or dementia;
- Over half of older Australians experience some sort of disability;
- Almost one third of older Australians were born outside of Australia and one in five older Australians are from CALD backgrounds;
- There are at least 30 different faiths represented in Australia;
- More than one in ten older Australians live in regional, rural and remote communities;
- More than one in ten Australians have diverse sexual orientation, gender identity or intersex characteristics;
- One in twelve older Australians experiences significant financial or social disadvantage;
- One in twelve older Australians has four or more chronic diseases;
- There are half a million care leavers<sup>4</sup> in Australia who are now between 40 and 90 years of age, with the numbers of parents separated from their children by forced adoption or removal still unknown;
- There are over 100,000 older people from Aboriginal and Torres Strait Islander communities in Australia;
- There are over 150,000 older Australian veterans; and
- Almost 15,000 older Australians experience homelessness or are at risk of homelessness.

A high quality aged care system will include a wide-range of services and supports which can respond flexibly to the many different needs of this diverse older population. It will also need to be designed to overcome the barriers that many consumers face.

Consumer choice and control is an underlying principle of the reforms. The systems in place must adequately ensure choice for all consumers. It must move beyond the specific meaning of individualised funding that the implementation of CDC Home Care Packages has attached to the term CDC and focus on ensuring that care is available which is responsive to people's level of ability, life goals and strengths, by providing tailored service options across the service systems. This requires governments and service providers to provide, in consultation with the consumer, appropriate and sufficient support to those cohorts and individuals who may struggle to receive equal access to the services they require under an individualised, market-based model.

A measure of the effectiveness of aged care reform is how it impacts on the most vulnerable. Reform will have failed if aged care does not become more responsive to diversity of need and more accessible to the disadvantaged.

<sup>4</sup> A care leaver is an adult who spent time in institutional or out-of-home care as a child (i.e. under the age of 18).

## Blueprint Area 1: Cross-party commitment to move to a consumer-led and demand-driven aged care system through a phased and transparent implementation process

### Alliance Position/s

#### 1.1 That all parties commit to:

- o A co-design process to determine how to deliver a consumer-led, demand-driven, equitable aged care system by 2020.
- o Ensuring components required to deliver the new system are incorporated into the terms of reference for the 2016-17 Review.
- o Equity of access to aged care services and equitable outcomes, including through funding a range of strategies to ensure all older persons are able to access, understand and enter the system.

### Background

The level of change in moving to a consumer-led and demand-driven system raises transitional risks for all stakeholders. An important means for mitigating these risks is transparency of reform directions and co-design so that all stakeholders can prepare for reform, rather than respond to ad hoc changes.

To this end, it is important that areas needing reform in order to deliver the new system are incorporated into the legislated 2016-17 Review. This includes robust financial modelling based on estimates of demand and a variety of user contribution scenarios, and modelling of the impact on all stakeholders. Such modelling should be co-designed and also include specific modelling on the impact on special needs groups and particular geographical areas, including rural and remote areas.

The Alliance envisages the new system will include the following elements:

1. A single care and support service system that is consumer-led and demand-driven, with access based on assessed need. Such access must ensure appropriate and equitable access and outcomes for special needs groups.
2. Consumers assessed with having care needs will be able to access care appropriate to their needs and preferences.
3. The market will determine the nature, location and quantity of services. Government will no longer regulate the number or distribution of services, but will take other action if necessary to ensure provision in circumstances where services might otherwise not be provided.
4. Government will continue to regulate for consumer protections, safety and quality of aged care and establish a single overarching quality framework based on independent assessment which is co-designed with all stakeholders.

5. Consumers will be able to choose:
  - a) the setting (e.g. in their home or in a variety of other residential settings); and
  - b) type of care and support they will access.
6. Providers will have greater flexibility and incentive to develop innovative and responsive services that respond to consumer needs and expectations including episodic, early intervention and restorative care programs.
7. Where there is insufficient market response, government will take other steps to ensure the system delivers services to all people assessed as in need of support and care. This could include:
  - a) Non market-based funding in areas where services might not have otherwise been provided.
  - b) Dedicated funding for services targeted to special needs groups, where market based approaches do not achieve quality service delivery consistent with consumer preferences.
  - c) Ensuring that prices and supplements are adequate to meet the increased cost of specialist service delivery for consumers with special needs who choose not to (or are not able to) enter specialist block-funded services.
8. Ensure that while funding will follow the consumer, there will also be effective programs to address disadvantage, as necessary.



The *Roadmap for Aged Care Reform* prepared by the Aged Care Sector Committee embraces the aged care system described above and is reflected in many of the Positions in this document. It is important that the transparent co-design process entailed in the drafting of the *Roadmap* to date is continued in order to identify and manage the transitional risks.

## Blueprint Area 2: Assessment of the fiscal and related risks of a demand-driven model and the identification of measures to manage risk

### Alliance Position/s

- 2.1. That robust financial modelling, including of anticipated demand levels by ACFA, form part of the legislated 2016-17 Review. Such modelling will be conducted in a co-designed fashion and include specific modelling of the impact on consumers, providers, health professionals and special needs groups and regional, rural and remote areas.

## Background

The assessment of fiscal risk will take into account estimates of demand and the impact on system sustainability of user contribution options, increased emphasis on restorative care and productivity gains flowing from a more competitive market for services.

The assessment of fiscal and related risks of a demand-driven model will also consider population diversity and identify any barriers to achieving equity of access amongst different population groups. The assessment will specifically model services in circumstances where they might not otherwise be provided by the market, and the service cost and provider responses to the needs of high-cost, high-need, and special needs groups in a less regulated market. The results of this modelling and evaluation should be publically available to inform future sector planning and development.

The risk assessment will also take into account the language, cultural, religious, physical, disability and health care needs (including cognitive and communication impairments), emotional wellbeing, existing formal/informal support arrangements and individual circumstances of clients (all factors that may influence the care and support that a consumer requires). This may require an increased allocation of out-reach services to ensure access by special needs groups.

Additionally, some of these groups, once connected, will need additional case management to help them navigate the system effectively once their assessment has been finalised. Such case management may be a combination of consumers supporting other consumers, or paid professionals advocating on behalf of individual consumers.

## Blueprint Area 3: Incorporating individual funding across all aged care programs to provide the older person with choice and control

### Alliance Position/s

- 3.1. That a co-design process that removes Aged Care Allocation Rounds for residential care by 2019 and uncaps supply by 2021 is established.
- 3.2. That a single system of subsidies for individuals which is agnostic as to where the care is received be created. Such a system would provide subsidies for care that would follow the consumer, regardless of where that care is provided and would foster flexibility and innovation in service models.
- 3.3. That individualised funding be tailored to include the different circumstances of people with diverse and special needs (including cultural, linguistic, (dis)abilities, or cognitive needs).
- 3.4. That safeguards and alternative funding models are provided in circumstances where the market might not otherwise provide services.



## Background

Aged care services based on the above will require the integration of residential care, home care, home support and respite care into a single and equitable funding structure based on individual funding and funding following the consumer so that each consumer can direct their funding package to their preferred provider(s) and choose the services that best meet their aged care needs. This would respond to the recommendation of the Productivity Commission's *Caring for Older Australians Report*, which supported 'a single integrated, and flexible, system of care entitlements'. Subsidy levels for individuals should be based on evidence drawn from cost of care studies and individuals' capacity to contribute to costs. Integration should start with the home care programs, followed by integration with residential care.

The Alliance notes that consumers have been and should continue to be primarily responsible for their accommodation and everyday living costs, as they have been throughout their lives. Consistent with Medicare Principles, government should meet the full cost of care and support for people with limited means and a substantial proportion of the care and support costs of non-supported residents on a means tested basis, having regard to market-based prices. The government will continue to contribute to the cost of living expenses for age pensioners through the age pension.

The government will also contribute to the accommodation costs of consumers with limited means having regard to market-based prices and each consumer's capacity to pay, including meeting the full cost of consumers with very low means.

The funding arrangements will require effective safety nets for marginalised individuals and communities, and those who cannot meet the costs of care, and include a review of the adequacy of supported resident subsidies and other supports. The safety nets will need to address both recurrent and capital costs. Funding methodologies must also recognise that the cost of care continues to rise and that subsidisation of care costs must not be reduced so as to place unreasonable financial burden on consumers, their families or service providers.

To safeguard vulnerable consumers in an individualised funding environment, a cost of care study should be conducted and acted on so that subsidies for consumers are known to meet the full cost of accommodation and services provided. This will ensure that all older people are able to exercise choice and receive quality services when purchasing in an open market, rather than just those who can afford to pay for themselves.

Providers will set and publish their prices for accommodation and everyday living costs. These prices will take account of the costs of maintaining, renewing and expanding and reviewing their capital stock. Government will set and publish a reasonable market-informed price for care and support, accommodation, and everyday living costs for low means consumers. The price may vary, for example, based on geographical location.



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Consumers will be able to compare and negotiate the price that they pay for accommodation and living costs with their preferred provider. Government will not regulate provider prices or what consumers choose to pay for accommodation and everyday living. Consistent with the principles underlying Medicare, government should continue to meet the care costs of those with limited means and to protect individuals who can contribute towards their care costs on a means tested basis from excessive care costs through lifetime caps on care contributions.

The market, supported by appropriate regulatory and financial system measures, will provide an expanded range of financial products to provide flexible ways for people to access equity in fixed assets in order to contribute to their aged care. Where consumers have chosen to pay a refundable accommodation deposit, there will continue to be protections in place for consumers.

The creation of a single funding model across aged care programs places increasing importance on the entry and assessment system's role in ensuring equity of access to services and appropriate health practitioners and other professionals. To monitor and ensure equity of access there should be:

- Evaluation of the performance of the entry, assessment, priority, and referral system in identifying and facilitating appropriate service access for special needs groups;
- Development of processes that are shown to successfully identify special needs groups at entry and subsequent pathways following assessment;
- Monitoring and investigation of service systems where the number or profile of consumers from special needs groups receiving services does not match the demographic make-up of the area;
- The public availability of the results of these evaluations;
- Amendment of any processes that are shown through this evaluation to lead to inequitable access or outcomes for certain groups;
- If required, develop targeted or parallel processes (including the use of outreach, access and support roles to provide support and advocacy from initial contact through to assessment and uptake of services) for any cohorts who require additional support in order to reach equity in access and outcome; and
- The publication of referral patterns by My Aged Care, RAS and ACATs to individual service providers. This will ensure that referral processes are transparent, fair and equitable, including that consumer preferences are respected, and providers are not disadvantaged.



## Blueprint Area 4: Ensuring consumers are better informed

### Alliance Position/s

- 4.1. That the new aged care system includes the development of a co-designed Consumer Support Platform to empower consumers to better understand and improve their access to the aged care system, and experience optimum utilisation of needed support, care and services including ensuring equitable access by vulnerable and special needs groups.
- 4.2. That the efficacy of the My Aged Care assessment and referral processes be monitored and evaluated to ensure equity of access and outcomes for consumers with special needs; that the outcome of evaluation be made publicly available; and that it is used to amend processes or establish targeted supplementary or parallel processes for specific groups if required.
- 4.3. That My Aged Care website functionality be enhanced beyond current plans to enable improved consumer understanding of what services are available, their comparative features and service quality.
- 4.4. That government and the aged care sector (consumers, providers, unions and professionals) collaborate to develop mechanisms to provide information to consumers about the quality of aged care services.
- 4.5. That government develop a comprehensive communications strategy to enable better understanding of My Aged Care for all stakeholders (including providers).

### Background

At its most basic level, better informed consumers must be able to access meaningful information easily that is simple to understand. This includes ensuring that key information is available in multiple languages and in different formats (e.g. Braille, audio, e-text, large print).

Informed and empowered consumers are fundamental to competitive service provision within a market-based system. This poses special challenges in aged care where some older people may be prone to exploitation and abuse from a range of sources. The box below sets out the essential elements of a comprehensive Consumer Support Platform designed to ensure that consumers are as informed and empowered as possible. A clear timeline for enhancing the current functionality of My Aged Care and delivering the Consumer Support Platform must be provided.

For the immediate future, in order to allow time for the sector to prepare for the changes in advance of 'funds following the consumer' in home care packages from 27 February 2017, improvements to My Aged Care that should be considered urgently by government include:

- an ability to comment and score the experiences of consumers with individual service outlets and the ability for those service outlets to respond to such comments;

- the ability to search for a single provider based on whether they deliver a range of individual service types or sub service types;
- the inclusion of consumer experience quality indicators for all aged care outlets;
- quality as it is understood by consumers;
- the publication of provider-set prices that enables comparison between providers for individual care and support service types/sub-types; and
- improved ability for individual providers to include their unique value proposition within the search results of My Aged Care (e.g. 50 words).

## A new Consumer Support Platform

That the new aged care system includes the development of a 'Consumer Support Platform' to empower consumers and to improve their understanding of the aged care system (including their rights and responsibilities and enabling them to better understand what care and services they should be able to expect and the terms on which they should be available). This will be delivered across a range of mediums including:

- peer education – trained older people engaging in dialogue with groups of older people to explain the aged care system and consumer rights and how to exercise them;
- peer to peer support programs – existing consumers and carers providing support to new users of aged care, and a variety of ongoing peer support mechanisms;
- a consumer engagement and co-design support service for consumers and consumer groups;
- an 'end to end' individual advocacy service across all aged care settings available to all people receiving or eligible to receive an aged care service;
- the inclusion of advocates who are empowered to work across multiple service systems to secure the necessary outcomes for older Australians;
- outreach to vulnerable groups to ensure they link into and access the system and receive quality aged care services that address their individual needs;
- specific components engaging with special needs consumers and their communities including the establishment of a working group with sector stakeholders;
- a monitoring, learning, evaluation and research function of the consumer support platform;
- systemic advocacy for whole of system improvement based on the learnings from all the preceding.
- a package of 'one-on-one' tailored assistance to navigate the aged care system and shape participation in the program/s that includes orientation sessions, peer support and an advocate providing one-on-one assistance; and
- linkages to approved financial and legal advice providers.

## Blueprint Area 5: Developing financially sustainable aged care services

### Alliance Position/s

- 5.1. That an Independent Pricing Authority uses all available evidence, including costs of service delivery, to determine and publish prices for government-supported care and accommodation in order to ensure affordable access for all aged care consumers and the provision of viable and sustainable quality aged care services.
- 5.2. That the additional costs of providing services to consumers from different circumstances (including those with special needs or a disability) be costed and fully funded to ensure equity of access and outcome.
- 5.3. That government co-design and implement a plan towards making consumer co-contributions and fees across residential care, home care and home support services equitable, based on each individual's capacity to pay.
- 5.4. That government co-design with consumers and the finance and aged care sectors new financial products that would enable reform of the aged care means test. As a principle, all wealth should be assessed equally based on market value, regardless of the form the wealth takes.
- 5.5. That government improve the accuracy of the Department of Human Services' payment systems and initial means testing.

### Background

As the aged care system becomes more integrated, there is a good case on equity grounds for individual consumers with the same assessed care needs to receive the same level of subsidy, subject to means testing, irrespective of the care setting chosen by the consumer.

It will also be necessary to ensure that the price point for the maximum government subsidy is sufficient to attract investment in viable and sustainable aged care services and to make all Australians needing aged care attractive customers for aged care providers. Given the centrality of prices to a sustainable and quality aged care system, prices should be determined independently and transparently.

In addition, a basic tenet of equity when assessing individual capacity to contribute to costs is that all wealth should be treated equally regardless of the form it may take. This principle is not easily implemented in practice. Consumers continue to point to the absence of financial products which give consumers secure and affordable access to their fixed assets to meet co-contributions and fees. The aged care sector, including consumers, needs to work with government and the finance sector to develop better equity release options.

Providers must be supported to provide information to consumers on how the system will provide services on an individual basis. Such information should be co-designed with consumers and may require the provision of consultancy services for providers (particularly smaller providers).

Aged care providers require a level of stability within the government's aged care funding system in order to effectively plan. As a principle, government care subsidy levels should be projected a minimum of two years into the future so that such stability is assured.

## Blueprint Area 6: Providing more appropriate care and support services for people with dementia

### Alliance Position/s

- 6.1. That all parties commit to progress the *National Framework for Action on Dementia 2015-2019* to a 'National Strategy' that commits to targets, measures, timeframes and funding to progress the seven priority areas identified in the Framework and its intent.**

### Background

Dementia is a key issue for older Australians, their carers and families, as well as for workers and providers of aged care. Dementia is a National Health Priority and is the second leading cause of death in Australia. Currently there are more than 342,800 Australians with dementia and this figure is expected to increase to almost 900,000 by 2050.

The Alliance welcomes the Government's National Framework for Action on Dementia 2015-2019, however believes such a framework must be upgraded to a National Strategy. As a National Health Strategy, appropriate funding should be made available to support the implementation of the strategy, including key targets, measures, timeframes and funding.

The Alliance supports the leading work of its member, Alzheimer's Australia, in articulating the vision for a National Strategy and supports Alzheimer's Australia's position that a National Strategy should include key elements that:

- Improves the community's understanding of dementia, including the risk factors of dementia, so they may take advantage of opportunities to reduce the risk of developing dementia, or delay its onset.
- Improves access and provision to appropriate assessment and timely diagnosis services by skilled and knowledgeable professionals.
- Improves access and provision to post-diagnosis information and support services for people with dementia.

- Ensures that services are person cent and support engagement, good health, well-being and enjoyment of life.
- Improves access to care and support during and after hospital care.
- Increases community understanding that dementia is a life-limiting condition that diminishes cognitive capacity over time. People with dementia require appropriate end-of-life and palliative care services tailored to their needs and preferences based on a person's advance care plan.
- Ensures the ongoing commitment to the NHMRC National Institute for Dementia Research and improvement in philanthropic partnership and investment.
- Reflects the diversity of need of consumers with dementia.
- Identifies and addresses the needs of special needs groups and people with mental health issues within dementia awareness campaigns, diagnosis programs, services and supports, including hospitalisation and transition care, tailored end-of-life and palliative care and workforce education and training.
- Includes measurable outcomes and an implementation plan that addresses the specific requirements of those with special needs.

All areas of aged care, including providers, unions, professionals and consumers must be involved in the development and implementation of the National Strategy.

The Alliance also supports the expansion of specialised units to care for people with severe and very severe behavioural and psychological symptoms of dementia. Additionally, the Alliance supports measures to improve health professionals' understanding of the difference between dementia and mental health issues.

## Blueprint Area 7: Delivering more appropriate palliative, end-of life care and advance care planning for older people in the community and in residential care

### Alliance Position/s

- 7.1. That initiatives and supports that enable people to die in the place of their choosing be expanded, including access to specialist palliative care services as required to support their choice.**
- 7.2. That a study into the quality of death experienced in aged care services to support future decisions about funding of end-of-life care be funded.**
- 7.3. That specialised education and resources continue to be provided that enhance the skills of aged care staff and health professionals in end-of-life and palliative care, including through consideration of the continuation of the Decision Assist project.**
- 7.4. That the system is designed with prompts to provide consumers with an opportunity to update/develop their advance care plan both before and as they receive aged care services. Any activities led by aged care providers should be funded.**

## Background

Ensuring older Australians are aware of their options for advance care planning in relation to financial, social and medical matters is critical to empowering consumers to direct their own care, even at times when they may not be able to speak for themselves. The health care and aged care systems should include prompts about advance care planning tools, both formal (such as advance care directives) and informal (such as documenting one's wishes). The Alliance recognises that the public should be educated about the circumstances in which these advance care planning tools are, or are not, sufficient to ensure client wishes are respected.

The Alliance considers such documents and processes should be harmonised across jurisdictions in Australia as far as is possible, and supports their inclusion in the My Health Record.

The Alliance recognises the need for consumer education and empowerment about how consumers can assert their rights over what care they would like to receive or not receive. The Alliance recognises that this consumer empowerment may drive a change in practices that provide unnecessary interventions because of the lack of client wishes being available or known.

Providing resources and support to manage end-of-life and palliative care needs is a growing area of focus as our population ages. There is currently insufficient support for informal carers and insufficient palliative care workforce and specialist palliative care services to enable people to exercise choice over how and where they die. Increasingly palliative care needs will place additional short term, intensive care pressures on residential care facilities as consumers choose to remain in 'their home' (i.e. the residential care facility) when they die.

In developing approaches to delivering end-of-life care, a range of strategies is needed to ensure the needs of vulnerable populations are considered. This includes ensuring the cultural competency of staff and increasing the understanding of older people and their families about advance care planning. This should include the right of consumers to be transferred to a more appropriate palliative care setting within a hospital or other palliative care location.





## Blueprint Area 8: Supporting informal carers

### Alliance Position/s

- 8.1. That government develop an integrated program of supports for carers in their own right, regardless of the systems being accessed by the care recipient, including health, primary care, aged care, disability and mental health.

### Background

The Alliance recognises that services that have the purpose of providing care and support for the carer should be based upon the individual circumstances of each carer and be available consistently regardless from which system the person being cared for is accessing services.

Any Integrated Plan for Carer Supports should include:

- Delivering the plan in a way that is complementary to aged care reforms.
- Developing effective coordination and referral pathways between My Aged Care and the new National Carer Gateway and existing carer support services.
- A preventative approach to reduction in carer stress and burden throughout the carer journey.
- A holistic approach to individual carer support that is consumer-directed.
- Aged care staff education, support and training in relation to the Carer Recognition Act (2010) and to working effectively with informal carers.
- Amendment to the *User Rights Principles* of the *Aged Care Act* to include a Charter of Rights and Responsibilities for Carers of Home Care Package and residential care recipients.
- More flexible support to enable carers of older people to participate in employment, education and volunteer work.
- A means to target difficult-to-reach cohorts of carers and ensure their needs are identified, and appropriate and meaningful support and information provided.

The Alliance supports the key principles embodied in the 2011 National Carer Strategy including:

- **Recognition and respect** - Carers are recognised, valued, respected and have their rights protected.
- **Information and access** - Carers have access to appropriate and timely information which makes it easier for them to get support.
- **Economic security** - Carers have economic security and opportunities to participate in paid work.
- **Services for carers** - Carers are supported with appropriate, timely and accessible services.

## Blueprint Area 9: Ensuring an integrated approach to workforce planning and remuneration across health, aged care, disability and community service sectors

### Alliance Position/s

- 9.1. That government facilitate a Workforce Development Strategy in a co-design approach which includes aged care providers, professional associations, unions and consumers.
- 9.2. That strategies are developed and implemented that enable access to training and entry to the aged care workforce by people from all diverse backgrounds.
- 9.3. That My Aged Care and Regional Assessment Service staff are adequately trained, including training to ensure an inclusive and culturally safe screening and assessment process.

### Background

The drafting of a Workforce Development Strategy will require government to work with stakeholders to co-design a definitive workforce strategy to ensure a sufficient, adaptable and responsive future workforce to meet the service needs of health, aged care, disability and community service sectors (including in regional and remote areas).

This strategy should work towards greater coordination across the social services sectors and should focus on recruitment, retention, education, development and remuneration to ensure that the workforce needs of each of the sectors are met. A whole of government involvement in the development of this strategic approach would ensure that the common elements of workforce across multiple sectors are considered together rather than in parallel or duplication.

The Alliance recognises that various community service sectors compete for the same workforce, and that progressive specialisation of roles leads to a community services workforce potentially lacking the required versatility, adaptability and responsiveness to be well equipped to meet the changing needs of our society. To that end, the establishment of a Workforce Development Strategy for aged care needs to integrate and form part of a broader and effective “Community Services Workforce Development Strategy”.

While the aged care industry is experiencing increasing difficulties in attracting and retaining all types of staff required to deliver critical services, workforce shortages are more acute in rural and remote areas as well as for appropriately qualified staff to care for older people from certain special needs groups. Specific strategies will also need to be developed to deal with the workforce shortages in rural and remote areas and the high staffing costs involved.

To address the staffing needs of special needs groups, strategies need to be developed and implemented that increase accessibility of training and entry to the aged care workforce to people from diverse backgrounds. Additionally, training and development is required to ensure that all staff involved in screening, assessment and service provision are effective in communicating with, and meeting the needs of, special needs groups. This has significant implications for ensuring the availability of equitable access to high quality care that is culturally sensitive and appropriate. A key aspect of this will be requiring the development of strategies that maintain stable employment in environments of increasing consumer choice.

The Alliance notes that the four-year reviews of the relevant industry awards are currently underway by the Fair Work Commission to review existing industrial arrangements.

## Blueprint Area 10: Reviewing and reforming retirement incomes

### Alliance Position/s

- 10.1. That government initiate, and all parties support, an independent, comprehensive retirement incomes review tasked to recommend to government a holistic and integrated set of retirement income policies that will provide a stable, bi-partisan framework for decades to come.**

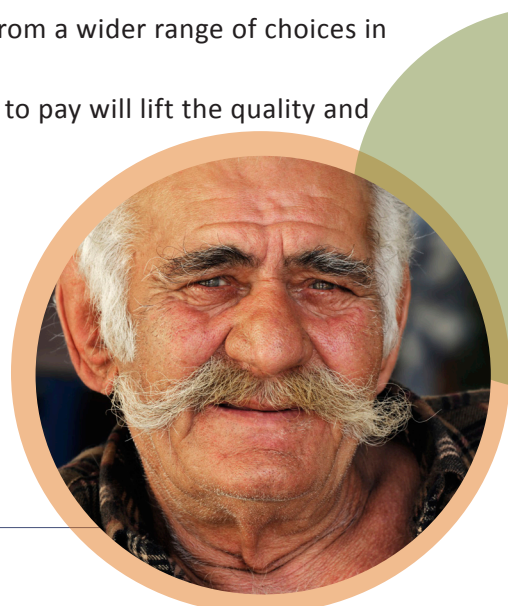
### Background

Reform of retirement incomes to achieve an optimum standard of living for all people in their retirement phase is important to the new aged care system for two reasons.

First, while a free information and assessment service, means tested subsidies, and quality assurance measures ensure that no-one will be denied access to a good standard of aged care because of lack of financial means, it is and will be the case that:

- greater financial means will allow each person to purchase from a wider range of choices in the system; and
- better funding of the aged care system by those with means to pay will lift the quality and standards of the system as a whole.

Therefore, measures that encourage and enable optimum levels of income in retirement are highly relevant to consumers' financial capacity to meet their aged care needs and preferences.



Second, Australian Governments have already started on the path to a more user pays aged care system for those with capacity to pay. Projected Australian Government outlays on aged care take this new financing regime into account, as do aged care providers in their forward business planning. These new user pays arrangements, and future reform of user contributions, will only work if the retirement income regime encourages and enables people to continue to make provision for a significant level of self-funding of their aged care.

The Alliance is not proposing measures to meet these objectives. The retirement income system is a complex web of interrelationship between employment, pension, superannuation, taxation and housing, health and aged care policies. Reflecting on this complexity, many organisations with expertise in this field have called for an independent, comprehensive and holistic retirement incomes review<sup>5</sup>, and the Alliance joins this call.

This Review will cover superannuation policy in both the accumulation and retirement phases, including addressing the impact of periods of broken employment, parenting leave, etc.; age pension means testing and its interrelationship with superannuation; and taxation policy at all stages. It will review policy and regulation around various retirement focused financial products, including home equity release schemes.

The Review will seek to ensure the retirement incomes system enables and supports optimum retirement incomes for all retirees on an equitable basis, where 'optimum' includes the capacity to pay for essentials such as appropriate and secure housing, health care and aged care. Additionally, it would ensure that the cost to taxpayers of government policies to enable and support optimum retirement incomes for all retirees is as low as is consistent with the purpose of retirement incomes policy.

## Blueprint Area 11: Aligning the interfaces between aged, health, disability, palliative care and community services

### Alliance Position/s

- 11.1. That the Australian Government co-designs with stakeholders a clear and comprehensive policy on supporting people aged 65 or over (and Aboriginal people aged 50 or over) with disability who are using the structures and resources of the disability sector where appropriate.**
- 11.2. That government implements processes to improve the aged/health interface in key areas including data contained in government controlled consumer records, transitions between aged care and health systems and workforce planning.**

5 Including COTA Australia, the Business Council of Australia, ACOSS, the National Reform Summit, the Committee for Sustainable Retirement Incomes, and more.

- 11.3. That the linkages between health practitioners and aged care services be improved to prevent unnecessary hospitalisations through such mechanisms as incentive arrangements within the Medical Benefits Schedule (MBS) to ensure adequate health practitioners in aged care; partnership models in local areas and the expansion of 'Residential In-Reach' services.**
- 11.4. That an annual forum for aged care, disability and carer peak bodies, officials from all levels of government and other key stakeholders be established to better align the sectors.**
- 11.5. That formal and accountable arrangements be established between levels of government and key sectors to assess, negotiate and deliver on interface issues.**

## Background

There is a range of interface issues across the sectors, with a variety of initiatives that could be undertaken to improve how these sectors coordinate and cooperate with each other in order to maximise consumer outcomes. The Alliance positions above, and additional items for consideration, are expanded upon below:

- 1) That the Australian Government co-design with stakeholders a clear and comprehensive policy for supporting older Australians with disability (i.e. people who acquire their disability at age 65 or over and Aboriginal people aged 50 or over) who are using the structures and resources of the disability sector where appropriate.
  - a) Ensuring the aged care system provides an equitable level of service, standards and assessment to the disability care system.
  - b) Ensuring that the aged care workforce has an adequate level of competence, skills and knowledge to assess and support the disability needs of older Australians
  - c) Enabling movement between the aged care and disability care systems, where it is cost-effective and has better outcomes, so that consumers can access services across the different sectors.

This could include arrangements such as a memorandum of understanding between the NDIS and aged care sector, which was part of recommendation 3.5 in the Productivity Commission's "Disability Care and Support" report (July 2011).
- 2) Collect and utilise data from the aged and disability care systems to allow research on people aged 65 or over (and Aboriginal people aged 50 or over) with disability requiring services to provide an evidence base to better align the aged/disability care interface, and improve services and outcomes.
  - a) Implement a comprehensive assessment of all aged care service providers to investigate the capacity of the sector to support disability needs.
  - b) Implement a monitoring mechanism so that data from client interactions at the aged/disability care interface can be tracked and collected.
- 3) Establish an annual forum for aged care, disability and carer peak bodies, government officials and other key stakeholders to better align the sectors.

- a) Investigate and identify areas of the aged/disability care interface that have synergies, emerging issues and overlaps.
- 4) Implement processes to improve the aged/health interface, including:
  - a) Collecting and analysing evidence on the transitions between community and residential aged care and hospitals.
  - b) Better collection and use of data across health and aged care, including connection and alignment of the My Aged Care and My Health Record.
  - c) Developing a monitoring mechanism to enable client interactions across the aged/health care interface to be tracked.
  - d) Improving workforce planning, across the aged care and health sectors.
  - e) Improving MBS funding via incentive arrangements for provision of medical services in aged care facilities, to assist in ensuring the services of health professionals are available in aged care and reduce preventable hospitalisations.
  - f) Improving management of discharge arrangements from hospitals to aged care facilities.
  - g) Establishing the aged/health care interface as a standing agenda item at AHMAC.
  - h) Developing strategies to achieve commensurate remuneration levels for all categories of employees, across the aged care and health sectors.
- 5) Improve the My Aged Care and Assessment processes, as the single access point to the aged care system, to better support the provision of integrated and holistic care.
  - a) Improved integration between the My Aged Care single client record and the My Health Record.
  - b) Hospital discharge staff, health professionals, and other relevant health professionals have access to a My Aged Care portal where they are able to open a client record and make a referral for immediate service provision where required. This would trigger a face-to-face assessment by the ACAT/RAS.
  - c) Integrated health services and other specialist aged care services are able to open a client record, and (if urgent) commence immediate service provision. This would trigger a face-to-face assessment by the ACAT/RAS.
  - d) Integrated health services are able to 'reassess' consumer need for additional services, input this information into the provider portal/client record, and (if urgent) immediately commence service provision.
- 6) Linkages between health professionals and residential aged care facilities need to be actively encouraged. This should include local and primary health networks and other key stakeholders such as clinical councils.
  - a) Develop partnership models that can be implemented in local areas.
  - b) Work with government to put in place incentives in the funding model of primary health to actively encourage the provision of necessary health care within residential aged care facilities.
  - c) Continue and expand the operation of Residential In-Reach services across the country.

- d) Consumers with complex and special needs are supported to navigate between services and service gaps are identified. Consumers, their families and friends are not system specialists and they are often not aware where one service system ends and another begins. Accordingly, support to navigate their way through aged care and across other systems like health, disability and community services is needed. The wrap around service model applied by community controlled Aboriginal health organisations demonstrates the importance of such services being available to help populations navigate between systems. Similar programs are required for people with cognitive impairment, particularly where they do not have a carer able to advocate on the client's behalf.

## Blueprint Area 12: Securing access to affordable assistive technologies, aids and equipment

### Alliance Position/s

- 12.1. That a COAG agreement is established to develop a funded national aids, equipment and assistive technology program and which includes a statement on the process and timeframes for developing the national program.**
- 12.2. That the Productivity Commission be commissioned to investigate and increase the evidence base for better health, social and economic benefits that are achievable through increased use of aids, equipment and smart technologies (including those installed in the home) which reduce unnecessary dependency on alternative interventions.**

### Background

A nationally consistent aids, equipment and assistive technology program should provide for:

- the same level of services for older Australians, at least equal to those offered by the NDIS (and/or other government programs such as the Office of Hearing Services for audiology).
- training, installation, servicing and maintenance of aids and equipment.
- information and support to allow consumers to make informed choices about the aids, equipment and assistive technologies available, and the related services.
- consistency and streamlining across all states/territories, including criteria for timely access and provision for consumers in disability, health and aged care.
- specialist assessments for aids, equipment and assistive technology.

Additionally, the aged care system should develop innovative and effective models of care and access to services (beyond assistive technologies) to ensure the consumer can continue to live independently.



## Blueprint Area 13: Preventing elder abuse

### Alliance Position/s

- 13.1. That a national prevalence study of elder abuse be established to provide clear statistics on the cases of elder abuse occurring in Australia and that elder abuse be considered for becoming a national research priority.**
- 13.2. That a nationally consistent approach to powers of attorney (both health and financial) and guardianship laws be implemented which provide for:**
  - o the inclusion of a copy of these documents in My Health Record (linked to My Aged Care);**
  - o interstate recognition;**
  - o a mechanism to monitor the use of private powers of attorney; and**
  - o education strategies to inform attorneys and the broader community about the role of Power of Attorney documents**
- 13.3. That a national elder abuse network be developed to increase consistency across state-based program reporting.**
- 13.4. That a provision for reallocation of funds is made to provide emergency case management by assessment teams (RAS or ACAT) for clients where significant elder abuse has been identified.**
- 13.5. That a mainstream and targeted community education campaign be conducted to raise awareness of elder abuse with specific attention to high risk groups.**

### Background

Elder abuse is a growing area of concern for older Australians, especially those with diminished capacity for self-protection due to medical or mental health issues.

Elder abuse has the risk of occurring in a range of areas such as deprivation of personal right to self-determination, freedom of movement, economic and financial freedom and access to medical or social contact, including external support networks. There is a lack of research to identify the extent or prevalence of elder abuse in a variety of settings that would be greatly improved by a prevalence study in this area.

Each state and territory has its own laws governing delegated decision makers for financial matters (usually called powers of attorney), personal, health or lifestyle matters (usually called enduring guardians). Given the transient nature of families where some family members may live across state borders, the lack of national consistency laws in this area is continuing to add unnecessary complexity in this area of law. With the development of My Health Record, it is advantageous for these health related documents to have the ability of being stored in one location for use.

## Blueprint Area 14: Improving access to appropriate housing for older people, within the broader context of liveable communities, including age friendly infrastructure and urban design

### Alliance Position/s

- 14.1. That innovative funding options for increasing investment in different types of affordable and appropriate housing (including public, community and subsidised private rental) by superannuation and social enterprise funds be developed.
- 14.2. That Federal funds be provided to rejuvenate outdated independent living units and social housing stock through a new *National Affordable Housing Agreement/National Rental Affordability Scheme* or another Commonwealth/State mechanism.
- 14.3. That older people's choices to move into housing that meets their needs be supported, including through stamp duty reform, tax reform, review of age pension entitlement rules applying to any surplus resulting from rightsizing, and reform of state planning laws through competition-style payments.
- 14.4. That a COAG led strategy be developed to implement age-friendly design of housing principles with inclusion of dementia friendly, age-adaptive features, modifications and assistive technology aids. Better designed and renovated housing has a direct impact on the ability of older people to remain in their own homes, either with or without in-home care.

### Background

The Australian Government should have a role in facilitating housing for older people that is adequate, accessible, affordable and appropriate. The quality of, and access to, housing impacts the ability of older people to participate in their community, to have healthy, active lives, and to age in place. Developing a national affordable housing strategy across all levels of government will help address a number of barriers for older people in accessing appropriate housing of their choice. Such age-friendly approaches to housing design should include dementia friendly principles and sit across age-adaptive features, modifications and assistive technology aids.

This strategy must recognise the distinctive and diverse housing needs of older Australians with special needs and ensure the availability of appropriate and tailored housing options to meet those needs. Commonwealth policy, income supports and supplements need to acknowledge and respond to the housing situation of older people, in particular the most vulnerable groups of older people such as older renters who are at the greatest risk of homelessness. An improved interface between aged care services and public or community housing providers would also improve the lives of consumers in these living arrangements.

# national AGED CARE alliance



For more information, please contact:

## **National Aged Care Alliance**

PO Box 4239, Kingston ACT 2604 | Phone: 02 6232 6533 | Fax: 02 6232 6610  
nacasecretariat@anmf.org.au | [www.naca.asn.au](http://www.naca.asn.au)

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# NACA

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

