NSW AGED CARE ALLIANCE

Federal Election Issues Kit 2013

NSW Aged Care Alliance *c/o Council of Social Service of NSW (NCOSS)*
66 Albion St, Surry Hills NSW 2010

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INTRODUCTION

About the NSW Aged Care Alliance

The NSW Aged Care Alliance is concerned with social policy and services relating to older people in New South Wales. Member organisations include consumer representatives, industry organisations, researchers, aged care practitioners, unions, and others actively promoting the needs, rights and interests of older people. The NSW Aged Care Alliance focuses on all forms of aged care, including healthy ageing. The NSW Aged Care Alliance is convened by the Council of Social Service of NSW (NCOSS).*

Members of the Aged Care Alliance include:

ACON	Aged & Community Services Association of NSW & ACT
Alzheimer's Australia NSW	Association of Independent Retirees
Australian Association of Gerontology NSW Division	Baptist Community Services NSW & ACT
The Benevolent Society	Carers NSW Inc.
The Centre for Volunteering	Combined Pensioners' & Superannuants' Association of NSW Inc.
Council of Social Service of NSW (NCOSS)	Council on the Ageing (NSW)
Ethnic Communities Council of NSW	JewishCare
Local Government NSW	National Seniors Australia NSW Policy Advisory Group
NSW Meals on Wheels Association	NSW Nurses' and Midwives' Association
Older Women's Network NSW	Parkinson's NSW
PICAC (Partners In Culturally Appropriate Care) NSW	Presbyterian Aged Care NSW & ACT
Retired Teachers Association & Council of Retired Union Members Australia	Retirement Village Residents' Association
Sydney Legacy	The Aged-Care Rights Service (TARS)
UnitingCare Ageing NSW & ACT	War Widows' Guild of Australia NSW Ltd.

The NSW Aged Care Alliance is pleased to present our 2013 Federal Election Issues Kit. The Kit is intended to raise important issues affecting older people as they relate to the upcoming federal election. Older people and organisations are encouraged to use all or any of the Issues Kit in their representations to candidates when discussing areas of concern for Australia's older people.

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* The NSW Aged Care Alliance has no affiliation with the National Aged Care Alliance, although some member organisations of the NSW Aged Care Alliance are also members of the National Aged Care Alliance through their national bodies.

Realising the Human Rights of Older People

Human rights are by definition universal and therefore are applicable to all people regardless of age. A human rights approach is fundamental to ensuring that the wellbeing of all people is realised as the population ages, as ageing brings with it particular vulnerabilities that risk these universal rights.

Realisation of human rights requires deliberate effort. Policy making into the future must address how this task is changing due to population ageing. The NSW Aged Care Alliance has identified the following areas where the Australian Government can improve policy development to better realise the human rights of older people. These areas are: housing, health and aged care.

Housing, health and aged care are fundamental to the wellbeing of people into older age. Housing is fundamental to wellbeing, and a person cannot engage meaningfully in society without secure housing. There are particular housing challenges for older people, particularly those in the private rental market. Improving housing affordability and liveability will ensure that older people maintain a higher standard of wellbeing and quality of life into their older age.

Health can be a particular challenge for older people, and older people tend to use more health services than any other age group. Older people not only have a right to the highest attainable standard of health, but also to health care that responds to their own aspirations and goals. A person centred approach to health must address the individual priorities of the person as well as their broader human rights. Older people's participation in health system governance, and individual decision-making, must be facilitated by initiatives to build older people's capacity to engage in the health system. Only through the involvement of older people themselves, can human rights be realised through the provision of health services.

Aged care services are required by people who may be frail and in need of support. Physical frailty or cognitive impairment result in particular vulnerabilities. The Australian Government's *Living Longer Living Better* aged care reform package is a welcome step towards addressing some of those vulnerabilities. However, there is still significant scope for improvement in the aged care system. Supporting access mechanisms that are equitable and culturally appropriate, ensuring that the workforce is enhanced, and improving quality and complaint handling, are all changes which can better realise the human rights of older people using aged care services.

Although the scope of human rights is comprehensive, the recommendations developed by the NSW Aged Care Alliance address fundamental matters for older people through policy change. The Alliance has prepared this Kit to summarise the relevant issues for older people and to present recommendations for action by all candidates for election to the Federal Parliament.

Summary of Recommendations

Housing

1. That the Australian Government explores models for delivering age specific affordable housing through innovative shared equity arrangements and intergovernmental agreements to deliver major infrastructure projects.

2. That Commonwealth Rent Assistance is increased by 30% and makes it available to tenants in public housing.

3. That 50,000 new NRAS dwellings are subsidised, and released over 2-5 years to improve the availability of affordable rental housing.

4. That the Australian Government undertake a growth strategy for social housing over 5 years, with approximately $1 billion in the first year, and increased investment in subsequent years.

5. That the Commonwealth and State and Territory Governments negotiate a new National Partnership Agreement on Homelessness, with emphasis on new models of support, prevention and early intervention, and planning for broader client groups including older people.

6. That the Australian Government establish Liveable Housing Guidelines as the standard for all new homes, through modifying the Building Code of Australia.

7. That the Australian Government implements a comprehensive home modification and maintenance program, with a preventative focus.

Health

1. That the Australian Government investigates best practice in person centred health care and implements person centred initiatives in health services.

2. That national health policy and services support consumer autonomy and decision making, including flexible, personalised arrangements to access a range of services to manage chronic, multiple and complex conditions.

3. That national health policy and services emphasise cultural safety and cultural responsiveness for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse communities.

4. Enhance the capacity of the Translating and Interpreting Service (TIS) to provide health related information in community languages.

5. That the National Aboriginal and Torres Strait Islander Health Strategic Framework due for revision in 2014, and the National Aboriginal and Torres Strait Islander Health Plan specify the need for cultural safety and responsiveness in health services to ensure that older Aboriginal and Torres Strait Islander people are assured access to culturally safe services and appropriate health information, including access to Aboriginal health workers if they prefer.

6. That flexible funding rounds targeted to Medicare Locals include priorities to build the capacity of consumers and communities to be engaged in primary health planning, decision making, and evaluation of primary health services.

7. That the Australian Government works with the Australian Human Rights Commission to evaluate the prevalence of ageism in health and care services and develop strategies to eliminate ageism.

8. That Medicare Locals are facilitated to develop models of multi-disciplinary and co-ordinated health care including care pathways, community based programs, partnerships, and consumer-centred care-co-ordination, in partnership with community sector organisations to better co-ordinate health and other supports for older people.

9. That the Australian Government develops a strategic approach to health literacy to improve health literacy at all levels by:
    - improving individuals' health literacy and capacity to understand health information;
    - improving health service environments to reduce barriers to health literacy;
    - building the capacity of the workforce to improve consumers' health literacy, including the cultural competence of clinicians and other health workers;
    - supporting multicultural and ethno-specific community organisations to undertake health education initiatives and engage with health decision making; and

- undertaking research to improve health literacy.

10. That oral health is included in major primary health initiatives, and Medicare Locals are required to be involved in co-ordination of dental services for older people at a local and regional level, including provision of transport for older people to access dental services.

11. That the Australian Government implements a national, universal access oral health system that provides all Australians with the opportunity to maintain good oral health, as recommended by the National Dental Advisory Council.

12. That the national, universal access oral health system supports older people, who are likely to have poorer oral health, to access treatment in a timely manner, particularly preventive care.

13. That a national, universal access oral health system supports older people to access clinically necessary treatments and procedures, including complex treatments.

Aged Care

1. That the impact on older people of increased consumer fees for aged care services is monitored closely.

2. That a regional presence is established for the Aged Care Gateway.

3. That implementation of the Aged Care Gateway ensures there is no 'wrong door' for accessing aged care services.

4. That for Aboriginal and Torres Strait Islander consumers, there is no separation of service delivery and assessment.

5. That the Aged Care Gateway has access to interpreters and delivers translated materials in relevant community languages.

6. That the Australian Government introduces community based capacity-building initiatives to inform and empower ageing communities to make informed choices about aged care.

7. That appropriate resources are allocated to ensure that all aged care programs can access allied health support, and wellness initiatives.

8. That the Federal Government ensures fair and sustainable wage increases are provided to all aged care workers.

9. That there is further work undertaken to ensure access to medical and allied health professionals for older people in residential aged care.

10. That a Ministerial Aged Care Workforce Taskforce including provider, union and consumer representatives is established to have oversight of a coordinated workforce development strategy.

11. That a variety of tertiary qualifications are resourced for the aged care sector, including case management, social work, nursing, and allied health, as part of a broader career pathway.

12. That local initiatives to promote the aged care sector as an industry of choice are resourced by the Australian Government.

13. That local workforce initiatives to support Aboriginal and bilingual workers in aged care are resourced and supported by the Australian Government.

14. That the new Commonwealth Home Support Program maintains strong support for volunteers and the organisations that use them.

15. That all aged care funding programs acknowledge and cover the costs of volunteer recruitment and support.

16. That the minimum standards for residential care be reviewed with a view to a focus on outcomes not just processes.

17. That the quality indicators to be published on the *My Aged Care* website are: valid, reliable and meaningful for older people; cover clinical and quality of life outcomes; and collected in a manner minimising unnecessary administrative burden on providers and their staff.

18. That the quality indicators to be published on the *My Aged Care* website are developed with consumer involvement.

19. That quality reviews of community care providers are published.

20. That expansion of the National Aged Care Advocacy Program includes a funding increase to ensure nationally consistent coverage of Home and Community Care and Commonwealth Home Support Program services.

21. That a new Aged Care Complaints Commission is established, separate from the Department of Health & Ageing, to run the Aged Care Complaints Scheme and to enable clients and their supporters to make complaints without fear of retribution.

22. That a thorough, independent cost of care study is undertaken.

HOUSING

Housing is one of the most important elements of social and economic wellbeing for people of all ages. The Advisory Panel on the Economic Potential of Senior Australians said:

> *Housing is fundamental to enabling individuals to participate in society. Without secure, appropriate and affordable housing individuals face extreme difficulty engaging in daily life.*[1]

Older peoples' housing needs and circumstances are more varied than those of the general population. The majority of older people in NSW live in their own home, either owning outright or with a mortgage.[2] However, significant numbers of older people in NSW also live in residential parks, boarding houses, retirement villages and residential aged care, reflecting the varied life circumstances and requirements for support among the older population.[3]

Most people strongly prefer to grow older in their own home.[4] The Australian Government's *Living Longer. Living Better.* aged care reform package recognises this preference by shifting aged care planning further towards the provision of in-home support.

However, the aged care system assumes that older people own their own home or otherwise have security of tenure, the housing is affordable, and that housing is appropriate for older people. This is not always the case, and those older people in insecure housing often also experience multiple types of disadvantage including lower incomes, poorer health and social isolation.[5]

Improving housing affordability and increasing the availability of adaptable housing will be more important in the future, with a projected increase in the number of lower-income older people in rental accommodation:

> *Australia is on the threshold of a sustained increase in the number of lower-income, older renters. The number of people aged 65 and over living in lower-income rental households is projected to increase by 115 per cent from 195,000 in 2001 to 419,000 in 2026. The greatest projected change is in the 85 and over age range where the number of low-income renters is estimated to increase by 194 per cent from 17,300 to 51,000.*[6]

Actions of the Australian Government can have significant effects on housing outcomes for older people through directly financing the supply of housing as well as improving policy settings relating to housing. The NSW Aged Alliance proposes that government take action to improve housing for older people by:

- improving the **affordability** of home ownership;

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[1] Advisory Panel on the Economic Potential of Senior Australians, *Realising the economic potential of senior Australians: turning grey into gold*, Final Report, Canberra, December 2011, p. 13.
[2] Australian Bureau of Statistics, *2011 Census of Population and Housing: Persons in Private Dwellings*, tables generated by TableBuilder on 10/04/2013.
[3] Australian Bureau of Statistics, *2011 Census of Population and Housing: Persons in Non-Private Dwellings*, tables generated by TableBuilder on 10/04/2013.
[4] Australian Institute of Health and Welfare, *The desire to age in place among older Australians volume 1 - reasons for staying or moving,* AIHW bulletin, cat. no. AUS 169, Canberra, March 2013.
[5] S Mallett, R Bentley, E Baker, K Mason, D Keys, V Kolar & L Krnjacki, *Precarious housing and health inequalities: What are the links?*, 2011, Hanover Welfare Services, University of Melbourne, University of Adelaide, Melbourne Citymission.
[6] Jones, A., Bell, M., Tilse, C. & Earl, G., *Rental housing provision for lower-income older Australians*, Australian Housing and Urban Research Institute (AHURI) Final Report No. 98, May 2007.

- improving **rental affordability**;
- increasing the supply of **social housing**;
- addressing and preventing **homelessness**; and
- **making housing more liveable** for older people.

Improving Housing Affordability

Although the majority of older people own their own homes, an increasing proportion of people are retiring from full time paid work with mortgages.[7] Home ownership is becoming less affordable, with growth in house prices increasing far beyond growth in incomes.[8] For older people, the majority of whom have fixed or limited incomes after retirement, housing affordability will be increasingly difficult where they have retired with mortgage debt.

Recent research shows that housing affordability is a particular issue for single older women.[9] Due to the effects of divorce and relationship separation, a growing proportion of older people are living alone into older age, and experiencing significant housing stress. This is particularly the case for those whose employment options are limited, either due to health factors or age discrimination. These life events have been shown to compound the likelihood that an older woman will become homeless.[10]

The Australian Government has a number of options to work with the not-for-profit sector on shared equity models of affordable housing that can increase home ownership among lower income older people. The NSW Aged Care Alliance recommends that the Australian and the State and Territory Governments work together to develop models of affordable housing suitable for older people. Collaborative work could model the economic and fiscal effects of longer term investment in affordable housing products for older people, including effects on aged care and health costs. The Commonwealth Government could negotiate with State and Territory Governments to ensure affordable housing is included in major urban developments through intergovernmental agreements for infrastructure projects to support urban developments.

Improving Rental Affordability

A key issue is the need for all levels of government to address affordability problems for older people who rent in the private rental market. In 2011, more than 7.5 per cent of people over the age of 65 were in private rental housing.[11] This cohort of renters were paying, on average, the highest proportion of their income in rent – over 30 per cent – of any group of renters, indicating that while older renters make up a small proportion of the overall rental market and of the older population, they experience a disproportionately high amount of housing stress.[12]

[7] National Housing Supply Council, *Housing Supply and Affordability Issues 2012–13*, National Housing Supply Council Unit, Commonwealth of Australia Treasury, ACT, 2013, pp. 40-45.
[8] Phillips, B., *AMP.NATSEM Income and Wealth Report Issue 29: The Great Australian Dream - Just a Dream?*, National Centre for Social and Economic Modelling, University of Canberra, July 2011.
[9] Sharam A, *No Home At the End of the Road? A survey of single women over 40 years of age who do not believe they will own their own housing outright at retirement*, 2011, Swinburne Institute and Salvation Army Australia Southern Territory.
[10] McFerran L, *It Could be You: female, single, older and homeless*, 2010, Homelessness NSW, Older Women's Network NSW & St. Vincent de Paul Society.
[11] Australian Bureau of Statistics, *2011 Census of Population and Housing: Persons in Private Dwellings*, tables generated by TableBuilder on 10/04/2013.
[12] Australian Institute of Health and Welfare, *Housing Assistance in Australia 2012*, Cat. no. HOU 266, Canberra, December 2012, p. 46.

Modelling by the National Housing Supply Council[13] indicates that this group will grow into the future. Rents also increased significantly between 2006 and 2001[14], making rental for people on fixed incomes much more unaffordable.

The number of people aged 65 and over living in lower-income rental households is projected to increase by 115 per cent from 195,000 in 2001 to 419,000 in 2026. The greatest projected change is in the 85 and over age range where the number of low-income renters is estimated to increase by 194 per cent from 17,300 to 51,000.[15]

This will create a strong and continuing demand for rental housing suited to older, lower-income, sole person households. These households are projected to grow in number from 110,800 to 243,600, an increase of 120 per cent from 2001 to 2026. Approximately two-thirds of these households will be single women.[16]

The Australian Government has a number of initiatives that address the needs of older private renters, which could be improved to reduce the cumulative disadvantage experienced by this group.

There is strong evidence that Commonwealth Rent Assistance improves housing affordability for older renters.[17] Increasing the maximum rate of Commonwealth Rent Assistance by 30% (approximately $15 per week) for low income households would assist considerably with increased rental costs, and with reducing disadvantage.

However, improved supply of affordable rental housing is also a vital component of improving outcomes for low income older people. The NSW Aged Care Alliance strongly supports the National Rental Affordability Scheme (NRAS) as a solution to increasing supply of affordable rental housing. Releasing a further 50,000 dwellings, with a funding commitment of at least the level of the original commitment by the Government since 2008, will be important to ensure the continued availability of affordable rental accommodation.

Increasing the Supply of Social Housing

Social housing provides greater security of tenure and affordability than private rental housing for those older people who do not own their own homes. People over the age of 50 make up 35 per cent of all social housing tenants, with tenants aged over 65 making up 18 per cent of all social housing tenants.[18] While this cohort makes up a small proportion of the total population overall, older people are an important stakeholder in social housing.

A higher proportion of people aged over 65 live in public housing compared with the general population.[19] Aged Care Alliance members have found that older people with low incomes prefer public housing for a number of reasons, particularly security of tenure and proximity to familiar neighbourhoods and community.

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[13] McDonald, P. & Temple, J., *Projections of Housing Demand in Australia, 2008-2038: Housing Needs of Older Australians Narrative Report*, National Housing Supply Council, 2010.
[14] National Housing Supply Council, *Housing Supply and Affordability Issues 2012–13*, National Housing Supply Council Unit, Commonwealth of Australia Treasury, ACT, 2013, Table 1.2.
[15] Jones, A., Bell, M., Tilse, C. & Earl, G., *Rental housing provision for lower-income older Australians*, Australian Housing and Urban Research Institute (AHURI) Final Report No. 98, May 2007.
[16] Ibid.
[17] Australian Institute of Health and Welfare, *Housing Assistance in Australia 2012*, Cat. no. HOU 266, Canberra, AIHW, .December 2012, p. 47.
[18] Australian Bureau of Statistics, *Australian Social Trends Sep 2011 – Housing assistance for renters*, 2011, Cat. No. 4102.0, 2011, available at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Sep+2011 (last accessed: 13/04/2013), p. 5.
[19] AIHW (2012) Op. cit., Table 5.6.

However, public housing in NSW is not being prioritised for investment by the NSW Government, and many older tenants have difficulties with maintenance of their homes due to resource constraints.[20] The cumulative effects of this lack of priority have led to many older public housing tenants are living in sub-standard conditions. Among the reasons for this is the relative lack of incentive for public housing investment is that all costs including maintenance must be borne by the public housing authority. Commonwealth Rent Assistance (CRA) is available to tenants in community housing, but not those in public housing. CRA is then able to be taken up by community housing providers as an effective operating subsidy that contributes towards maintenance and other costs. The NSW Aged Care Alliance recommends that CRA is made available to public housing tenants, so that public housing authorities can better support older tenants to age in place.

With the Australian Government's Nation Building–Economic Stimulus Plan now delivered and wound up, funding for increasing social housing stock will need to be found from other sources. The NSW Aged Care Alliance urges the Australian Government to increase the available social housing stock by developing a long term capital injection strategy.

Addressing and Preventing Homelessness

Older people experience homelessness for a variety of reasons. Some older homeless people have experienced homelessness and/or precarious housing throughout their lives, while an emerging group of older people are experiencing housing crisis due to financial pressures in later life, mostly through rents increasing beyond their means.[21] However, traditional specialist homelessness services have, historically, not focused on older people, and broader housing policy initiatives have not had an emphasis on preventing homelessness among older people.

For older people who have experienced homelessness throughout their lives, better connections between specialist homelessness services, aged care, mental health and other supports will need to be established. There is some evidence that homelessness has cumulative effects on the health and functioning of homeless people, resulting in premature age-related conditions, and higher rates of alcohol-related brain injury and dementia.[22] Addressing the complex circumstances of older homeless people will require flexible, person centred responses.

For older people at risk of housing crisis, there will need to be more preventative measures put into place to ensure that they do not become homeless and more responsive services to ensure that they can access stable accommodation if they do become homeless. Increased support for renters and people in marginal housing through increasing Commonwealth Rent Assistance, and through financial and housing support, will also contribute to reducing homelessness and housing crisis among older people.

Recent studies have suggested that single older women are becoming more at risk of homelessness, and may already be more prevalent among older homeless persons than previously thought.[23] Older single women are projected to make up two-thirds of lower

[20] NCOSS, 'NSW 2013-14 Budget: Securing a fairer future for NSW?' in *NCOSS News*, July 2013, p. 7.
[21] Petersen, M. & Jones, A., *Homelessness and older Australians: scoping the issues*, Institute of Social Science Research, University of Queensland, July 2012.
[22] Westmore, T. & Mallett, S., *Ageing in what place? The experience of housing crisis and homelessness for older Victorians: Final Report* Hanover Welfare Services, Melbourne, 2011, p. 16.
[23] McFerran L, *It Could be You: female, single, older and homeless*, 2010, Homelessness NSW, Older Women's Network NSW & St. Vincent de Paul Society.

income sole person households, with multiple risk factors for homelessness.[24] The NSW Aged Care Alliance recommends that homelessness data be disaggregated by gender, and a gendered homelessness strategy be put into place to address the needs of older women at risk of homelessness.

The National Partnership Agreement on Homelessness, which secures funding for specialist homelessness services across Australia, should be renegotiated for the next four years with an emphasis on new models of support, prevention and early intervention, and planning for broader client groups including older people.

Making Housing More Liveable

Good design is integral to the concept of housing affordability as it has the potential to increase flexible adaptation of use and reduce community care and other costs. Research shows that the continued wellbeing of people as they age is linked closely to their housing and neighbourhood. There is an overwhelming desire for older home owners to remain in their own homes for as long as possible.[25] This preference accords with Government aged care policy settings which are shifting towards provision of in-home support over residential care; provision of in-home support is also less costly than residential care.

The NSW Aged Care Alliance recommends that the Liveable Housing Design Guidelines are adopted generically as the new standard for all new homes. The Australian Government can adopt a regulated approach through the Building Code of Australia, mandating an Australian standard for providing features for improved accessibility in housing. This would accord with existing measures in local government planning requirements, regulations for NRAS subsidised properties, and the Social Housing Initiative under the Commonwealth Government's Nation Building–Economic Stimulus Plan.

While the NSW Aged Care Alliance supports universal or Liveable Design guidelines for all new housing construction, this approach needs to be complemented with sustainable funding and support for an expanded home modification and maintenance program. Existing home modification and maintenance services provided through the Home and Community Care (HACC) Program are targeted towards frail older people and do not have a preventative focus; other home modification programs across the country are fragmented.[26] Given the lack of options for people looking to move to more appropriate housing in their existing neighbourhoods, home modification and maintenance services will continue to be important as the population ages. An increased target population, and preventative focus, for home modification and maintenance services may also reduce demand for more costly aged care interventions in future.

RECOMMENDATIONS

1. That the Australian Government explores models for delivering age specific affordable housing through innovative shared equity arrangements and intergovernmental agreements to deliver major infrastructure projects.

2. That the Australian Government increases Commonwealth Rent Assistance by 30% and makes it available to tenants in public housing.

[24] Jones, A. et al., 2007, op. cit., pp. 27, 36.
[25] Australian Institute of Health and Welfare (2013) *The desire to age in place among older Australians Volume 1: Reasons for staying or moving*, Bulletin no. 114, Cat. no. AUS 169, Canberra, AIHW.
[26] Jones, A., de Jonge, D. & Phillips, R., *The role of home maintenance and modification services in achieving health, community care and housing outcomes in later life*, AHURI Final Report No. 123, Queensland Research Centre, 2008.

3. That 50,000 new NRAS dwellings are subsidised, and released over 2-5 years to improve the availability of affordable rental housing.

4. That the Australian Government undertakes a growth strategy for social housing over 5 years, with approximately $1 billion in the first year, and increased investment in subsequent years.

5. That the Commonwealth and State and Territory Governments negotiate new National Partnership Agreement on Homelessness, with emphasis on new models of support, prevention and early intervention, and planning for broader client groups including older people.

6. That the Australian Government establishes Liveable Housing Guidelines as the standard for all new homes, through amending the Building Code of Australia.

7. That the Australian Government implements a comprehensive home modification and maintenance program for older people, with a preventative focus.

HEALTH

Older people use more health services in Australia than any other age group.[27] Older people tend to have multiple and complex health conditions requiring ongoing management and treatment, as well as lower incomes. The Australian Government will therefore need to improve and increase the availability and accessibility of health services as the population ages.

Optimum health services should be responsive to the health needs of all Australians regardless of their age. The NSW Aged Care Alliance advocates for a life course approach to health in which early intervention and prevention, health promotion, palliative care, primary care, oral health and mental health services and programs are available and affordable to all.

The NSW Aged Care Alliance has identified the following areas for critical action by the Australian Government to improve the health of older people:

- taking a **person centred approach** to health;
- improving the **health literacy** of older people; and
- improving access to **oral health** services.

A Person Centred Approach to Health

Person centred approaches originate from the disability sector, with a focus on ensuring a person has choice and control over how they engage with supports and services. Person centred approaches aim to realise the human rights of a person, to ensure that a person's autonomy is foremost in decision making about their lives, that their strengths are enhanced, and their interests, preferences and aspirations are prioritised in delivering support.

In health services, person centred care involves recognition of:

- **individuality** or specificity;
- **holism**, that is, of the range of personal, social and environmental factors that are constitutive of persons; and
- **autonomy**, that is, a concern to respect people as to some degree self-defining and self-creating and to work with them not just on them.[28]

Briefly, a person centred approach to health involves treating older people as experts in their own lives, and involves that expertise in health services and initiatives. This is reflected in the Final Report of the National Health and Hospitals Reform Commission:

> *[T]he health system of the future should be organised around the integral roles of consumer voice and choice, citizen engagement and community participation. This is about giving people real control and choice about whether, how, where and when they use health services, supported by access to evidence-based information that facilitates informed choices. It is also about ensuring that the experience and views of*

[27] Australian Bureau of Statistics, *Australian Health Survey: Health Service Usage and Health Related Actions, 2011-12*, Cat. No. 4364.0.55.002, 2013, available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/D6EC4DD7DC21B01DCA257B39000F2D00?opendocument (last accessed: 15/04/2013).

[28] Cribb (1999) in National Ageing Research Institute, *What is person-centred health care? A literature review*, National Ageing Research Institute for Victorian Government Department of Human Services, Melbourne, February 2006.

consumers and whole communities are incorporated into how we redesign and improve health services in the future.[29]

The International Alliance of Patients' Organizations' *Declaration on Patient-Centred Healthcare* defines the following key principles for healthcare that is patient-centred:

1. ***Respect*** *- Patients and carers have a fundamental right to patient-centred healthcare that respects their unique needs, preferences and values, as well as their autonomy and independence.*
2. ***Choice and empowerment*** *- Patients have a right and responsibility to participate, to their level of ability and preference, as a partner in making healthcare decisions that affect their lives. This requires a responsive health service which provides suitable choices in treatment and management options that fit in with patients' needs, and encouragement and support for patients and carers that direct and manage care to achieve the best possible quality of life. Patients' organizations must be empowered to play meaningful leadership roles in supporting patients and their families to exercise their right to make informed healthcare choices.*
3. ***Patient involvement in health policy*** *- Patients and patients' organizations deserve to share the responsibility of healthcare policy-making through meaningful and supported engagement in all levels and at all points of decision-making, to ensure that they are designed with the patient at the centre. This should not be restricted to healthcare policy but include, for example, social policy that will ultimately impact on patients' lives.*
4. ***Access and support*** *- Patients must have access to the healthcare services warranted by their condition. This includes access to safe, quality and appropriate services, treatments, preventive care and health promotion activities. Provision should be made to ensure that all patients can access necessary services, regardless of their condition or socio-economic status. For patients to achieve the best possible quality of life, healthcare must support patients' emotional requirements, and consider non-health factors such as education, employment and family issues which impact on their approach to healthcare choices and management.*
5. ***Information*** *- Accurate, relevant and comprehensive information is essential to enable patients and carers to make informed decisions about healthcare treatment and living with their condition. Information must be presented in an appropriate format according to health literacy principles considering the individual's condition, language, age, understanding, abilities and culture.*[30]

Person centred approaches to older people's health takes account of the variety of meanings of health, ageing, wellbeing, and mortality held by older people, as well as the relationships between older people and others in their lives, particularly carers, family and friends. With a person centred approach, services are put together around a person, rather than a person needing to fit in with requirements of a 'system', ensuring that the complex health needs of older people are addressed in conjunction with one another. A person centred approach to health can better take into account how disadvantage and social exclusion have interacted over a person's lifetime through providing integrated solutions for complex needs and multiple morbidities. Person centred support for older people's health

[29] National Health and Hospitals Reform Commission, *A Healthier Future for All Australians: Final Report*, Canberra, June 2009, available at: http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report (last accessed: 17/04/2013) pp. 121-124.

[30] International Alliance of Patients' Organizations (2006) *Declaration on Patient-Centred Healthcare*, IAPO, February, available at: http://www.patientsorganizations.org/showarticle.pl?id=712&n=312 (last accessed: 28/05/2013).

can improve health outcomes by ensuring health services and initiatives are better understood, accepted, and adhered to by health consumers, as well as better managed and co-ordinated.[31]

Adopting a person centred approach to health would support the objectives of the National Healthcare Agreement, including that the health system should "be shaped around the health needs of individual patients, their families and communities", and that an expected outcome would be that "Australians have positive health and aged care experiences which take account of individual circumstances and care needs."[32]

The Australian Government's reforms to primary and community health, mental health, and hospital services all offer opportunities for health services to become more person centred by ensuring that health services are:

- supportive of **consumer decision making** about health;
- **culturally and linguistically responsive**;
- **engaged with communities**;
- **non-discriminatory**;
- **flexible, integrated and co-ordinated**.

Some of these elements are incorporated into the draft National Primary Health Care Strategic Framework. However, many of the potential actions do not lead strongly towards the identified strategic outcomes. The NSW Aged Care Alliance recommends the Australian Government explore how health services can become more person centred through these improvements and other strategies to increase the control and choice that older people have over health services, and to reduce barriers to person centred approaches to health.

Supporting Consumers' Decisions

All Australians are entitled to the supports and services necessary for full participation in decisions about their lives. Older people must be supported to have choice and control in their health, including input into health policies, planning, service delivery and evaluation.

The NSW Aged Care Alliance supports initiatives that allow a person to access a range of flexible options for health interventions. For instance, the Partners In Recovery program, which aims to support people with mental health conditions who have complex support needs to access a variety of supports across a range of service systems. The critical role of a support facilitator is important to ensuring that services 'wrap around' a person rather than the person being 'lost' in a maze of multiple institutional arrangements.

The Diabetes Care Project (DCP)[33], planned to be piloted from June 2011 to June 2014, is another example of a person centred initiative which aims to deliver more flexible and better co-ordinated services, with the aim of better management for adults with diabetes.

Similar arrangements, particularly involving personal budgets, are being piloted in the UK for people with chronic health conditions that require long-term or lifetime management and a combination of clinical and non-clinical interventions. It would be beneficial for older people to trial such options in Australia for people with multiple and complex health conditions

[31] National Ageing Research Institute (2006), Op. cit.
World Health Organization, *World Health Report 2008 – Primary Health Care: Now More Than Ever*, Geneva, 2008, available at: http://www.who.int/whr/2008/en/ (last accessed: 17/04/2013), Ch. 3.
[32] Council of Australian Governments (2012) *National Healthcare Agreement*.
[33] See DoHA (2012) 'Diabetes Care Project' webpage, *yourHealth* website, Australian Government Department of Health and Ageing, last updated 03/12/2012, available at: http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/factsheet-gp-02#.Ub5RPaMqRI3 (last accessed: 17/06/2013).

requiring ongoing management. This may be particularly beneficial for older people requiring ongoing nursing and allied health support.

Supporting consumer decision making also requires clinicians to focus on the person and their goals and experiences of health and health interventions. There are a number of barriers to this occurring, including a lack of training, conflicting professional liabilities and responsibilities, and institutional and cultural resistance. Investigating and reducing these barriers would improve the responsiveness of the health system as a whole to the health of older persons.

Cultural and Linguistic Responsiveness

It is vitally important that the health system does not treat older people as an homogeneous group. All health services must have systems in place to provide culturally appropriate health services to people who require them.

> *Health for Aboriginal and Torres Strait Islander people focuses not only on physical health but also encompasses spiritual, cultural, emotional and social wellbeing. Health is more than the absence of sickness; it is the relationship with family and community, providing a sense of belonging and a connectedness with the environment.*[34]

This is particularly important for older Aboriginal people, many of whom have experienced disadvantage throughout their lives.[35] Aboriginal self-determination, community engagement and genuine partnership with Aboriginal communities, culturally competent and responsive health services, action on the social determinants of health, and ensuring the availability of Aboriginal community controlled health services and Aboriginal workers in mainstream health services are all are important to improving the health of Aboriginal people.[36]

The cultural and linguistic diversity of older people in Australia is increasing.[37] Accordingly, to effectively support the health of the whole population, health services must be culturally safe and service providers must be culturally competent and respectful of the cultural preferences and practices of all older people. Clinicians must work towards ensuring that consumers' understand health information, and that their goals and preferences are taken into account in delivery health services.

Community Engagement in Health Services

Meaningful consultation with a diverse range of older people to ensure that their needs and aspirations are listened to and acted upon will require older people to be an integral part of not only early decision making processes but also the long term activities of Medicare Locals, health policies and their evaluation.

The National Primary Health Care Strategic Framework emphasises the priority to "build a consumer-focused integrated primary health care system" as its first strategic priority. The

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[34] National Health Leadership Forum, *Submission to the National Aboriginal and Torres Strait Islander Health Plan*, National Health Leadership Forum within the National Congress of Australia's First Peoples, Canberra, January 2013.

[35] Australian Institute of Health and Welfare, *Older Aboriginal and Torres Strait Islander people,* Cat. no. IHW 44. Canberra, 2011.

[36] Although the NSW Aged Care Alliance does not have Aboriginal members, some member organisations have strong relationships with Aboriginal people and communities. The NSW Aged Care Alliance supports the principles proposed by the Aboriginal Health and Medical Research Council (AH&MRC) for the National Aboriginal and Torres Strait Islander Health Plan.

[37] Australian Bureau of Statistics, *Reflecting a Nation: Stories from the 2011 Census*, Cat. No. 2071.0, 2012, available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features752012-2013 (last accessed: 17/04/2013).

NSW Aged Care Alliance supports this prioritisation of consumers. However, the potential actions highlighted in the draft Framework must also include building the capacity of consumers and communities to be engaged in primary health planning, decision making, and evaluation of primary health services.

Eliminating Ageism in Health and Support Services

Ageism is action based on negative stereotypes and prejudice about people solely based on age and life stage.[38] Ageism acts to devalue older people and their contributions and occurs in many settings including health and care services. In cultures where there is stigma related to dependency, ageing and mortality, acts of ageism can serve to create distance from older people. Ageism can include dismissiveness, ridicule or exclusion of older people, which results in failing to engage with and respond to a person's individual circumstances, needs and preferences. Poorer health outcomes for frail and disadvantaged older people are then unaddressed, and can be exacerbated.

Some examples of how ageism towards older people can operate in health and care settings are:

- Denying or delaying treatment to older people based on judgements about their health and quality of life being of less value or of less urgency than that of younger people;
- Regarding older people as less valuable citizens than younger people or those still in the workforce;
- Ignoring or dismissing older people, even when they are capable of making their own decisions, and conferring with their relatives or others about their treatment without the older person's clear consent;
- Making assumptions about an older person's values, attitudes, sexuality, relationship status, lifestyle and socialisation based on a narrow view of age related or generational features, rather than engaging with each person's unique experiences, outlook and identity;
- Perpetuating ridicule of age related illness and conditions (such as dementia, loss of mobility, vision and hearing loss, and incontinence) which dismisses the serious impact of illness and disease on the person and their loved ones, and the associated loss, distress and discomfort;
- Programming of services and activities that assumes all older people prefer routine and repetition when many people may benefit from a variety of activities and may prefer a non-routine lifestyle; and
- Expecting older people to be compliant and grateful even when services are sub-standard.

Literature from the UK and USA indicates that ageism can have a detrimental effect on health outcomes and treatments for older people, as well as for families and carers.[39] Ageism is widespread and entrenched in many parts of Australian society, and the responsibility to counter this must be widely shared. There must be strong leadership to reduce and prevent systemic ageism amongst those funding, designing, delivering and evaluating health services. The Australian Government should examine age prejudice in health settings, and develop strategies to eliminate ageism.

[38] The term "ageism" was coined by Dr. Robert Butler in 1969 specifically to refer to prejudice and discrimination towards older people. See Braithwaite, V., Lynd-Stevenson, R. & Pygram, D., 'An Empirical Study of Ageism: From Polemics to Scientific Utility' in *Australian Psychologist*, Vol. 28 No. 1, 1993, pp. 9-15.

[39] See: Centre for Policy on Ageing, *Ageism and age discrimination in secondary health care in the United Kingdom*, Centre for Policy on Ageing for the Department of Health, London, December 2009. Alliance for Aging Research, *Ageism: How Healthcare Fails the Elderly*, Alliance for Aging Research, Washington DC, March 2003.

Flexible and Integrated Services

Older people are often made to fit into the level of care that is available, rather than the one that meets their needs. This may mean moving from an acute care bed to an aged care facility, or being sent home without appropriate levels of support or access to rehabilitation. This situation sets up an unwelcome argument about older people; that these resources are used inefficiently by older people when actually it is gaps in the system that are producing inefficiencies and poor clinical outcomes. This is particularly evident in rural and remote areas where resources are scarce.

The best health outcomes for older people will be fostered by a system that allows a variety of services to work together flexibly. General Practice, allied health, community care, and acute services need to be co-ordinated and co-operative to ensure that older people can access the supports they need at the time they need them. Similarly, the system must facilitate ease of access to a range of services as support needs change. More resources must be committed to services that promote the overall wellbeing and functioning of the person, including rehabilitation, palliative care, health transport, hospital in the home, flexible community care services, and programs such as continence management, medication management, and nutrition.

Through Medicare Locals, the Australian Government can explore models of multi-disciplinary and co-ordinated health care including care pathways, community based programs, partnerships, and consumer-centred care-co-ordination to achieve better integration of health services and continuity of care for older people.

Health Literacy

Improving health literacy is critical to ensuring the responsiveness and effectiveness of health services:

> *[H]ealth literacy can be seen as an empowering personal asset. It provides patients and their families with the capacity to engage confidently as independent agents with the health care system and play an active part in defining their needs*[40]

Health literacy involves not only understanding of health information, but also about how to navigate the health system and to access available services and support. Health literacy skills require use of other skills including document and prose literacy, numeracy, and problem solving skills. Furthermore, health literacy involves not only understanding and interpreting information, but also the capacity to take personal and collective action in influencing broader systems.[41]

Older people tend to have lower levels of health literacy than younger people.[42] Older people from culturally and linguistically diverse communities have particularly difficult experiences with health literacy in the Australian health system due to language and cultural barriers. For

[40] National Seniors Productive Ageing Centre (2012) *Improving Health Literacy in Seniors with Chronic Illness,* National Seniors Productive Ageing Centre, April.
[41] Australian Commission for Safety and Quality in Health Care, *Health Literacy Stocktake: Consultation Report*, Australian Commission for Safety and Quality in Health Care, Canberra, September 2012, pp. 2-3.
[42] Australian Bureau of Statistics, *Australian Social Trends, June 2009 – Health Literacy*, Cat. No. 4102.0, 2009, available at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20June+2009 (last accessed: 17/04/2013).

instance, there is a low incidence of use of interpreters when health professionals interact with people who do not have English as a first language.[43]

Health communication and health professionals' actions can enhance or diminish a person's health literacy. The following activities can enhance health literacy amongst the community and health services:

- improving individuals' health literacy and capacity to understand health information;
- improving health service environments to reduce barriers to health literacy;
- building the capacity of the workforce to improve consumers' health literacy, including the cultural competence of clinicians and other health workers;
- supporting multicultural and ethno-specific community organisations to undertake health education initiatives and engage with health decision making; and
- undertaking research to improve health literacy.

Oral Health

> *Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.*
>
> *The impact of oral disease on people's everyday lives is subtle and pervasive, influencing eating, sleep, work and social roles. The prevalence and recurrences of these impacts constitutes a silent epidemic.*[44]

Oral health is important for general health, particularly for older people. Oral health is especially important for ensuring good nutrition, as poor oral health often precipitates reduced food intake and poor nutrition. Oral disease can also affect the general health of an older person, as can general health affect oral health through the impact on taste, smell, and dry mouth.[45]

The long term effects of disadvantage throughout life, and lack of systemic action to promote oral health often become apparent in poor oral health in older age, when people are likely to have the least financial resources to address their emerging oral health needs.[46] Older generations of Australians have had less access to dental health services, fluoridated water, and, for many, social changes resulted in diets that increased risks for poor oral health, which then result in cumulative negative effects on their oral health.[47]

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[43] Ethnic Communities Council of Victoria, *An Investment Not an Expense: Enhancing health literacy in culturally and linguistically diverse communities*, Melbourne, 2012, pp. 17-22.

[44] Australian Health Ministers' Conference (2004) *Healthy Mouths, Healthy Lives: National Oral Health Plan 2004-13*, prepared by the National Advisory Committee on Oral Health, p. v.

[45] Kandelman, D., Petersen, P. E. & Ueda, H. (2008) 'Oral health, general health, and quality of life in older people' in *Special Care in Dentistry*, Vol. 28, Issue 6, pp. 224–236.
Petersen, P.E. & Yamamoto, T. (2005) 'Improving the oral health of older people: the approach of the WHO Global Oral Health Programme' in *Community Dentistry and Oral Epidemiology*, Vol. 33, p. 85.

[46] Åstrøm, A.N., Ekback, G., Ordell, S. & Unell, L. (2011) 'Social inequality in oral health-related quality-of-life, OHRQoL, at early older age: Evidence from a prospective cohort study' in *Acta Odontologica Scandinavica*, Vol. 69, No. 6, pp. 334-342.
Avlund, K., Holm-Pedersen, P., Morse, D.E., Viitanen, M. & Winblad, B. (2005) 'The strength of two indicators of social position on oral health among persons over the age of 80 years' in *Journal of Public Health Dentistry*, Vol. 65, Issue 4, pp. 231-239.

[47] Sendziuk, P. (2007) 'The historical context of Australia's oral health' in Slade, G.D., Spencer, A.J. & Roberts-Thomson, K.F. (Eds.) *Australia's dental generations: the National Survey of Adult Oral Health 2004–06*, Australian Institute of Health and Welfare (Dental Statistics and Research Series No. 34), cat. no. DEN 165, Canberra, pp. 54-80.

Older people on low incomes are more likely to have lost all their teeth than people on higher incomes.[48] Older people are also more likely to experience periodontal disease than other age groups, and report visiting dentists for problems, rather than preventive care, more often than younger age groups.[49] Lower income people and those living in regional and remote areas were more likely to have had teeth extracted in their last dental visit.[50]

Lack of affordability is one of the major reasons for older people with low incomes lacking access to oral health care. Data from the Australian Institute of Health and Welfare indicates that the mean cost per dental visit increases by age.[51] People over the age of 65 are less likely than any other age group to have dental insurance.[52] Between 1994 and 2008, the proportion of people over 65 who reported delaying or avoiding dental treatment due to cost increased by 6.5 percentage points from 15.3 per cent in 1994 to 21.8 per cent in 2008.[53]

Yet poor oral health need not be considered simply part of the ageing process. Oral health prevention and promotion can be effective for independent as well as for frail older people.[54] Medicare Locals offer a platform for better integrating oral health promotion and prevention into general health promotion, and for co-ordinating services at a regional level to improve access to preventive health initiatives.

There is considerable scope for improving the oral health of frail older people living in the community and in residential aged care. For older people living in the community, increased availability of preventive dental care can reduce the impact of caries, prevent gingivitis and oral disease, and promote better oral hygiene practices.[55]

Residents in aged care facilities face numerous barriers to maintaining oral health and hygiene, including limited mobility, frailty, and lack of availability of dentists in residential aged care facilities. However, initiatives to train aged care workers in oral assessments and oral hygiene can improve the oral health of older people living in residential aged care facilities.[56]

Low income and disadvantaged older people are denied good dental care as a result of inadequate funding for public dental health services and lack of affordability of private dental services. This tends to reduce the availability of preventive care and to escalate oral disease to the point where tooth extraction is the most affordable, or only, option. There were 89,219

[48] AIHW Dental Statistics and Research Unit (2005) *Oral health and access to dental care - older adults*, Cat. no. DEN 142. Canberra, AIHW, p. 1.
[49] Chrisopoulos, S. & Harford, J.E. (2013) *Oral health and dental care in Australia: key facts and figures 2012*, Cat. no. DEN 224, Canberra, AIHW.
[50] Chrisopoulos, S. & Harford, J.E. (2013) Op. cit., pp. 28-30.
[51] Australian Institute of Health and Welfare (2010) *Age and the costs of dental care*, Research report series no. 48, Cat. no. DEN 203, Australian Research Centre for Population Oral Health (ARCPOH), School of Dentistry, The University of Adelaide.
[52] Chrisopoulos, S. & Harford, J.E. (2013) Op. cit., p. 34.
[53] Harford, J.E., Ellershaw, A.C. & Spencer, A.J. (2011) *Trends in access to dental care among Australian adults 1994–2008*, Dental statistics and research series no. 55. Cat. no. DEN 204. Canberra: AIHW.
[54] Chalmers, J.M. (2008) 'Oral health promotion for our ageing Australian population' in *Australian Dental Journal*, Vol. 48, No. 1, pp. 2-9.
[55] Ibid (2008)
[56] Chalmers, J.M., Spencer, A.J., Carter, K.D., King, P.L. & Wright, C. (2009) *Caring for oral health in Australian residential care*, Dental statistics and research series no. 48. Cat. no. DEN 193. Canberra: AIHW.

adults on the waiting list for public oral health services in NSW as at December 2012.[57] 40% of people eligible for public dental services are aged over 65.[58]

The NSW Aged Care Alliance welcomed the dental reforms announced by the Australian Government in August 2012.[59] However, these reforms must be seen as the beginning of the development of a universal system of oral health care in Australia, as recommended by the National Advisory Council on Dental Health.

The dental reforms, particularly the cessation of the Medicare Chronic Disease Dental Scheme (CDDS), and the redirection of most of the funds to the National Partnership Agreement for adult public dental services, create some anomalies for low income people in NSW. NSW had the highest utilisation of the CDDS at $427.5 million per annum in 2011-12, accounting for almost half (48%) of all CDDS expenditure. Proposed funding for Commonwealth dental reform measures is not commensurate with existing NSW funding under the CDDS.[60]

This is likely to increase public dental waiting lists further, as over three-quarters of people using the CDDS are eligible for public dental services. Over the period that the CDDS was in effect, public dental waiting lists in NSW fell by one quarter.[61]

The NSW Aged Care Alliance recommends that the Australian Government implements recommendations from the report of the National Advisory Council on Dental Health towards incremental implementation of a universal oral health scheme and increase in the dental workforce. At the time of writing, the National Partnership Agreement has not yet been finalised. The $1.3 billion funding for public dental services announced in August 2012 must be seen as an initial investment, upon which it will be important to build a sustainable, ongoing, universal system of dental health.

The Alliance emphasises that services provided under the National Partnership Agreement for adult public dental services must be equitable by age, and address the cumulative effects of public policy neglect on the oral health of low income older people.

RECOMMENDATIONS

1. That the Australian Government investigates best practice in person centred health care and implements person centred initiatives in health services.

2. That national health policy and services support consumer autonomy and decision making, including flexible, personalised arrangements to access a range of services to manage chronic, multiple and complex conditions.

3. That national health policy and services emphasise cultural safety and cultural responsiveness for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse communities.

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[57] NSW Health (2012) Public Oral Health Services (Non-admitted) - Child & Adult Waiting Lists, available at: http://www0.health.nsw.gov.au/cohs/list_flow.asp#para_0 (last accessed: 30/05/2013).
[58] Spencer, J. & Harford, J. (2008) *Improving Oral Health and Dental Care for Australians*, Prepared for the National Health and Hospitals Reform Commission, Australian Research Centre for Population Oral Health, University of Adelaide, December, p. 13.
[59] The Hon. Tanya Plibersek, Minister for Health (2012) '$4 Billion Dental Spend on Children, Low Income Adults and the Bush', Media Release, 29 August 2012, available at: http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr12-tp-tp074.htm?OpenDocument&yr=2012&mth=08 (last accessed: 30/05/2013).
[60] NSW Oral Health Alliance (2012) 'Call to Action to NSW MPs', available at: http://www.ncoss.org.au/content/view/7634/100/ (last accessed: 30/05/2013).
[61] NSW Health (2012) Op. cit.

4. Enhance the capacity of the Translating and Interpreting Service (TIS) to provide health related information in community languages.

5. That the National Aboriginal and Torres Strait Islander Health Strategic Framework due for revision in 2014, and the National Aboriginal and Torres Strait Islander Health Plan specify the need for cultural safety and responsiveness in health services to ensure that older Aboriginal and Torres Strait Islander people are assured access to culturally safe services and appropriate health information, including access to Aboriginal health workers if they prefer.

6. That flexible funding rounds targeted to Medicare Locals include priorities to build the capacity of consumers and communities to be engaged in primary health planning, decision making, and evaluation of primary health services.

7. That the Australian Government works with the Australian Human Rights Commission to evaluate the prevalence of ageism in health and care services and develop strategies to eliminate ageism.

8. That Medicare Locals are facilitated to develop models of multi-disciplinary and co-ordinated health care including care pathways, community based programs, partnerships, and consumer-centred care-co-ordination, in partnership with community sector and other organisations to better co-ordinate health and other supports for older people.

9. That the Australian Government develops a strategic approach to health literacy in collaboration with States and Territories to improve health literacy at all levels by:
    - improving individuals' health literacy and capacity to understand health information;
    - improving health service environments to reduce barriers to health literacy;
    - building the capacity of the workforce to improve consumers' health literacy, including the cultural competence of clinicians and other health workers;
    - supporting multicultural and ethno-specific community organisations to undertake health education initiatives and engage with health decision making; and
    - undertaking research to improve health literacy.

10. That oral health is included in major primary health initiatives, and Medicare Locals are required to be involved in co-ordination of dental services for older people at a local and regional level, including provision of transport for older people to access dental services.

11. That the Australian Government implements a national, universal access oral health system that provides all Australians with the opportunity to maintain good oral health, as recommended by the National Dental Advisory Council.

12. That the national, universal access oral health system supports older people, who are likely to have poorer oral health, to access treatment in a timely manner, particularly preventive care.

13. That a national, universal access oral health system supports older people to access clinically necessary treatments and procedures, including complex treatments.

AGED CARE

Australia has a strong aged care system by international standards, but with a combination of an ageing population, pressures on the aged care workforce and challenges maintaining a sustainable system for older people and aged care providers, it currently faces a crossroads. We support the vision of the National Aged Care Alliance that:

> *Every older Australian is able to live with dignity and independence in a place of their own choosing with a choice of appropriate and affordable support and care services as and when they need them.*[62]

In that context, the NSW Aged Care Alliance welcomed the commissioning of the Productivity Commission's Caring for Older Australians inquiry in 2010. The NSW Aged Care Alliance supports the thrust of many of the Productivity Commission's recommendations for aged care reform in its *Caring for Older Australians* Inquiry Report, [63] although Alliance members differ in their positions on some of the specific recommendations such as the level and mechanisms for increasing user pays in the aged care system.

The Gillard Government announced its response to the Productivity Commission in April 2012: *Living Longer. Living Better*.[64] A suite of 5 Bills was agreed by the Federal Parliament on 27th June 2013 incorporating the legislative changes required to introduce elements of the LLLB reforms.

The NSW Aged Care Alliance is disappointed that the LLLB reforms did not adopt the Productivity Commission's recommendation for a shift to an **entitlement**-based system with removal of artificial constraints on supply of aged care places. Nor do they create an Aged Care Commission separate from the Department of Health & Ageing, responsible for pricing recommendations and quality.

In that context, we welcome the inclusion of a review of the LLLB reforms to commence within 4 years of the amendments to the *Aged Care Act 1997* being agreed. The terms of reference will commit a future Government to a thorough examination of the aged care system at that time.

Alliance members share a concern that the impact of changes to consumer fees needs to be monitored closely. For example, amendments to the *Aged Care Act 1997* create for the first time an income-tested component for Home Care Package subsidies. The phase-in of these fees for part-pensioners may prove difficult for some older people to afford. They may also create problems in encouraging people to move from Home and Community Care services with much lower fees onto Home Care Packages, which may be more appropriate for their needs.

We have focussed on four key areas where the aged care reforms could be improved in the interests of older people and their carers:

- **supporting access** to the aged care system;
- an emphasis on **wellness;**
- a **strong and sustainable workforce**, both paid and volunteer; and
- **quality care** with robust and independent complaints and quality assurance systems.

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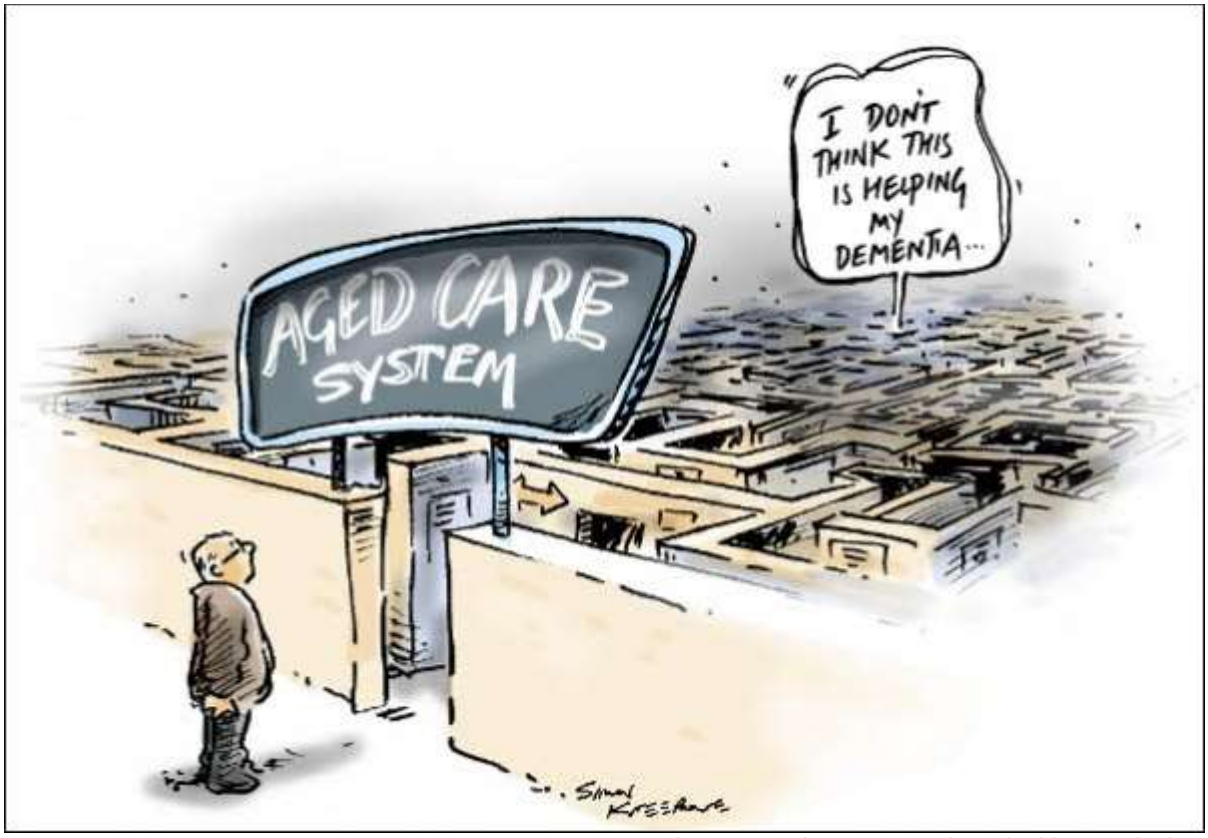
[62] National Aged Care Alliance (2009), *Leading the Way: Our Vision for Support and Care of Older Australians*, available at: http://www.naca.asn.au/Publications/NACA_Vision.pdf (accessed 19 April 2013).
[63] Productivity Commission (2011) *Caring for Older Australians*, Final Inquiry Report, Canberra.
[64] http://www.livinglongerlivingbetter.gov.au/

Supporting Access

One of the major complaints about the existing aged care system is problems with accessibility and timeliness of information, services and support people need. Other major complaints include not being able to get a service as a result of rationing and having varied and multiple assessments.



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Under the LLLB reforms, an Aged Care Gateway will be introduced in an attempt to address some of these issues. Key components include:

- the *My Aged Care* Website (to commence mid 2013)
- a National Contact Centre (to commence mid 2103)
- a National Assessment Framework and consistent assessment tool (being trialled in 2013)
- a Common Client Record (introduced in stages from 2013-2015)
- a Linking Service for people with multiple needs (to be introduced in mid 2014).

Unfortunately the Government has not committed to a full regional presence for the Gateway, as recommended by the Productivity Commission and National Aged Care Alliance.[65] Indeed the former Commonwealth Carelink Centres, based in regional areas, are likely to be disbanded by the end of June 2014.

There must be 'no wrong door' for entry into the aged care system, so that older people and/or their carers and families seeking support can easily access it via multiple routes, such

[65] National Aged Care Alliance (2012) *Blueprint for Aged Care Reform*, at http://www.naca.asn.au/Age_Well/Blueprint.pdf (accessed 19 April 2013); National Aged Care Alliance (2012), *Aged Care Reform Series: Assessment & Entitlement (including the Gateway)*, http://www.naca.asn.au/Age_Well/Assessment.pdf (accessed 19 April 2013); National Aged Care Alliance (2013), *Gateway Service Delivery Model*, http://www.naca.asn.au/publications.html (accessed 19 April 2013).

as approaching services directly, through community groups (e.g. ethno-specific or Aboriginal community organisations), through health services such as GPs, as well as by contacting the Gateway Contact Centre.

As recommended by the Productivity Commission, the NSW Aged Care Alliance supports extending the National Contact Centre and website into a national network of regional Gateway Centres providing information and advice on healthy, positive ageing and aged care services. Experience with the NSW Hunter regional Community Care Access Point, which is a telephone based intake, assessment and referral service for all Home and Community Care (HACC) services in the Hunter region, indicates that face-to-face contact between workers in the contact centre and community care service providers is critical for ensuring that referrals operate smoothly. Broader community engagement from the Community Care Access Point has also been critical to ensuring that key referral pathways from GPs, hospitals, and other health services, including Aboriginal Medical Services, are successfully carried through to the Gateway. Without this level of engagement, the Gateway risks remaining in the aged care 'silo', unresponsive to consumer needs.

The NSW Aged Care Alliance is concerned that the Gateway may not be appropriate for all older people, and that other initiatives are needed to promote access for people who experience disadvantage in accessing aged care.

The NSW Aboriginal Community Care Gathering Committee (the Gathering Committee), the peak body for Aboriginal and Torres Strait Islander people and communities involved with supporting older Aboriginal people, Aboriginal people with disability and their carers, recommends against assessment of Aboriginal and Torres Strait Islander people taking place separate from service delivery, as this is culturally inappropriate. The Gathering Committee instead advises that assessment at the point of service delivery is important to protect the cultural appropriateness of services, overcome cultural differences and reduce duplication of assessment.[66] Resourcing for assessment must include appropriate recognition of the requirement for assessment and service delivery to be integrated for Aboriginal and Torres Strait Islander people.

Increases in life expectancy and improvements in the health of homeless older people and people with lifelong or long-term disability mean that more people who have a history of homelessness, or have a pre-existing, non-ageing-related disability are reaching ages where they are likely to require support in their older years.

People born in non-English speaking countries, who were officially permitted to migrate to Australia from the 1940s onwards, are now reaching older ages and requiring aged care services. Historical patterns of migration to Australia mean that the cultural and linguistic diversity of Australia's older population is increasing and will increase further over time. Some ethnic communities have a much older age structure than the rest of Australian society, and the proportion of older people in many culturally and linguistically diverse communities is projected to increase dramatically in the next ten years.[67] These issues are recognised in the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds*.[68]

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[66] NSW Aboriginal Community Care Gathering Committee (2012) *Challenge, Change and Choice Policy Position*, Sydney, available at: http://ncoss.org.au/resources/120704-challenge-change-choice.pdf (last accessed: 31/05/2013), Guiding Principle 68.

[67] Australian Bureau of Statistics (2012) *Reflecting a Nation: Stories from the 2011 Census, 2012–2013 – Cultural Diversity in Australia*, Cat. No. 2071.0, available at: http://abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features902012-2013 (last accessed: 03/06/2013).

[68] Department of Health & Ageing (2012) *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*,

Social changes, including decriminalisation of homosexuality and increased visibility, mean that more out[69] lesbian, gay, bisexual, transgender and intersex (LGBTI) older people are likely to present to the aged care system for support in coming years, as recognised by the *National LGBTI Ageing and Aged Care Strategy*.[70]

The Alliance recommends that the Australian Government introduces a range of community-based initiatives to improve the capacity of older homeless people, culturally and linguistically diverse communities, and older LGBTI people to access aged care services, and to improve the capacity of aged care services to work with all older people, particularly those who currently experience disadvantage in accessing aged care services. The Alliance emphasises that older people accessing aged care do not belong to discrete "special needs groups". Rather, they may experience multiple and intersecting disadvantage when they cross boundaries e.g. as a woman, with a particular cultural and linguistic identity, sexuality, a history of mental ill-health, and having experienced homelessness.

Both the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds* (p. 11) and the *National LGBTI Ageing and Aged Care Strategy* (p. 11) recognise the need to build the capacity of communities to access aged care services. Community development activities involving outreach to under-served communities, including Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities, are currently funded to support the HACC Program. These initiatives have been effective at building community capacity to respond to ageing and engage with aged care services as demonstrated in targeted projects in languages other than English such as *Get to Know the Aged Care System* and *Planning Ahead* delivered in community languages by bilingual educators.

As consumers from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander consumers, LGBTI consumers, and homeless consumers of aged care services grow in number, these community capacity building activities will need further investment. There have also been indications that Aboriginal consumers, consumers who do not speak English as a first language, and homeless consumers may experience particular difficulties in engaging with Consumer Directed Care (CDC) in Home Care Packages. Capacity building initiatives need to target these consumers to support them to take advantage of the increased opportunity for culturally responsive support offered by a CDC approach.

The Aged Care Alliance recommends that community capacity building initiatives are targeted not only at older people, but at the community more broadly. Families and carers are often involved in supporting an older person to access aged care services. Furthermore, some communities do not yet have significant numbers of older people who are using aged care; there is an opportunity to target these communities at an early stage to build the knowledge and skills to make decisions about ageing as part of broader health promotion and positive ageing initiatives, so that barriers to access are removed at an early stage and not after many consumers have already disengaged from the aged care system.

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http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cald-national-aged-care-strategy-html (accessed 19 April 2013).

[69] See Avert (2012) 'Coming out', available at: http://www.avert.org/coming-out.htm (last accessed: 03/06/2013) for a discussion of the concept of being 'out' and the experiences of LGBTI persons in coming out.

[70] Department of Health & Ageing (2012) *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*, http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-lgbti-national-aged-care-strategy-html (accessed 19 April 2013).

Supporting Wellness

Wellness, or re-ablement, refers to:

> *evidence–based practices associated with wellness, active ageing, early intervention, person-centred responses, preventative intervention and short term restorative or 'reablement' interventions. This approach aims for increased functionality in performing the common tasks of daily living and improved feelings of personal wellbeing.*[71]

In NSW the IMPACT Working Group, in which a number of NSW Aged Care Alliance members participated, developed the following principles for an Enabling Approach:

1. *Person-centred & enables each consumer to explore individual strengths & goals & work towards achieving the outcomes they desire, with security of support for those who need it.*
2. *Culturally-appropriate, socially inclusive, & sensitive to individual circumstances, social context & relationships, enabling the consumer to continue with what is important to them.*
3. *Flexible & responsive to the range of changing needs, interests & choice of consumers.*
4. *Supportive & enables the positive relationship between consumers & carers.*
5. *Recognised as a fundamental & valued part of society that grows & develops to meet the changing expectations of consumers, carers, funders & the workforce.*[72]

Older people should have access to timely, short term and intensive restorative care, especially after episodes of ill health, to enable them to regain functional abilities, or learn new ways of undertaking everyday activities, and to avoid or reduce the need for ongoing support and maximise independence. Access to allied health services can be a particularly important part of achieving these aims, and will need to occur relatively quickly and intensively, or function may be much harder to address or even permanently lost.

The NSW Aged Care Alliance notes that the Commonwealth Home Support Program will have a particular focus on wellness and re-ablement, and that the Home Care Packages Program will also support re-ablement. The Aged Care Alliance considers that all aged care programs should have a focus on wellness and re-ablement, with opportunities for a person at any level of support to benefit from interventions that can maximise their functional capacity. The Home Support Program, which will bring together aged care programs that provide basic supports, is not likely to be sufficient to ensure that all people accessing aged care can benefit from re-ablement. The Aged Care Alliance therefore recommends that appropriate resources are allocated to ensure that all aged care programs can access allied health support, and wellness initiatives.

Strong and Sustainable Workforce

With an ageing population and a relative decline projected in the availability of family carers, demand for aged care services is rising exponentially. It is therefore critical that there is a well-skilled, properly remunerated workforce available to provide the care services needed in the future.

[71] NSW Department of Family and Community Services division of Ageing, Disability and Home Care (2012) *Better Practice demonstration projects evaluation*, Sydney, October, p. 3.
[72] IMPACT NSW Working Group original principles.

It is also important that there are effective systems in place to support volunteers. Not only will volunteers provide important support to provision of formal aged care services, but volunteering opportunities help provide social engagement for older people themselves and build social capital.

Results from the most recent National Aged Care Workforce Survey were published in early 2013.[73] Key findings include:

- There are more than 300,000 workers employed in the aged care sector, 202,000 work in residential facilities, and 150,000 in community outlets. The residential aged care workforce has grown by 29% since 2003; the community care workforce has grown by 25% since 2007.
- More than 240,000 of these workers are employed in direct care roles: 147,000 work in residential facilities, and 93,000 in community outlets.
- The workforce is 90% female.
- The workforce is generally older than the national workforce and ageing further, but the majority assess their health as 'very good' or 'excellent'. The median age for residential direct care workers is 48 years while for community direct care workers it is 50 years.
- 23% of the direct care workforce in residential facilities and 16% in community care outlets were born overseas and reported speaking a language other than English.
- More than 85% of direct care workers have some form of post-secondary qualification, which is above national average.
- Most direct care workers are employed on a permanent part-time basis (72% of those in residential facilities and 62% in community outlets).
- Job satisfaction is high across all areas except for pay. Registered Nurses were the most likely direct care workers to be feeling under pressure and that their job was stressful.
- Overall the direct care workforce is relatively stable, although some 'churn' was evident with workers moving between aged care employers.
- Three quarters of residential facilities and half of community outlets reported skill shortages in one or more occupations, particularly for Registered Nurses and some allied health positions.

Pay and Working Conditions

Attracting and retaining sufficient workers can be difficult due to the relatively low level of pay for aged care staff. Personal care workers and support staff earn less than they could if they worked in a supermarket. Nurses earn less than their counterparts in health service settings.

The Federal Government committed to redress wage injustice in the female-dominated Social and Community Services (SACS) sector – the Alliance believes they must do the same for the equally female-dominated and low-paid aged care workforce.

As part of the LLLB reforms, an Aged Care Workforce Supplement is being created.[74] This is intended to provide a wage increase to workers over 4 years, funded via an increase in subsidies for aged care services. In order to access the Workforce Supplement, aged care providers must:

- ensure that annual increases in wages are a minimum of 2.75% per annum, or the Fair Work Commission annual minimum wage increase, whichever is higher,

[73] King, D. et al (2013) *The Aged Care Workforce 2012: Final Report*, for the Department of Health and Ageing, available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-nat-agedcare-workforce-census-survey (last accessed: 19 April 2013).
[74] Subject to passage of the *Aged Care (Living Longer Living Better) Bill 2013* by the Senate.

- maintain a set margin over the relevant Award rates for all employees, and
- commit to meet the conditions of the Workforce Compact[75], or, for a residential care service with more than 50 places, set wages and working conditions that comply with the Compact in an enterprise agreement.

There are concerns that the proposed mechanisms for the Supplement may not achieve its goal of improving aged care wages, especially for most lowly paid on award rates. It also provides a wage increase much smaller than that to be provided to social, disability and community workers through the Equal Remuneration Order handed down by Fair Work Australia in 2012. It is notable that the funding for the Workforce Supplement has come through a reduction in funding available for the care of older people in residential aged care, via a cut to the Aged Care Funding Instrument (ACFI).

Workforce Capacity

As well as problems identified in the aged care workforce itself, there are also problems with access to other key professionals, including allied health and general practitioners (GPs). For example, GPs are not attracted to this area of care due to perceptions of inadequate remuneration and excessive time involved in managing the complexity of resident care needs. The problem is essentially that there are not enough GPs.[76]

Wages are only one, albeit major, issue that needs to be addressed. Career structures, training (including in specialist areas such as dementia and palliative care), use of technology and flexible models of care to enhance service delivery efficiency and effectiveness must be considered as part of an overall aged care workforce strategy.

The Alliance acknowledges investment in this area in recent years, including through the National Workforce Development Fund, on specific training and workforce development initiatives by the Department of Health & Ageing and identification of aged care as a priority area for Health Workforce Australia. This investment must continue.

The NSW Aged Care Alliance recommends a Ministerial Aged Care Workforce Taskforce including provider, union and consumer representatives have oversight of this area to ensure a coordinated strategy is implemented. This should include ensuring appropriate workforce development opportunities are available at a local level for services to special needs groups, such as people with dementia, services in rural and regional areas, for Aboriginal and Torres Strait Islander services and for staff providing support services to culturally and linguistically diverse communities. State and Territory based working groups to identify priority issues would be useful to target initiatives at local need.

The Aged Care Alliance emphasises that workforce capacity is crucial to achieve quality in aged care. For services that are responsive, in an environment where a person's support needs may change rapidly, adequate staffing is essential. In the present environment, effectiveness is often traded off against efficiency. Many aged care workers can only work in a task-centred manner, by completing a series of tasks in the quickest way possible, rather than being responsive to an older person's strengths, interests, skills, and aspirations from a person centred approach. For older people to experience a high quality of life in aged care, the aged care system must have the workforce capacity to be responsive.

[75] Department of Health and Ageing (2013) 'About the Aged Care Workforce Supplement', last updated 24 April 2013, available at: http://www.livinglongerlivingbetter.gov.au/internet/living/publishing.nsf/Content/Workforce-Compact (last accessed: 03/06/2013).

[76] Gadzhanova, S. & Reed, R. (2007) 'Medical services provided by general practitioners in residential aged-care facilities in Australia', *Medical Journal of Australia*, Vol. 187, No. 2, pp. 92-94.

Recruitment and Retention

In addition to the above recommendations for increasing wages and improving the capacity of the aged care workforce, the NSW Aged Care Alliance strongly recommends investment in recruitment and retention of aged care workers through improving career pathways, access to training, and through promotion of aged care careers. Workforce initiatives aimed at a local level, to improve the skills and knowledge about the variety of roles in the aged care sector, have the potential to improve workforce capacity.

The NSW Aged Care Alliance also advises that workforce development initiatives must also focus on the long-term retention of new workers. It is insufficient to fund basic training only, such as Certificate III level qualifications; the aged care sector would benefit greatly from funding initiatives for a range of recognised tertiary qualifications including vocational and academic programs. The aged care workforce suffers the dilemma of requiring new skills for the future, but without individual workers having commensurate recognition of skills through established career paths. Training for the aged care workforce needs to address the needs of the changing composition of the aged care target population, including the increasing complexity of client needs, and newer approaches such as Consumer Directed Care and the wellness/re-ablement approach. This requires greater support for allied health, social work, support facilitation, and other roles requiring advanced qualifications.

Local initiatives such as mentoring programs and promotional activities, carried out by local community based organisations, can enhance the aged care workforce by utilising community networks and knowledge to promote workforce opportunities among local communities. These initiatives can support workers at a local level to a greater extent than nationwide initiatives without local linkages. The NSW Aged Care Alliance is aware of a number of local initiatives such as the *Introduction to Home & Community Support Services* project by Bankstown Area Multicultural Network, and *Finding a Rewarding Career in Community Care Services* projects by Central Coast Disability Network, which are progressing workforce initiatives considerably.

Locally based initiatives can also support the professional recognition of the cultural skills that Aboriginal and Torres Strait Islander workers and culturally and linguistically diverse workers bring to the aged care sector. Aboriginal workers and culturally and linguistically diverse workers in the community sector are often seen as having responsibilities in their communities due to their professional roles, regardless of formal boundaries between working and non-working hours.[77] Programs, including opportunities for debriefing, mentoring, and professional recognition of cultural duties, would further support retention and professional development of Aboriginal and culturally and linguistically diverse aged care workers.

Other barriers to retention of Aboriginal and Torres Strait Islander and culturally and linguistically diverse workers include lack of access to childcare, vehicles, and English language support. Workforce initiatives must address these barriers to ensure that skilled workers can support the ageing population.

Volunteers

Many support services to older people rely on the generous time and energy of volunteer workers as a critical part of their service provision. As many volunteers in aged services are reaching retirement or older age themselves, the supply of new volunteers is diminishing. At the same time, major reforms are occurring to the Home and Community Care Program, which utilises the largest number of volunteers to support older people through services such as Meals On Wheels, Neighbour Aid and Community Transport. It is imperative that the

[77] See NSW Aboriginal Community Care Gathering Committee (2012), Op. cit., Guiding Principle 74, Recommendations R92 & R93.

creation of the new Commonwealth Home Support Program maintains strong support for volunteers and the organisations that use them, including through regional infrastructure such as volunteer recruitment programs.

The costs of training and maintaining volunteers is rising and new charges for criminal records checks for high turnovers of volunteers puts pressure on service budgets. As the funding base does not keep pace with demand, there is a tendency to load volunteer workers with increasing responsibilities at a cost of greater personal liabilities to the volunteer. Some services that rely on volunteers are having significant problems with volunteer recruitment, arguably due to additional expectations, and this also impacts on volunteers for local management committees. These issues can be intensified within Aboriginal and Torres Strait Islander communities, within culturally and linguistically diverse communities and in rural and regional areas. Older people also want to be recognised for their value as volunteers.

Quality Care

A key priority for the NSW Aged Care Alliance is that aged and community care services provide the highest possible quality of care for older people and their carers. People are living longer and thus entering care services at an older age and with increasingly complex co-morbidities. Aged care services are responding to rapid increases in conditions like dementia and Parkinson's Disease, alongside physical frailty.

The *Living Longer Living Better* aged care reforms address quality improvements in four areas:

- Creation of the Australian Aged Care Quality Agency to oversee quality across residential and home care services, subsuming the role of the Aged Care Standards & Accreditation Agency for residential care and the Department of Health & Ageing quality reviews for community care. The existing residential care and home care standards are to remain.
- Development and publication of quality indicators on the *My Aged Care* website (by 2014 for residential care and by 2016 for home care).
- Expansion of funding for the National Aged Care Advocacy Program by 20%.
- Expansion of the Community Visitors Program to include group programs in residential aged care and support for aged care consumers living in the community.

The Alliance supports these initiatives, but believes further improvements can be made to the regulatory arrangements to improve quality in aged care.

The required minimum service standards, especially for residential care, should be reviewed to focus on outcomes rather than processes. Work commenced in 2011 on reviewing the residential care standards, but this was placed on hold when the LLLB reforms were announced. In the light of implementation of Consumer Directed Care in residential care as well as in Home Care Packages, an update of the Accreditation Standards for residential aged care would be timely and appropriate. The consultation process would be simplified due to the earlier work in 2011.

The NSW Aged Care Alliance advises that the quality indicators to be published on the *My Aged Care* website must be:

- valid, reliable and meaningful for older people;
- address quality of life outcomes as well as clinical outcomes; and
- collected in a manner that minimises unnecessary administrative burden on providers and their staff.

Developing quality indicators of this nature is not simple, as what is meaningful for older people differs from person to person. The congregate nature of residential aged care makes it difficult to compare simple indicators against one another. As discussed by the Productivity Commission[78], the participation of consumers, family and carers in the process of designing the indicators is imperative to the success of this initiative.

Publication of quality indicators is one step to increased transparency. At present the outcome of accreditation processes for residential aged care facilities is published on the website of the Aged Care Standards and Accreditation Agency. For community care, however, despite all community care providers being reviewed against the Community Care Common Standards (to become the Home Care Standards from 1 July 2013 depending on the passage of legislation), the outcomes of these quality reviews are not published and there is very little transparency. The Alliance recommends that the outcomes of quality reviews of community care providers are published.

The expansion of the National Aged Care Advocacy Program must also include a funding increase to ensure nationally consistent coverage of Home and Community Care and Commonwealth Home Support Program services.

Only 10.7 per cent of concerns raised with the Aged Care Complaints Scheme in 2011-12 were raised by consumers. The majority of complaints are made by aged care workers or the family, carers or representatives of consumers. The most commonly cited reason for this low rate is fear of retribution.[79] The NSW Aged Care Alliance is concerned at the apparent inability of the aged care system to address this fear, whether real or perceived, and eliminate the retribution that does occur.

The Alliance believes it is imperative that the Aged Care Complaints Scheme is independent of DoHA, as this would increase trust in the decisions of the scheme by both consumers and providers. In 2009, Merilyn Walton completed a review of the then Aged Care Complaints Investigation Scheme and recommended establishment of a new Aged Care Complaints Commission, separate from the Department of Health & Ageing.[80] This is the standard structure for Health Care Complaints Commissions across Australia. The Productivity Commission echoed this recommendation in its *Caring for Older Australians* Inquiry Report.[81] While the Government has implemented many of the procedural recommendations of the Walton Inquiry, it baulked at removing the scheme from the Department.

It is also important to note that quality of care relies on the sustainability of the funding for the system. Currently the Commonwealth Own Purpose Outlays (COPO) formula is used as the basis for indexation of government subsidies. Its assumption that productivity improvements can continually be achieved to offset market movements in the actual costs of providing residential aged care services is fundamentally flawed. The Howard Government introduced the Conditional Adjustment Payment (CAP) funding for residential care services in 2004, in response to the inadequacies of this approach. No similar additional payment has been made in community care programs, meaning the level of services provided has been gradually dropping (e.g. from about 7 hours per week to about 5 hours per week for the average Community Aged Care Package client over the past decade). The NSW Aged Care Alliance supports the position of the National Aged Care Alliance that a thorough, independent cost of care study should be undertaken, taking into account the need to pay

[78] Productivity Commission (2011), Op. cit., pp. 399 & 409-410.
[79] Australian National Audit Office (2012) *Managing Aged Care Complaints*, Audit Report No. 10, Canberra, pp. 64-65.
[80] Walton, M (2009) *Review of the Aged Care Complaints Investigation Scheme*, http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-review-cis-09.htm (accessed 24 April 2013).
[81] Productivity Commission (2011), Op. cit., pp. 393-422.

fair and competitive wages and the additional costs of providing services for people with special needs.[82]

RECOMMENDATIONS

1. That the impact on older people of increased consumer fees for aged care services is monitored closely.
2. That a regional presence is established for the Aged Care Gateway.
3. That implementation of the Aged Care Gateway ensures there is no 'wrong door' for accessing aged care services.
4. That, for Aboriginal and Torres Strait Islander consumers, there is no separation of service delivery and assessment.
5. That the Aged Care Gateway has access to interpreters and delivers translated materials in relevant community languages.
6. That the Australian Government introduces community based capacity-building initiatives to inform and empower ageing communities to make informed choices about aged care.
7. That appropriate resources are allocated to ensure that all aged care programs can access allied health support, and wellness initiatives.
8. That the Federal Government ensures fair and sustainable wage increases are provided to all aged care workers.
9. That there is further work undertaken to ensure access to medical and allied health professionals for older people in residential aged care.
10. That a Ministerial Aged Care Workforce Taskforce including provider, union and consumer representatives is established to have oversight of a coordinated workforce development strategy.
11. That a variety of tertiary qualifications are resourced for the aged care sector, including case management, social work, nursing, and allied health, as part of a broader career pathway.
12. That local initiatives to promote the aged care sector as an industry of choice are resourced by the Australian Government.
13. That local workforce initiatives to support Aboriginal and bilingual workers in aged care are resourced and supported by the Australian Government.
14. That the new Commonwealth Home Support Program maintains strong support for volunteers and the organisations that use them.
15. That all aged care funding programs acknowledge and cover the costs of volunteer recruitment and support.
16. That the minimum standards for residential care be reviewed with a view to a focus on outcomes not just processes.
17. That the quality indicators to be published on the *My Aged Care* website are: valid, reliable and meaningful for older people; cover clinical and quality of life outcomes; and

[82] National Aged Care Alliance (2012) *Blueprint for Aged Care Reform*, at http://www.naca.asn.au/Age_Well/Blueprint.pdf (accessed 19 April 2013)

collected in a manner minimising unnecessary administrative burden on providers and their staff.

18. That the quality indicators to be published on the *My Aged Care* website are developed with consumer involvement.

19. That quality reviews of community care providers are published.

20. That expansion of the National Aged Care Advocacy Program includes a funding increase to ensure nationally consistent coverage of Home and Community Care and Commonwealth Home Support Program services.

21. That a new Aged Care Complaints Commission is established, separate from the Department of Health & Ageing, to run the Aged Care Complaints Scheme and to enable clients and their supporters to make complaints without fear of retribution.

22. That a thorough, independent cost of care study is undertaken.