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1. Tell us about you

1.1 What is your full name?

1.2 What stakeholder category do you most identify with?
Contracted Service Provider

1.3 Are you providing a submission as an individual or on behalf of an organisation?
Organisation

1.4 Do you identify with any special needs groups?
Nil

1.5 What is your organisation’s name?
STAR Community Services

1.6 Which category does your organisation most identify with?
Transport and Community Care

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?
Yes, publish all parts of my response except my name and email address
2. Response to Criteria in the Legislation

2.1 Whether unmet demand for residential and home care places has been reduced

<table>
<thead>
<tr>
<th>Refers to Section 4(2)(a) in the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this context, unmet demand means:</td>
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<tr>
<td>• a person who needs aged care services is unable to access the service they are eligible for e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS ) approval for residential care is unable to find an available place; or</td>
</tr>
<tr>
<td>• a person who needs home care services is able to access care, but not the level of care they need e.g. the person is eligible for a level 4 package but can only access a level 2 package.</td>
</tr>
</tbody>
</table>

Response provided:
There are three problems – (1) denial by the system for access and (2) delays in receiving access and the required level of care and (3) refusal of the system to acknowledge residential preferences.

This organisation works within and outside the government subsidy system. There is a dichotomy and confusion regarding the allocation of subsidies, in terms of levels, timing of allocations and ability to change as needs arise. The system needs more and better flexibility and perhaps a review of scope of offers.

We are dealing with aged people with inherent disabilities and sometimes we refuse to consider their needs.

2.2 Whether the number and mix of places for residential care and home care should continue to be controlled

<table>
<thead>
<tr>
<th>Refers to Section 4(2)(b) in the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this context:</td>
</tr>
<tr>
<td>• the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government ; and</td>
</tr>
<tr>
<td>• controlled means the process by which the government sets the number of residential care places or home care packages available.</td>
</tr>
</tbody>
</table>

Response provided:
This organisation comments only on home care.

We have no problem with working with controlling the number and mix of places, except to recommend that the allocation of number and mix better reflect demographic changes in local areas, so recipients of care are not obliged to move away from current family and support.
2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model

Refers to Section 4(2)(c) in the Act
In this context:
- A supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
- A consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.

Response provided:
This organisation has no concerns with the switch of models and assessments, except to point out that not-for-profit organisations, by their very definition, do not build up reserves in order to cope with market changes and the change in aspect has left many organisations in a parlous and precarious financial position, with no support or advice from government. This is unfair and is placing much, undue, unwarranted stress on organisations and their workforce.

Not-for-profit organisations will collapse and are collapsing due to government changes, lack of support and intransigence.

2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services

Refers to Section 4(2)(d) in the Act
In this context:
- Means testing arrangements means the assessment process where:
  - the capacity of a person to contribute to their care or accommodation is assessed (their assessable income and assets are determined); and
  - the contribution that they should make to their care or accommodation is decided (their means or income tested care fee, and any accommodation payment or contribution is determined).

Response provided:
This organisation has no problem with the concept of means testing, except to point out that the concept of fair and reasonable needs to be applied in all instances and there should be a fair and robust appeal process. The aspects of changed circumstances on the point of client’s needs to be more swiftly addressed when necessary.

2.5 The effectiveness of arrangements for regulating prices for aged care accommodation

Refers to Section 4(2)(e) in the Act
In this context:
- Regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

Response provided:
Not applicable to this organisation.
2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refers to Section 4(2)(f) in the Act

In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.

In this context different population groups could include:

- people from Aboriginal and/or Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);
- parents separated from their children by forced adoption or removal; and / or
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

Response provided:

There is not enough emphasis or funding given to rural and remote populations which do not have services close by and need to travel, many times with support. The funds allocated for this travel and accommodation is woefully inadequate. The subject of public and temporary housing in general, in Queensland, is inadequate. There is not enough emphasis on situations requiring ongoing and intensive allocation of resources, particular in cases of social and financial distress. Service providers are required to cap or filter services due to inadequate funding, sometimes in life-threatening instances. There is a not sufficient “fair and reasonable” implications applied in many cases.

2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refers to Section 4(2)(g) in the Act

In this context aged care workers could include:

- paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
- paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

Response provided:

The problem of recruiting, retaining and stimulating the workforce are well documented. This organisation does not see much evidence in addressing the issues of accreditation, raising quality of the workforce, reducing physical and financial abuse, ensuring an acceptable quality of life for recipients of care from those appointed to provide that care. The possible “dumbing down” of the workforce is a looming issue in the care of consumer directed funding.
2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refers to Section 4(2)(h) in the Act
In this context:
- arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme.

Response provided:
Not applicable to this organisation. As a general comment, the system is extremely complicated with the various models and levels of complexity offered to potential clients. Many clients in the sector are simply overwhelmed by the complexities and the process. There is economic loss, with adverse emotional and psychological effects.

2.9 The effectiveness of arrangements for facilitating access to aged care services

Refers to Section 4(2)(i) in the Act
In this context access to aged care services means:
- how aged care information is accessed; and
- how consumers access aged care services through the aged care assessment process.

Response provided:
This organisation, due to workforce costs and other cost pressures, is under constant pressure to comply with bureaucratic regulations. The people who submit the rules for compliance do not seem to grasp the complexities of this regulatory compliance. Due to centralisation of decision-making, there is often not enough local consultation of needs.
3. Other comments

Response provided:

This organisation is a small to mid-size organisation set up as a not-for-profit for a specific purpose. The organisation relies heavily on volunteers. Due to changes imposed unilaterally by government agencies and departments, the organisation is in a change mode, which has been difficult to implement for a number of reasons. The specific purpose mentioned above is no more as the funding and support for that purpose is declining and changing and the purpose of the organisation has had to widen to survive. The organisation has had minimal assistance from the regulatory and ruling bodies and it is only due to the skill and diligence of management that the organisation is still viable. The pressures placed on management, staff, volunteers, systems, clients, supporters, carers and families has been horrendous and is ongoing. The “fair and reasonable” test?: not happening on the government side.

The concerns of organisations such as this is that it is too easy for governments to hand over to large, multi-state/national to alleviate responsibility. Serco, anyone?