# Submission template

## Aged Care Legislated Review

*Submissions close 5pm, 4 December 2016*

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Thank you for your interest.
1. **Tell us about you**

1.1 What is your full name?

1.2 What stakeholder category do you **most** identify with?

Peak body - provider

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Organisation

1.4 Do you identify with any special needs groups?

Choose an item.

1.5 What is your organisation’s name?

Occupational Therapy Australia

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of June 2016 there were more than 18,000 nationally registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

1.6 Which category does your organisation **most** identify with?

Allied Health

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

☐ No, do not publish any part of my response
2. Response to Criteria in the Legislation

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

Refer to Section 4(2)(a) in the Act

In this context, unmet demand means:

- 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
- 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.

Occupational Therapy Australia believes that in many cases unmet demand for residential and home care places has not been reduced. This is due to a number of factors including:

- An inadequate supply of level 3 and 4 home care packages, with consumers being placed on long waiting
  lists;
- Approved providers of level 3 and 4 packages being unable to supply the level of care required for people
  with complex needs;
- An inadequate supply of suitable accommodation for younger people receiving support through the aged
  care system. Occupational Therapy Australia previously touched on this issue in a submission to the
  Senate Community Affairs References Committee last year. Many residential aged care facilities do not
  adequately provide an appropriate level of care and support for young residents with physical, mental or
  intellectual disabilities. This in turn leads to social isolation, occupational deprivation and mental health
  issues;
- A lack of dual purpose residential aged care facilities for older people with dependent children with a
  disability;
- A lack of suitable accommodation for long-term homeless people requiring care.

The transition from a level 1 or 2 package to a level 3 or 4 package can be difficult for consumers, as packages are
not delivered by the same service providers. This can affect the continuity of care that clients receive.

There does seem to be an adequate supply of level 1 and 2 packages, however this is due in part to the fact that
consumers are more inclined to apply for Commonwealth Home Support Programme (CHSP) services because of
lower fees.

Occupational Therapy Australia is supportive of the introduction of a national single point of entry to the aged
care system (My Aged Care) and the potential for more robust evidence to understand the extent of unmet
demand.

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

Refer to Section 4(2)(b) in the Act

In this context:

- 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
- controlled means the process by which the government sets the number of residential care places or
  home care packages available.
Occupational Therapy Australia believes that the quality of care that older people receive is paramount. In order to meet quality standards, access to appropriate levels of service is needed for all Australians.

To ensure that residential care places and home care packages remain affordable, and that an appropriate mix of packages and places is available to people with varying levels of need, Occupational Therapy Australia believes that some degree of control should be maintained. This would also ensure that people from rural and remote areas receive equitable access to aged care services. As there is no available data on unmet need this control needs to be closely monitored as the reforms continue to roll out in 2017 and 2018. If it is decided to relinquish control, there needs to be close monitoring of the situation to ensure that disadvantaged groups have equal access to places.

Occupational Therapy Australia supports the Australian Government’s needs-based planning framework to ensure sufficient supply of places and packages. Of concern is the current varied utilisation of funds provided through the four levels – for example, some people require more funds than a level 4 package provides while others have significant amounts of funding accumulated. This suggests assessment of need and design of care plans can vary significantly between ACAT assessors.

There is currently a lack of robust data available to understand the impact of costs related to administration and case management of packages and cost of travel incurred by workers who provide services as part of a home care package. Anecdotal evidence suggests that these costs lead to a lower level of direct services to the client receiving a package and therefore inequitable care for people, especially those living in rural and remote areas.

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

Refer 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.

Occupational Therapy Australia supports in principle a consumer demand driven model, as this would provide older people with greater choice and control over the services they receive. With the introduction of Increasing Choices in 2017 there will need to be close monitoring of the whole system so that disadvantaged groups are not compromised by the introduction of the reforms. Similarly, it will be important to monitor the management of the priority and waitlist function, in order to identify unmet need for disadvantaged clients.

The occupational therapy profession focuses on placing the client at the centre of their care plan. Occupational Therapy Australia therefore strongly endorses informed client control over their health care and services. However, it should be remembered that in many cases consumers are unable to exercise choice and control (e.g. if they are affected by cognitive issues, are homeless etc).

A consumer demand driven model may also present challenges for consumers in rural and remote areas, where there is often a shortage of service providers. Occupational Therapy Australia has previously called for greater financial incentives to be provided to attract more workers to rural and remote areas.
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
Refer 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).

In some cases means testing may be discouraging older people from accessing aged care services, particularly if they are at risk of elder abuse. With the move towards a single integrated aged care system, the current disparity in consumer contributions across home support, home care packages, residential care and respite care is confusing for both consumers and providers. Mandatory means tested co-contributions for all services would assist in reducing this confusion, providing certainty to providers and at the same time ensuring a safety net for consumers who are disadvantaged. Discounts for couples who do not enter residential aged care simultaneously need to be considered (eg. the first person who enters residential aged care pays a concessional rate while their partner who enters later pays in full).

The assessment of assets – including the family home – also needs investigating, particularly when providing care to individuals who choose to live in large residential properties. In many cases home maintenance costs can absorb a high level of the funding needed for personal care.

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

There have been reports of extra fees being imposed by residential aged care facilities to improve standards of care in these facilities. These fees relate to room sizes, sheets etc., which should be provided as part of the Specified Care and Services Schedule. Another issue that needs to be investigated is aged care facilities requesting an upfront fee or lump sum payment ($6000 – $10,000) as a deposit. This clearly poses problems for people with no disposable savings or income.
2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refer 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.

As mentioned above, more needs to be done to ensure equity of access to aged care services for people in rural and remote areas. Additionally, Occupational Therapy Australia recognises the need to create a culturally competent and inclusive aged care workforce that is responsive to the needs of other population groups (eg. Aboriginal and Torres Strait Islander people, people from CALD backgrounds, LGBTI people).

Occupational Therapy Australia believes that aged care workers should be required to complete mandatory training that equips them to work with clients from diverse groups. Training material (such as webinars) should highlight the particular needs of each group, and aged care organisations should be encouraged and incentivised to cater to these needs.

Training and education targeting improvement in health literacy for both the care provider and recipient is essential.
2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refer 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.

In March 2016 Occupationally Therapy Australia made a submission to the Senate Community Affairs References Committee as part of its inquiry into the future of Australia’s aged care sector workforce. Our submission highlighted some of the current challenges associated with attracting, recruiting and retaining aged care workers. These included:

- Ongoing ageism in the community, which is understood as stereotyping and discriminating against individuals or groups on the basis of their age;
- Undergraduates in allied health disciplines do not see aged care as their preferred post-graduate career pathway;
- Many privately funded or community based aged care organisations do not have the necessary funding to offer sufficient clinical governance, practice leadership and supervisory structures needed to develop new graduates;
- Many private and community based providers also lack funding for research and innovation in evidence based practice, resulting in a lack of professional development opportunities for staff.

Occupational Therapy Australia made a number of recommendations to facilitate the attraction, recruitment and retention of both professional and non-professional aged care workers. These included:

- Ongoing funding for community and media campaigns to tackle ageism, with an emphasis on reward and recognition for aged care careers;
- Primary Health Networks (PHNs) should work to educate the community about the critical role of aged care workers; and disseminate information about aged care services to ensure that consumers in different areas are aware of what is available to them;
- Undergraduate students of aged care disciplines should complete assessments to determine if a career in aged care is right for them;
- New graduates working in aged care (in private, government and community practice) must be required to undergo a structured and supervised initial workplace transition period and should be required to meet regularly with a supervisor who can assess their progress;
- A Commonwealth-funded interagency taskforce should be established to develop a strategy for professional development pathways for aged care workers;
- Staff in all aged care organisations should be funded to complete regular refresher training courses through online learning modules to ensure that their skills and experience remain up to date.

Changes to the Aged Care Funding Instrument (ACFI) are concerning as the level of care provided to clients will be reduced as staffing is decreased. Specialised services provided by occupational therapists in residential care will be further reduced at a time when the need for these services should be increased to improve the quality of life of clients. A table outlining the types of interventions that occupational therapists can provide in residential care is provided under Section 3: Other comments (see below).

Also of concern is the fact that registered nurses (RNs) are no longer required to be on-site at residential aged care facilities. These changes could affect a number of residents, particularly those who require palliative care and care in end stage dementia.
2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds  
Refer 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.

Nil

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

The aged care system has become heavily IT reliant, particularly since the changes to My Aged Care that were introduced in July 2015. This has made it difficult for consumers to access information about aged care services. Occupational Therapy Australia has also received feedback from clinicians about problems they have experienced navigating the My Aged Care website and online portal.

Some examples of these include:

- The website is slow and difficult to navigate;
- Information about services is often incorrectly displayed;
- There have been reports of referrals not being passed on to providers, while many clinicians are unable to track the progress of referrals;
- There is a lack of follow-up communication once a referral has been submitted.

Occupational Therapy Australia believes that many older people, particularly those from CALD backgrounds, would struggle to use the system without assistance. Even clients and their carers with higher levels of computer literacy have found it difficult to find information needed to access services.

There is also a lack of publicity and communication about My Aged Care, which in turn has resulted in a lack of industry knowledge about the scheme. Concerns have also been raised about the aged care assessment process and how this affects the services clients receive (eg. the need for clients to undergo a RAS assessment in addition to an initial occupational therapy assessment has resulted in duplication of assessments, as well as delays in accessing key services such as home modifications). Although the average wait times for access to ACATs has decreased nationally, inequities in wait times remain between ACAT services operating across Australia. This compromises the timely provision of services that can minimise progression of age related disease processes and meet the core objectives of aged care funding.

With regards to home care packages, Occupational Therapy Australia believes that there is vagueness around package guidelines and expectations about what will be included. This includes the prescription and supply of equipment.

Given health and personal care are cited as the top issue among complaints to the Aged Care Complaints Scheme in 2014–15, action is needed to address the concerns that members of the public have about the quality of health care. Offering people more choice and control over their health care must be aligned with improved knowledge...
and health literacy (of recipients and providers) to enable informed choice. A model where home care packages offer separate funding for hospitality services and health care services (as per residential care and ACFI) needs investigation and modelling to ensure people who choose to remain in their own homes are provided with the same access to quality health care as that provided in residential care.
3. Other comments

Improvements are being made to the system based on feedback from consumers, providers and professional associations. Occupational Therapy Australia welcomes the opportunity to provide advice on a number of Commonwealth advisory groups and accelerated co-design workshops to help improve the system for consumers.

An overview of the role of occupational therapists in residential care is provided below for the Department’s reference.

**Examples of interventions performed by occupational therapists working in residential aged care**

<table>
<thead>
<tr>
<th>Roles</th>
<th>Some examples</th>
</tr>
</thead>
</table>
| Early intervention in aged care: responding to people’s needs as they | Restorative care  
Aged care assessment roles  
Occupational analysis of person and environment to enable clients to maintain their independence and maintain valued occupational roles |
| begin to develop activity restrictions and participation              |                                                                              |
| Enabling clients to regain or enhance their daily lives               | Short term rehabilitation programs  
Splinting  
Falls prevention programs  
Pain management  
Exercise classes  
Splinting for pain  
Seating and posture prescription  
Pressure care |
| Assessing and modifying clients’ home and community environments to   | Community mobility evaluation, including driver assessment and rehabilitation, falls prevention |
| improve their safety and independence                                |                                                                              |
| Recommending and educating clients and carers in the use of adaptive  | Powered scooter prescription  
Eating equipment/adaptive devices  
Smart assistive technology eg alerts for dementia clients  
Hoist prescription and education to carers and staff |
| equipment to assist function                                          |                                                                              |
| Behaviour support                                                     | Recommending equipment, increasing independence, modifying the environment to assist in behaviour management in residential care  
Running “living with memory loss” programs |
| Psychosocial evaluation and use of structured activity to maintain and | Occupational role evaluation and daily living planning  
Organising appropriate activities to accommodate wandering in residential care |
| enhance occupational roles                                           |                                                                              |
| Systemic roles                                                       | Embedding reablement and wellness approaches in aged care teams  
Advising local government on access and age-friendly environments  
Access evaluations for residential aged care by occupational therapists with access audit credentials. |