

GENERAL	
<p>Aged care facts 2017/18¹</p> <p>From the 2017/18 Report on the Operation of the Aged Care Act 1997</p> <p>https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2018/November/2017%E2%80%9318-Report-on-the-Operation-of-the-Aged-Care-A</p>	<ul style="list-style-type: none"> ➤ Australian Government aged care expenditure totalled \$18.1 billion in FY 2017/18. ➤ Every year, over 1.3 million people are supported by the aged care industry through services to support people at home, in residential care and housing. ➤ There are 3,223 aged care providers, ranging from micro-businesses to large national enterprises.² ➤ More than 366,000 people work in aged care including nurses, personal care workers, support staff, and allied health professionals, making up about 3% of Australia’s total workforce.³ ➤ About 40% of regional jobs are in aged care,⁴ underpinning the economies and communities in those areas of Australia. ➤ A sustainable aged care industry contributes to increasing numbers of jobs and economic growth in Australia. ➤ Aged care contributes 1.1% to Australia’s GDP. The direct contribution of the industry is approaching that of other important Australian industries such as residential building construction and the sheep, grains, beef and dairy cattle industry.⁵ ➤ The aged care sector has a large and diverse workforce, from nurses and care workers to management, hospitality and administrative staff, that directly employs more than 366,000 workers.⁶ ➤ The health and aged care industries were among the fastest growing industries on SEEK in 2017 with job ads rising by 11.1%.⁷ <p>HOME SUPPORT</p> <p>Home support is comprised of Home Care Package (HCP) and the Commonwealth Home Support Programs (CHSP).</p> <ul style="list-style-type: none"> ➤ 97,516 people accessed HCPs. ➤ 858,159 people accessed services through CHSP and HACC. ➤ There were 873 operational HCP providers. ➤ As at 30 June 2018, there were 91,847 HCP consumers, funded by \$2 billion in subsidies and supplements. ➤ The NFP sector (including local/state/territory governments) delivered 83% of all HCPs. ➤ 1,456 organisations were funded to deliver CHSP (WA had 91 HACC services, of which 76 transitioned to CHSP on 1 July 2018).

¹ Department of Health, 2017-18 Report on the Operation of the Aged Care Act 1997.

² There were 902 residential aged care providers, 702 providers of home care packages and 1,523 organisations funded to deliver Commonwealth home support services. See Australian Institute of Health and Welfare, *Services and places in aged care, 2016–17*, <https://www.gen-agedcaredata.gov.au/www.aihwgen/media/2017/Infographics/Services-and-Places-Infographic-2016%E2%80%9317.pdf?ext=.pdf> (accessed 30 May 2018).

³ There were 902 residential aged care providers, 702 providers of home care packages and 1,523 organisations funded to deliver Commonwealth home support services. See Australian Institute of Health and Welfare, *Services and places in aged care, 2016–17*.

⁴ HESTA, *Transforming Aged Care, Reimagining the aged care workforce of tomorrow*, May 2018, p.19.

⁵ Deloitte Access Economics, *Australia’s aged care sector: Economic contribution and future directions*, Aged Care Guild, June 2015:

[www.agedcareguild.com.au/Portals/6/Media&PolicyArticles/15062016%20Australia's%20aged%20care%20sector%20%20DAE%20final%20report%20\(005\).pdf](http://www.agedcareguild.com.au/Portals/6/Media&PolicyArticles/15062016%20Australia's%20aged%20care%20sector%20%20DAE%20final%20report%20(005).pdf)

⁶ Australian Government, Department of Health, *The Aged Care Workforce, 2016, March 2017*, p.xvi.

⁷ <https://insightsresources.seek.com.au/australias-booming-industries>

RESIDENTIAL AGED CARE

- The Government provided \$12.2 billion in residential care subsidies and supplements in FY 2017/18.
- 241,723 people accessed permanent residential aged care at some time during 2017/18.
- There were 880 approved providers of residential aged care.
- There were 207,142 residential aged care beds, over half of which (59.4%) were operated by the NFP sector including local/state/territory governments.
- The average Australian Government payment for each permanent residential care recipient was \$65,500 per year.
- The average age of entry to residential aged care was 82 years for men and 84.5 years for women.
- The average length of stay was about 34.6 months. [Providers are reporting that many more residents now stay for 12 months or less.]
- Around 50% of residents had dementia.
- 61,993 people received residential respite care.

DEMOGRAPHICS

- As at 30 June 2018, 16% of Australia's population was aged 65 years and over (3.9 million) and 2% was aged 85 years and over (499,000).
- By 2027, it is estimated that 18% of the population will be 65 years and over (5.2 million) and 2.3% will be 85 years and over (672,000).
- Four out of five people who turn 85 years will require some form of support from the aged care industry.
- In 2017 there were an estimated 365,100 Australians with dementia. This number is anticipated to grow to around 900,000 by 2050.

DEMENTIA

- Dementia is one of the major reasons why older people enter residential aged care or seek assistance to remain living at home.
- The prevalence of dementia in Australia is 10% of people aged 65 years and over, rising to 30% of people 85 years and over.
- In 2018, there were an estimated 376,300 Australians with dementia, nearly half of whom were aged 85 years and over.
- The number of people with dementia is anticipated to grow to around 900,000 by 2050.
- At 30 June 2018, just over half of all residential aged care residents with an Aged Care Funding Instrument (ACFI) assessment had a diagnosis of dementia.

<p>Royal Commission into Aged Care Quality and Safety</p> <p>https://agedcare.royalcommission.gov.au/Pages/default.aspx</p>	<ul style="list-style-type: none"> ➤ Every day around the country, individuals working in aged care are responsible for the care of more than one million older Australians, and that number is growing. We take this responsibility seriously. ➤ Aged care is a uniquely human industry. We recognise things can and do go wrong. We are also an industry committed to continuous improvement and addressing problems where they occur. ➤ We believe there is no room in our community for poor or inattentive care and we have zero tolerance for criminal abuse, assault or negligence. ➤ We acknowledge that in recent times there has been increasing community concern about the quality of aged care. ➤ As aged care providers, respect for our elders is at the heart of what we do. We share the community’s desire for older Australians to be able to choose from a range of quality aged care services that provide the compassionate and dignified care they need and deserve. ➤ The aged care sector does not fear scrutiny or accountability. We have actively participated in multiple and substantial government-led inquiries and reviews over the years with the aim of improving and delivering quality aged care services. ➤ We will participate fully and transparently in the Royal Commission towards the same ends. ➤ The Royal Commission will provide the community with an opportunity to engage in a much-needed, constructive national discussion about the future of aged care, including how as a society we will deliver the quality services our growing ageing population will need and how it will be sustainably funded. ➤ We want the Royal Commission to focus on the root cause and critical issues facing aged care. This will give us the foundation to deliver on public expectations in the future. ➤ We believe the attention a Royal Commission will bring to the sector can be harnessed for the good of all Australians.
<p>High level principles that we want coming out from of the Royal Commission</p>	<ul style="list-style-type: none"> ➤ The community has confidence systems are in place to ensure aged care is of high quality ➤ The policy and regulatory settings are in place that will underpin a sustainable, quality aged care system that consumers want and expect ➤ Care and support is available where and when a person needs it ➤ Consumer choice and control ➤ Equal access to quality services in remote, rural and regional areas ➤ Recognition of the challenge that dementia presents to our community as Australia ages and of the opportunity to put in place preventive and early intervention actions ➤ Appropriate care and support for younger Australians with disabilities, including greater choice of where to live.
<p>Not-for-profit difference</p> <p>NFP aged care organisations deliver about 60% of residential aged care services and about 85% of community care in Australia.</p>	<ul style="list-style-type: none"> ➤ Not-for-profit aged care organisations deliver services to older Australians based on the values and purpose of community benefit, delivering services to the most disadvantaged and in markets that for-profits would deem unviable. ➤ Aged care services are part of the social fabric of local communities - not only for the essential care and support they provide - but also as a valuable generator of jobs and growth. There is a commitment to investment in community services to provide equal access to services for all people, particularly those who are vulnerable. ➤ Surpluses mean that aged care services will be sustainable so that when our loved ones, or you and I, require aged care it’s there for us when we need it. ➤ Surpluses in not-for-profits are reinvested into essential ongoing requirements, such as keeping buildings up to good standards, training staff and a whole range of other costs that are required to support the delivery of quality care. ➤ Any surplus is reinvested in improving services, keeping people actively connected in civil society; delivering services in unviable markets, and operating where there is no capacity for the disadvantaged in our society to receive care in existing markets, such as the homeless. ➤ Not all providers are making large surpluses. Many are doing it tough. Providers in rural and remote communities are struggling to remain viable – with 63.5% currently making losses, and those communities are at risk of losing access to essential aged care services.

INTERFACE WITH THE HEALTH SYSTEM	
Hospital care	<ul style="list-style-type: none"> ➤ Aged care clients/residents should have the same right to access the same health care as all Australians. ➤ Under current arrangements, when a resident needs hospital level care they must be transferred to ensure they receive the level of care they need. ➤ Older Australians have the same right to access hospital services the same as any other Australia when they require that level of care. ➤ Aged care facilities are not funded for hospital level care – aged care providers receive \$260 a day⁸ (including consumer contributions) to look after a resident compared to the funding of \$2,005 a day⁹ to look after a hospital patient.
Primary health services Access to GPs	<ul style="list-style-type: none"> ➤ ACSA supports measures that provide positive incentives for GPs to continue to provide valuable medical support to older Australians living in residential facilities. ➤ On 17 December 2018, the Government announced in MYEFO \$98.0 million over four years from 2018/19 to increase the Medicare Benefits Schedule (MBS) fees for General Practitioners (GPs) attending a residential aged care facility to help ensure that GPs have appropriate incentives to provide care in aged care facilities. ➤ It is important that this measure be closely monitored post-implementation to assess the success in increasing access and responsiveness of GPs to resident’s needs. ➤ The pending cessation of the current incentive program remains a concern. ➤ ACSA recommends the introduction of Medicare provider-numbers for nurse practitioners to increase access to services and improve the wellbeing of older Australians in residential and home care.
Oral health	<ul style="list-style-type: none"> ➤ Creating an effective interface between oral health and aged care is crucial. There are clear links between poor oral and poor general health. ➤ Oral health funding should be specifically allocated for older people living in residential aged care, and a stronger focus is needed on prevention prior to older people entering care to keep them well and independent for longer. Strengthening the interface with the home support and care systems is critical. ➤ ACSA recommends the establishment of a Federal, State and Territory aged care oral health taskforce getting ahead of an emerging issue. ➤ This would could enhance the care and quality of life for older Australians, and save state/territory health system significant costs, by reducing preventable hospital admissions.
Disability Young People in Nursing Homes https://www.ypinh.org.au	<ul style="list-style-type: none"> ➤ The National Disability Insurance Scheme (NDIS), holds great promise for younger residents and their aged care providers. However, NDIS does not fund any additional personal care to support a scheme participant living in residential aged care beyond that provided through ACFI. Aged care funding levels have not been designed to meet younger people’s needs. ➤ Appropriate levels of funding are needed to address the care needs of YPINH, particularly revising the NDIS policy position not to fund personal care for younger residents as part of their NDIS plan. ➤ Government needs to work with the sector to co-design and implement a housing and support strategy to identify and fund alternate service/care models that better meet the needs of younger people with disability.

⁸ Australian Government, Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector, 2018, p.88.

⁹ Independent Hospital Pricing Authority, National Hospital Cost Data Collection, Australian Public Hospitals Cost Report FY 2015-2016 Round 20, www.ihpa.gov.au/publications/national-hospital-cost-data-collection-public-hospitals-cost-report-round-19-financial, p.13.

PERSON-CENTRED CARE	
Accessing the right care	<ul style="list-style-type: none"> ➤ Older people and those who support them need assistance to navigate the aged care system. ➤ My Aged Care is an attempt to provide support and assist older people find the right care and services they need, when and where they need them. ➤ An important pilot of system navigators is about to commence. This pilot should be monitored and expanded to ensure that all are able to get support to access and navigate the aged care service system.
FINANCES	
Aged Care Legislated Review (Tune Review) https://agedcare.health.gov.au/reform/aged-care-legislated-review	<ul style="list-style-type: none"> ➤ ACSA supports the recommendations of the Tune Review. ➤ A major focus of the review's terms of reference was to assess: <ul style="list-style-type: none"> - whether aged care reforms have resulted in sufficient residential and home care places to meet need; - whether further steps could be taken to make the sector more responsive to consumer demand for services; and - the effectiveness of means-testing arrangements for aged care services, including the interplay between different arrangements for different types of care services. ➤ Further Review recommendations are being considered at the same time as Government is examining the residential care funding model. ➤ The sector is working with the government towards a funding system that provides the certainty needed to underpin investment in quality services, as well as ensuring that providers have the resources to meet the needs of older Australians, particularly in a period when those entering residential aged care are older and have more complex health care needs.
Aged care funding https://agedcare.health.gov.au/aged-care-reform/aged-care-financing-authority	<ul style="list-style-type: none"> ➤ There is a mismatch between the needs and expectations of older Australians and the wider community and what residential aged care providers are funded to deliver. ➤ Aged care facilities are not funded for hospital level care – aged care providers receive \$260 a day,¹⁰ including consumer contributions, to look after a resident compared to the funding of \$2,005 a day¹¹ to look after a hospital patient. ➤ A recent survey by StewartBrown showed around 45% of residential aged care facilities made a loss as of June 2018. ➤ In outer regional, rural and remote areas that figure is higher still with around 63.5% reporting losses - up from 56% the same time last year. And the predictions are that the number of unviable providers will grow.¹²

¹⁰ Australian Government, Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector, 2018, p.88.

¹¹ Independent Hospital Pricing Authority, National Hospital Cost Data Collection, Australian Public Hospitals Cost Report FY 2015-2016 Round 20, www.iha.gov.au/publications/national-hospital-cost-data-collection-public-hospitals-cost-report-round-19-financial, p.13.

¹² <http://www.stewartbrown.com.au/images/documents/StewartBrown--ACFPS-Sector-Report-June-2018.pdf>

WORKFORCE	
<p>Aged care workforce strategy</p> <p>https://agedcare.health.gov.au/reform/aged-care-workforce-strategy-taskforce</p>	<ul style="list-style-type: none"> ➤ The Productivity Commission predicted 3.5 million Australians will be accessing aged care services every year by 2050, requiring a workforce of almost one million direct care workers.¹³ ➤ The <i>Aged Care Workforce Strategy: A matter of care—Australia’s aged care workforce</i> has detailed 14 Strategic Actions to grow and sustain the workforce to ensure it provides services that meet the needs of the community now and into the future.¹⁴ ➤ The aged care industry will actively work to implement the recommendations from the Workforce Strategy, to progress the 14 Strategic actions that will: <ul style="list-style-type: none"> ○ serve as a platform for action, immediately and for the longer term ○ address key current workforce pressures across the industry ○ position the aged care workforce for the future ○ provide a holistic view of the industry and, in doing so, elevate the perceptions of the industry to enable it to operate more effectively in a competitive labour market ○ drive the transformational changes required, not just iterative improvement.
<p>Staffing Ratios</p> <p>https://www.acsa.asn.au/ACSA/media/General/ACSA%20Weekly/2018-10-04_-ACSA-Submission-Staffing-Ratio-Disclosure-Bill-2018_2.pdf</p>	<ul style="list-style-type: none"> ➤ The industry supports sustainable staffing levels and an appropriate skill-mix across to support quality care including full-time RN cover where residents in a service require access to a high level of clinical expertise at all times. ➤ However, there are also factors other than staffing that contribute to quality care - including leadership and different models of care - such as the Household Model. ➤ One of the most important indicators of residential aged care is what consumers and their families think of the care they receive. This is evidenced by the recent release of the Consumer Experience Reports undertaken by the independent Australian Aged Care Quality Agency (AACQA). ➤ The first report (undertaken from 1 July 2017 to 30 June 2018) was with a 15,000-random sample of aged care residents in over 1,100 residential aged care services. ➤ Consumer feedback on the quality of care and services was very positive: About 98% per cent of those interviewed said staff treat them with respect “most of the time/always”; and 98% said they feel safe “most of the time/always”.
QUALITY & SAFETY	
<p>Carnell/Paterson Review: Review of National Aged Care Quality Regulatory Processes</p> <p>https://agedcare.health.gov.au/quality/review-of-national-aged-care-</p>	<ul style="list-style-type: none"> ➤ The aged care industry will actively work with Government on the establishment and introduction of the Aged Care Quality and Safety Commission ➤ We need to ensure natural justice and procedural fairness for both providers and consumers. ➤ It is important that the community has confidence in the sector. ➤ As an industry, we acknowledge we can improve the ways we communicate and demonstrate to the community how central quality care is to the work we do every day. ➤ One of the most important indicators of residential aged care is what consumers and their families think of the care they receive. This is evidenced by the recent release of the Consumer Experience Reports undertaken by the independent Australian Aged Care Quality Agency (AACQA).

¹³ Productivity Commission, Caring for Older Australians, August 2011. <https://www.pc.gov.au/inquiries/completed/aged-care/report>

¹⁴ <https://agedcare.health.gov.au/reform/aged-care-workforce-strategy-taskforce>

<p>quality-regulatory-processes</p>	<ul style="list-style-type: none"> ➤ The first report (interviews undertaken from 1 July 2017 to 30 June 2018) was with a 15,000-random sample of aged care residents in over 1,100 residential aged care services. ➤ Consumer feedback on the quality of care and services was very positive: About 97% of those interviewed said staff treat them with respect “most of the time/always”; and 98% said they feel safe “most of the time/always”.¹⁵
<p>Quality Indicators suite</p> <p>https://agedcare.health.gov.au/quality/single-set-of-aged-care-quality-standards</p> <p>www.aacqa.gov.au/publications/consumer-experience-reports-1/consumer-experience-reports</p>	<ul style="list-style-type: none"> ➤ Many aged care providers already have effective and extensive quality indicator programs in place. ➤ A provider is assessed and monitored through the current Aged Care Quality Standards. The industry is now transitioning to the new single quality standards framework, which will commence 1 July 2019. ➤ ACSA recommends Government work with key stakeholders and industry to develop a suite of quality indicators (that includes a staffing measure) that are evidenced-based and focus on the quality of care and services that consumers receive, to: <ul style="list-style-type: none"> - Provide a set of meaningful and measurable QIs; - Enhance community understanding of quality in residential aged care; and - Provide more information to consumers to assist with choice. ➤ ACSA supports the development of consistent outcome measures, including indicators for non-clinical outcomes like consumer satisfaction. ➤ The increased focus on consumer feedback is facilitated through Consumer Experience Reports (Australian Aged Care Quality Agency) which has so far canvassed the views of 55,000 consumers and their families.¹⁶
ELDER ABUSE	
<p>Australian Law Reform Commission Elder Abuse Submission</p> <p>https://www.acsa.asn.au/getattachment/Publications-Submissions/Submissions/FINAL-ACSA-SUBMISSION-ALRC-ELDER-ABUSE-DISCUSSION-PAPER-MARCH-2017.pdf.aspx?lang=en-AU</p>	<ul style="list-style-type: none"> ➤ Any response to elder abuse must start from a position of recognising the inherent dignity and worth of all older people, irrespective of disability or any other characteristic, including age. ➤ Commonwealth (and State and Territory) laws should be based on the position that abuse of anyone including older people is not to be tolerated. ➤ The sector supports development of a National Plan to protect the rights of older Australians and believes this must include: <ul style="list-style-type: none"> ○ A comprehensive research program linked to policy and practice outcomes; ○ Confirmation of the role of Commonwealth-funded assessment services in assessing and case managing abuse of frail older people and people with dementia; ○ Working with Australian State and Territory governments to develop and implement a national elder abuse hotline, which covers all older people in community and residential care settings; ○ Reviewing existing training programs for frontline staff across key agencies involved in working with older people, such as health services, aged care services, financial services; ○ Developing appropriate new programs where needed and funding implementation of training programs to ensure comprehensive coverage; and ○ Developing and implementing a national awareness campaign to educate and to change attitudes and values.

¹⁵ <https://www.aacqa.gov.au/publications/consumer-experience-reports-1/AACQAConsumerExperienceReportTrends.pdf>

¹⁶ <https://www.aacqa.gov.au/publications/consumer-experience-reports-1/AACQAConsumerExperienceReportTrends.pdf>

<p>CCTV https://acsa.asn.au/getattachment/Publications-Submissions/Position-Statements/ACSA-Elder-Abuse-Position-Statement-Nov-2016.pdf.aspx?lang=en-AU</p>	<ul style="list-style-type: none"> ➤ The development of a cooperative and trustful approach between provider, older person (or their decision maker) and families is paramount when discussing the use of monitoring and surveillance within aged care facilities. ➤ Training of staff and astute managerial oversight will aid in ensuring residents' privacy and right to safety in residential care. ➤ In order to provide guidance to consumers, their families and aged care providers a nationally consistent approach to use of surveillance equipment in residential aged care services should be developed cooperatively by Australian, State and Territory Governments.
<p>Serious Incident Response Scheme http://www.health.gov.au/internet/ministers/publications.nsf/Content/health-mediarel-yr2018-wyatt048.htm</p>	<ul style="list-style-type: none"> ➤ Prior to the introduction of a new reporting process, current reporting requirements need to be reviewed with a view to avoiding duplication of reporting requirements and minimising regulatory burden. ➤ ACSA believes that aged care providers should only be required to notify reportable incidents once and to the relevant authority / regulator responsible for investigating and responding to the incident. ➤ Reporting processes should be evidenced based and likely to make a positive improvement to resident outcomes. ➤ Regulatory processes, including a SIRS, should be proportionate to the risk being addressed. ➤ A SIRS should be designed taking into consideration rights of the older person and their right of self-determination (i.e. their fundamental right to choose to progress a complaint or not – noting protections are required for those with cognitive impairment.) ➤ The development of a SIRS acknowledges, and takes into account, the role that the Aged Care Quality Standards, and through these the Australian Aged Care Quality Agency, play in relation to resident incident reporting and management and avoids duplication of reporting requirements
DEMENTIA CARE	
<p>Psychotropic medication Restrictive practices/restraint http://www.utas.edu.au/wicking/research/services/RedUSE</p>	<ul style="list-style-type: none"> ➤ The first line of response to behavioural and psychological symptoms of dementia should be the use of psychosocial approaches, but it is also recognised that the use of psychotropic medicines may be necessary in some circumstances, due to extreme distress or severe behavioural symptoms of dementia. ➤ Psychotropic medication can only be prescribed by a Medical Practitioner. ➤ Staff should receive education and training in regard to the use of psychotropic medication. ➤ Psychotropic medication should only be used following comprehensive assessment, administered in appropriate dosages and with ongoing monitoring, reassessment, and evaluation for side effects and to determine effectiveness. ➤ Next of kin should be consulted where possible when use of psychotropic medication is considered and consent obtained in accordance with relevant legislation. ➤ ACSA members have been involved in the RedUSE Project national project that promotes the appropriate use of sedatives, in particular antipsychotics and benzodiazepines in Residential Aged Care Facilities (RACFs) in Australia.
<p>Behavioural and Psychological Symptoms of Dementia (BPSD)</p>	<ul style="list-style-type: none"> ➤ Building capacity across the sector through a whole-of-workforce approach needs to be part of the future workforce development policy and funding. ➤ Resources need to be made available to build workforce capacity to enable RACFs to be able to manage residents with severe behavioural and psychological symptoms of dementia. ➤ The establishment of specialised units for a 24-hour residential care model to manage severe behaviours due to dementia. Consultation is currently underway: https://consultations.health.gov.au/ageing-and-aged-care/specialist-dementia-care-units/

PALLIATIVE CARE	
Access to Palliative Care https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/05/PCA018_Guiding-Principles-for-PC-Aged-Care_W03-002.pdf	<ul style="list-style-type: none"> ➤ Initiatives that enable people to die in their own homes and residential aged care need to be supported and expanded. ➤ The Aged Care Funding Instrument (ACFI) User Guide be amended to better reflect what constitutes a palliative care program involving end-of-life care so that providers can appropriately claim when a care recipient is assessed as requiring such a program. ➤ The examination of appropriate funding for palliative care in residential aged care through the current Resource and Utilisation and Classification Study (RUCS).¹⁷
HOME CARE	
Home Care Packages (HCPs) http://www.health.gov.au/internet/ministers/publicising.nsf/Content/health-mediarel-yr2018-hunt177.htm	<ul style="list-style-type: none"> ➤ While the commitment in the 17 December 2018 MYEFO of \$287.3 million over three years from 2018-19 for 5,000 level 3 and 5,000 level 4 home care packages is welcome, additional investment is still required. <ul style="list-style-type: none"> ○ Ensuring adequate resourcing of a skilled and integrated assessment service to ensure the prioritisation process is effective and efficient. ○ Reducing the wait time for commencement of support services for those on the waitlist to no more than three months. ○ Increasing investment in home care, including immediately releasing more HCPs, in particular more level 3 and 4 HCPs; ➤ Reducing the wait time for commencement of support services for those on the waitlist by: <ul style="list-style-type: none"> ○ Putting systems in place to flag situations where people – especially members of special needs groups – need support to navigate the process of finding a provider once a home care package is assigned, and to provide that support; then ○ Reducing the decision-making period for activating a home care package from 56 to 28 days; and ○ A review of unspent funds in HCPs to ensure maximum use of available funds to support individual’s needs.
HCP/CHSP merger http://www.naca.asn.au/PDF/NACA%20Discussion%20Paper%20CHSP.pdf	<ul style="list-style-type: none"> ➤ The sector requires a recommitment to, and action on, the integration of the Commonwealth Home Support Program (CHSP) and the HCP programs to give older Australians an end-to-end home care system supporting both low and higher-needs for individuals requiring support.
MENTAL HEALTH	
Accessibility http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet87.htm	<ul style="list-style-type: none"> ➤ The development of a national mental health plan that is inclusive of mental health for older Australians regardless of where they live, whether in the community or in residential aged care, is required. ➤ Work with the aged care industry on how best mental health services can be delivered by the PHNs to people living in residential aged care through the “Improved Access to Psychological Services in Residential Care” program.

¹⁷ <https://agedcare.health.gov.au/reform/resource-utilisation-and-classification-study>

HOUSING	
Availability	<ul style="list-style-type: none"> ➤ Older single women are increasingly experiencing financial and housing hardship. About 12,000 older women sought assistance from homelessness services in 2015-16, a 52% increase since 2011/12.¹⁸ ➤ More needs to be done to address the immediate and pressing need for all older Australians experiencing housing insecurity. ➤ Action governments need to take to address this issue include: <ul style="list-style-type: none"> ○ Developing and implementing a national older persons housing strategy through COAG to ensure all older Australians have access to secure, accessible and affordable housing, to: plan for growth; develop strategies to address supply, affordability, accessibility and diversity of housing; streamline planning and approval processes; remove taxation impediments to development; develop strategies to encourage investor/developer investment in the housing market; remove disincentives to downsizing. ○ Rejuvenate outdated independent living units possibly through public funds or low interest loans. ○ Reinstate the National Housing Supply Council to resume providing estimates, projections, analysis and policy advice in relation to housing supply and demand in Australia. ○ Develop innovative financing mechanisms to boost affordable housing, eg: Reactivate the National Rental Affordability Scheme (NRAS); Stock transfer - Transferring public housing stock to the community housing sector, which allows them to leverage the assets to build further affordable housing. ○ Shift from stamp duty to property land tax to create a simpler, fairer and more sustainable housing system. Eliminating transfer or stamp duty would remove one of the disincentives to older people as they consider downsizing. ○ Social Impact Investing - bringing together capital and expertise from the public, private and not-for-profit sectors to address unmet social needs in affordable housing. ○ Mandate inclusionary zoning with effective retention protective mechanisms ○ Set minimum standards for Universal Design to allow more people to stay living in their homes to an older age. ○ Increase supply of “last resort housing” for homeless people - legal rooming and boarding houses and emergency accommodation.¹⁹
Social Isolation/Loneliness	<ul style="list-style-type: none"> ➤ Strategies to tackle loneliness must aim to support older people to build strong and meaningful relationships, rather than simply connecting them with more people. ➤ Ideas about combating social isolation and loneliness among older people have also been informed by theories around choice, autonomy, enablement and independence. These approaches stress the importance of supporting people to actively develop and take ownership of the strategies for overcoming loneliness. They are encouraged to do this by developing their own goals and by using the skills and experiences from their past. ➤ A significant body of research has identified several strategies that have proven successful in fostering social inclusion and building social support. They include: <ul style="list-style-type: none"> ○ Introducing interventions as part of a wider strategic approach; ○ Targeting specific groups of older people; ○ Using existing community resources; ○ Using volunteers to run programs; ○ Using targeted and tailored approaches; ○ Involving older people in the planning, delivery and evaluation of programs.

¹⁸ Australian Institute of Health and Welfare: Australia's Welfare 2017 - Chapter 6-2 Homelessness.

¹⁹ Witte, E. 2017 *The case for investing in last resort housing*, MSSSI Issues Paper No. 10, Melbourne Sustainable Society Institute, The University of Melbourne

<p>CARERS/RESPITE</p> <p>https://acsa.asn.au/getattachment/Publications-Submissions/Submissions/FINAL-ACSA-submission-draft-service-delivery-model.pdf.aspx?lang=en-AU</p>	<ul style="list-style-type: none"> ➤ ACSA supports the development of an integrated model for the delivery of carer support services. Essential considerations for respite care include: <ul style="list-style-type: none"> ○ The assessment and eligibility processes, need to be reorientated to consider and include the needs of both the carer and the care recipient. ○ services across both non-residential and residential aged care providers requires improved coordination and streamlining of processes. ○ Funding need to be reviewed to ensure that providing respite is a viable proposition for residential service providers ○ Services should be available wherever and whenever needed regardless of location, financial status of the consumer or special needs.
<p>REMOTE/RURAL/REGIONAL</p>	
	<ul style="list-style-type: none"> ➤ Sustainability of the industry is important for older Australians and their families who rely on the care provided, but also for the economy and the communities that are supported by their aged care service. ➤ StewartBrown’s financial results for the 2018 financial year show 63.5% of outer regional, rural and remote facilities are experiencing a negative operating result. ➤ To lose aged care facilities from RRR locations would cause significant ‘social dislocation’ within those communities. ➤ Due to the current critical situation in RRR areas, ACSA recently advocated for an increase in the RRR Viability Supplement over two years - till the introduction of the new funding tool. ➤ In response, in the December 2018 MYEFO, the Government provided a 30% increase in the RRR Viability Supplement - \$101.9 million over 4 years.²⁰ ➤ While this is a welcome funding boost it will not fully address the financial issues RRR providers are facing. ➤ In the medium to long term, Government and industry must agree on a funding strategy, including taxpayer funding and individual contributions from individuals with means, that ensure industry sustainability and enables delivery of the services that people need and that meet community expectations. ➤ We also need to develop a strategy that specifically supports the provision of aged care services in RRR areas.
<p>CONSUMER DIRECTED CARE²¹</p>	
<p>Dignity of risk</p> <p>https://en.wikipedia.org/wiki/Dignity_of_risk</p>	<ul style="list-style-type: none"> ➤ Regulation should not be solely reduced to the elimination of risk, which would adversely impact on quality of life, but developed using the prism of allowing dignity of risk – that is the notion that self-determination by the individual resident and the right to take reasonable risks are essential for dignity and self-esteem. ➤ We may all require aged care services one day and will still want to make our own choices, just as our current residents wish to do now.
<p>Choice and control</p> <p>https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap</p>	<ul style="list-style-type: none"> ➤ Reforms to the sector are aimed at giving elderly Australians more choice and control over their care and drive improvements in quality of care. ➤ Informed consumer choice is an integral component of markets, without informed choice markets cannot operate as they are intended to do. ➤ The sector’s Aged Care Road Map promotes progress towards a consumer driven, market directed environment. ➤ ACSA supports informed consumer choice and is actively working with government to improve transparency and comparability in the Home Care environment. ➤

²⁰ <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-hunt177.htm>

²¹ https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2015/what_is_consumer_directed_care_0_0.pdf

DIVERSITY	
Barriers to access https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2017/aged_care_diversity_framework.pdf	<ul style="list-style-type: none"> ➤ ACSA supports an accessible aged care system where people, regardless of their individual social, cultural, linguistic, religious, spiritual, psychological, medical and care needs are able to access respectful and inclusive aged care services.
TECHNOLOGY	
Use of technology http://www.naca.asn.au/Publications/NACA_Assistive_Technology_for_Older_Australians_Position_Paper.pdf	<ul style="list-style-type: none"> ➤ NACA Position paper: Assistive Technology for Older Australians (2018): Recommended actions: ➤ Delivering national consistency and equity of access to assistive technology programs and supports, leveraging good practice of assistive technology provision in NDIS in aged care, enabling consumers to better understand and locate relevant assistive technology products and services and improved data.