



Australian College of Nursing

Australian College of Nursing (ACN) submission to Aged Care Financing
Authority (ACFA) *Respite care consultation*

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Introduction

The Australian College of Nursing (ACN) provides a collective voice for the nursing profession by utilising our members' experience and knowledge to provide advice about health and aged care services and policy. The following responses regarding Australian Government funded respite services includes direct advice from ACN members with aged care expertise and experience.

ACN believes Australians have an individual and collective responsibility to care for our older people who expect and deserve access to responsive health and aged care systems enabled by innovative health, technological and social policy to deliver appropriately tailored and integrated evidence-based care and services that meet the diverse needs of older Australians. ACN advocates for health and aged care services, including respite services, that take a wellness and restorative approach to supporting transitions from functional independence to supportive care and that assist and empower older people to age well, remain socially engaged and to optimise their rights to retain autonomous decision-making.

ACN recognises the unpaid contributions and unique health care risks of carers and notes the central purpose of respite is to ensure that the burden on carers can be occasionally relieved to restore their own health and well-being. Respite services are essential for a broad range of reasons, anticipated and unanticipated. Respite services not only provide opportunities to relieve carers, the services are also essential for supporting older people who may become isolated due to carer absences for health or other reasons. A well-supported system of respite care may lead in the longer-term to reduce pressure on subsidised care through fewer permanent residential aged care admissions and emergency hospital presentations.

It is ACN's view that to support safe, quality and efficient systems of aged care respite, older Australian's should have equitable access to:

- A well-supported and appropriately skilled nurse and aged care workforce of adequate size and distribution to meet the growing demands for high-quality nursing services arising from the increasing frailty and complex care needs of older Australians with health, cognitive and functional decline.
- The health care expertise of registered nurses who have a primary role in the appropriate deployment, delegation, delivery and provision of Australian Government subsidised aged care.

Response to consultation questions

1. The process for applying for and seeking access to respite care;

In relation to the process for applying for and seeking access to respite care, ACN received member advice that currently:

- Processes for applying for and seeking access to respite care are not appropriately user friendly and are notably time consuming, especially for care recipients and carers who do not access support services.
- The administrative processes for applying for and accessing respite and permanent care are the same, which is inefficient for those requiring access to emergency respite care. To address this, there needs to be a streamlined 'fast track' process for respite care particularly for 'emergency' respite. With no process distinction between 'planned' respite and 'emergency' respite, people seeking 'emergency' respite are disadvantaged as available places are often fully booked for 'planned' respite. There needs to be further distinction between these two categories, with a mechanism to enable the 'emergency' requests be offered preferential places. This could also reduce pressure on the hospital system.
- Processes for accessing up to date information on respite vacancies is inefficient. There may be value in the development of a single centralised booking system to improve information and service access.

- Residential Aged Care Facilities (RACFs) can select who they accept into respite care influencing equity in access and assessment prioritisation.

2. Bottlenecks or delays in accessing either residential or non-residential respite care;

Inefficient assessment processes can lead to bottlenecks and delays in accessing respite care, particularly for emergency respite. There is a perception that providers, in the interest of maximising their occupancy, book available respite days with 'planned' respite requests. This potentially minimises the availability of 'emergency' respite places. Options for reserving 'emergency' respite places need examination. ACN is advised that there are also bottlenecks resulting from 'try before you buy' practices, that is, respite places being allocated to people contemplating permanent admission.

3. Whether current provider funding structures for the provision of residential respite care are appropriate;

ACN received mixed feedback from members in relation to the appropriateness of funding structures. Comments included that current funding does not adequately meet resource requirements to provide quality respite care, therefore, making respite care an unattractive financial option for providers. Other feedback highlighted that high care respite is financially attractive to providers while reporting that low care respite is less financially attractive.

ACN is advised that in some circumstances the inclusion of respite residents can add to the workload burden of care staff as providers rarely adjust staffing resources to accommodate respite residents. To address this, it was proposed that funding must appropriately reflect the higher levels of preparation pre-entry, care coordination and delivery required for the inclusion of respite residents.

Regarding the duration of respite care, ACN members commented that providers can be hesitant to take respite care recipients for periods of less than a week or two due to the considerable administrative preparation and resources required. Furthermore, it takes time to develop an optimal care relationship between staff and resident. Feedback also suggests consumers often seek longer stays. An appropriate funding model may make it more attractive for providers to take on short-term respite care recipients. In considering alternative funding models, block funded beds could increase service flexibility and may better support availability of respite care, and in particular emergency respite.

Other ACN members pointed to the need to increase respite care funding in accordance with the Consumer Price Index and for administrative reforms and service streamlining. For example, through the implementation of programs that apply process improvement principles, such as lean thinking, within respite care.

4. Whether the current system for allocating respite bed days to residential care providers impacts the availability and provision of respite care;

ACN member feedback would agree that the current system for allocating respite bed days to residential care providers impacts the availability and provision of respite care. As noted above, bookings tend to be made for planned respite, reducing the availability of emergency places. For some providers there is a lack of financial incentive to offer respite care, particularly for low care respite.

5. Costs to consumers and/or carers seeking to access respite care;

ACN is advised that it is unlikely that consumers are disadvantaged by care fees and charges. However, there are incidental costs associated with accessing respite care. For example, the costs of moving to the respite facility or costs incurred for preparing pre-packaged medication to meet respite care provider requirements.

6. Impact of the current arrangements on equity of access for respite care recipients, including access in an emergency, or to residential respite for periods of less than one week;

As noted above there are significant issues associated with accessing emergency respite care, and respite care for periods less than one or two weeks. ACN members also point to ambiguities around what is required to have an appropriately trained workforce in aged care respite.

7. Any unintended impacts or consequences of the current arrangements supporting access to residential respite care;

ACN is advised that typically, a person receiving Home Care or Commonwealth Home Support Programme (CHSP) services has these services suspended if they enter respite care. For reasons of continuity of care and due to the fragmented administrative process, this can be disruptive and confusing for the care recipient. There may be scope for maintaining certain existing Home Care or CHSP services into residential respite care. For example, the continuity of familiar care givers while in residential respite may assure some care recipients that they have not been 'abandoned' (a cause of high anxiety for some people coming into respite care). There could also be advantages for the residential facility through the availability of care givers with prior knowledge of the care recipient's needs. Developing alternatives to residential aged care respite should be explored to promote choice and options for respite services. For example, cottage respite services in homelike environments may be a positive proposition. It is noted however that smaller scale options present significant service challenges due to economies of scale.

8. Use of Commonwealth Home Support Programme respite care services and the interaction with other programs that deliver respite services, including residential respite care;

Members suggested formalised linkages and service alignments between all community aged care programmes to improve outcomes for respite care recipients. As noted above, exploring the service integration of these programmes in some areas may be beneficial. A single booking system could be a practical step forward within a shared services model. Assessment process should also be considered, as the ability and variation in assessing need could be an issue underpinning the availability of respite places.

9. Any other matters relevant to respite care.

Quality of care outcomes in respite care are a fundamental consideration. ACN member feedback suggests that there are significant challenges in respite care due to the lack of resources allocated and poor communication with GP, family and other relevant health professionals because of short respite service stays. The period of respite needs to be supported by enablement services and opportunities for carers to receive education and counselling for people requiring additional supports.

ACN member input points to gaps in the availability of appropriate culturally and ethically specific respite care options for culturally and linguistically diverse (CALD) care recipients. Suggested options included developing alternative models of respite care such as host family respite care to increase the availability of suitable services. Additionally, the different service needs and challenges for delivering respite care in regional communities and for allowing systems' inclusion of local level solutions needs specific attention.

If the respite system is working well then the savings to subsidised care will be seen in fewer permanent admissions and crisis admissions to hospital and even prevention of early deaths. These goals should be the subject of national evaluation and monitoring through service provider reporting.