



New Aged Care Act

Submission from Helping Hand Aged Care Inc.

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Helping Hand
new aged care

Introduction

Helping Hand welcomes the opportunity to provide a submission in response to the Exposure Draft of the new Aged Care Act.

Helping Hand is a member of the UnitingCare Australia Network and has also contributed to UnitingCare’s submission. We support all the matters raised in the UnitingCare submission, of which a copy is attached.

We would like to take this opportunity to also submit our own response, highlighting our concerns in relation to one key area of the draft Act: *Eligibility Requirements*.

We urge the government to reconsider the approach to eligibility requirements in the Exposure Draft, and provide this short statement including case studies, for your consideration.

Helping Hand recommends that:

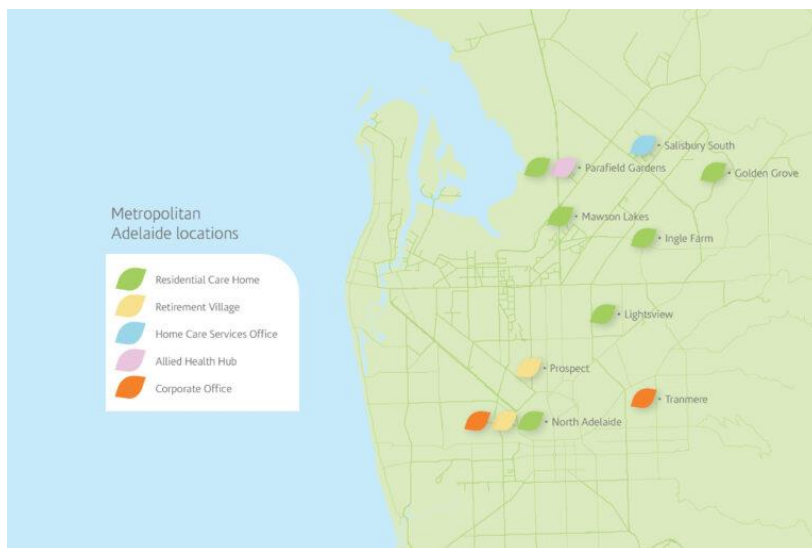
- Provision for an exceptional circumstances eligibility pathway be included in the new Act. An exceptional circumstances eligibility pathway could be determined by criteria such as: people with early onset dementia; people experiencing premature ageing; and people living a prescribed distance away from other available services. We would recommend that the distance prescription takes into consideration the unique experiences of regional, rural and remote locations, and could be linked to Modified Monash (MM) classifications.

About Helping Hand

Helping Hand is a well-respected aged care provider caring for older Australians living in metropolitan, rural, regional, and remote South Australia. Established in 1953 and part of the UnitingCare Australia network, it is a not-for-profit organisation.

Helping Hand supports more than 1000 home care package clients and 948 residents in licensed accommodation. We employ 2,200 staff across South Australia and have had a skilled based independent board for over a decade.

Helping Hand is one of the largest providers of home care and residential aged care across the mid north of South Australia and on Yorke and Eyre Peninsulas. We are committed to maintaining and growing services in regional communities, despite the financial constraints and workforce challenges. Our regional commitment is the focus of this submission, as it is in rural, regional and remote communities where we consider the greatest risk to occur under the proposed eligibility requirements in the new Aged Care Act.



Eligibility Requirements

Consistent with UnitingCare Australia’s submission in response to the new Aged Care Act, Helping Hand supports the Government’s aim to clarify and simplify the eligibility requirements for aged care services.

We believe that ideally, aged care services should be solely available for Aboriginal and Torres Strait Islander people aged at least 50; people who are homeless or at risk of homelessness aged at least 50; and all other people aged at least 65.

However, we are aware that services for people younger than this often are not available, and that accessing aged care services can sometimes be the best option for people.

This is particularly the case in rural, regional and remote areas where a range of youth and community services are often minimal.

Helping Hand knows that most people choose aged care services that enable them to remain in their local communities. While this is consistent across metropolitan areas, it is in many cases of greater importance for people in rural, regional and remote areas.

There are a range of reasons why some people might need to access aged care services before the age of 50, or 65.

In 2024 in Australia, it is estimated there are almost 29,000 people living with early onset dementia. This number is expected to rise to more than 41,000 people by 2054. This can include people in their 30s, 40s and 50s.¹

Premature ageing, and/or the onset of ageing related chronic conditions, are often experienced by people in population groups who have experienced disadvantage, trauma, or a range of medical issues. This may include people living with HIV; people who have survived war and forced displacement; and Forgotten Australians and Care Leavers – as noted in the Long Term Outcomes of Forgotten Australians study.²

If people are unable to access aged care services there are a range of risks to individuals, families and communities, and a potential increased financial burden on health services, such as:

- People may be forced to access services long distances from their home, family and community creating social isolation and loneliness. This is a particular risk in rural, regional and remote locations
- People may be forced to be treated in hospital, or to spend extended time in hospital
- People may not access care and support at all which can lead to increased health concerns, co-morbidities and premature death

¹ Australian Institute of Health and Welfare data accessed via the dementia.org.au website

² Accessed via the Flinders University report: Safe and inclusive care for Forgotten Australians/Care Leavers

https://www.flinders.edu.au/content/dam/documents/about/epsw/Flinders_University_Safe_and_Inclusive_aged_care_for_Forgotten_Australians_CareLeavers.pdf

- People may remain at home with support from family or friends. If the care needs are too great, the person needing care may not receive the appropriate care required. This circumstance can also lead to carer burnout, which has social, health and financial implications for individuals and communities.

The following case studies demonstrate a range of examples where aged care services were the most appropriate, and often only available option. Due to the size and location of regional services – and the possibility that some people may recognise individual stories – we are not naming the location of each case study. However, the case studies shared are all connected to aged care services delivered by Helping Hand in a range of regional locations.

Case study – Regional Home Care

Mr H was diagnosed with frontal-temporal dementia at the age of 36. He is now 58. He has been able to remain living at home due to the support he receives from Helping Hand on a level 4 Home Care package.

His former wife, Ms H, is his carer. She is aged 62 and on a level 3 Home Care package. Ms H has several complex medical conditions and with home care package support, is able to access respite and receive support with medical appointments, transport and shopping.

Case study – Regional Residential 1:

Mr A entered Helping Hand residential care at age 64. He had suffered a subarachnoid haemorrhage and his care needs exceeded NDIS funding and carer capacity.

Ms T moved in to Helping Hand’s residential care at the age of 48. She is living with multiple sclerosis and was unable to remain safely living in her own home. She is now 58, and still living at the care home.

Case study – Regional Residential 2:

Mr D was diagnosed with progressive supranuclear palsy in 2017. He was bed bound and immobile and living with significant co-morbidities. His NDIS funding could not meet his care needs and he moved into Helping Hand’s care home at age 63.

Mr B moved into Helping Hand’s care home at the age of 45 after suffering a stroke. He is now 70, and remains in our care.

The above demonstrate some of the experiences of people in regional communities who have benefitted from being able to access aged care services at ages younger than prescribed in the draft Aged Care Act.

There are also occasions where people living in metropolitan areas also benefit from accessing aged care services. The below examples provide an insight:

Case study – Metropolitan Residential:

Ms M was diagnosed with early onset Alzheimer’s and came into care at Helping Hand at age 64.

Ms K moved into Helping Hand at age 60, after being diagnosed with early onset Alzheimer’s and lichen sclerosis.

Ms D was only 32 when she moved into a Helping Hand care home permanently, after several respite visits. She was accepted for ACAT assessment when it was determined she was not eligible for Disability SA services, because her issues were medical in nature. Ms D lived with a range of extensive and complex medical conditions, and her health continued to decline when she would move between her home and hospital. Being able to provide 24 hour care in residential aged care ensured Ms D had a dignity of living for the final year of her life.

Recommendation

Helping Hand reiterates the position expressed in COTA and OPAN’s Key Issues Paper that there needs to be some flexibility to consider exceptional circumstances for people outside of the age limits outlined in the draft Aged Care Act.

As referenced in the UnitingCare Australia submission, if an exceptional circumstances clause is not included in the final Aged Care Act, we support the inclusion of transitional arrangements that grandfather all existing younger age clients accessing aged care services.

However, the priority recommendation from Helping Hand is that:

- Provision for an exceptional circumstances eligibility pathway be included in the new Act. An exceptional circumstances eligibility pathway could be determined by criteria such as: people with early onset dementia; people experiencing premature ageing; and people living a prescribed distance away from other available services. We would recommend that the distance prescription takes into consideration the unique experiences of regional, rural and remote locations, and could be linked to Modified Monash (MM) classifications.

Further comment

If you would like to discuss this submission in any further detail, please contact Helping Hand Chief Executive Officer Chris Stewart on [REDACTED] or [REDACTED].