



Pingelly Community Resource Centre

18 PARADE STREET, PINGELLY, WA, 6308
Ph/Fx: 98871409
ABN 49 405 213 502

AgedCareLegislativeReform@health.gov.au
New Aged Care Act Rules Consultation

To Whom it May Concern,

Staying in Place is a successful and sustainable model of home support services being provided in 45 different small, isolated, rural and remote areas of Western Australia.

The service model is based on a tripartite set of agreements between an approved aged care service provider (based in Perth), a local community not for profit organisation (to coordinate services, client advocacy and local contractors in each of the 45 areas) and a national platform (for registering contractors to deliver the services).

Overall, the Staying in Place movement in WA supports

- Co-contributions
- The new registration models
- Support for price capping on services delivered that will include an administrative component
- Support for the 10% cap for management fees – on the understanding that in thin markets additional funds will be available for service coordination and through grants for thin market. It is expected that some providers will exit the market.
- Support for grants to ensure continuation of coordination and service provision in thin markets.

However, the following are concerns and recommendations we would like to make in the consultation process.

1. Continence Management – assistance changing aids

We have experience of family who have tried to influence clients who are wheelchair bound, living at home, have no capacity to go to the toilet independently and are fully incontinent of both urine and faeces to reduce the changing of continence pads to twice per day from the recommended thrice per day to reduce cost to the client.

This has led to an increase in urinary tract infections and increased hospitalisations until the thrice daily service was reintroduced.

Having clients pay for this essential service is a perverse incentive to their health and will cost shift to the State Health services.

<p>Our recommendation is that where clinically indicated, this should be considered in a no cost category even when delivered by a support worker.</p>
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2. Social support and community Engagement

In the areas in which we operate, loneliness and isolation are significant factors. It is also well understood the concomitant outcomes from loneliness and isolation such as reduced physical activity, poorer mental health outcomes, reduced social connection are causal (but preventable) contributing to people to leave their own home, the community they love and move into residential care.

Our recommendation is that where a client is at risk of loneliness and isolation, social support and community engagement should be a no cost service even though delivered by a support worker.

3. Older people with severe mental illness

We are keeping older people with severe mental illness out of hospital. Part of their mental health plan is to involve the client in cooking, cleaning, gardening, social support and home maintenance. This work is carried out by support workers under the direction of a mental health nurse specialist and / or occupational therapist. This will break down if the client is asked to pay for this support.

Our recommendation is that where clinically indicated, a person with a severe and enduring mental illness can engage in these activities as part of a personalised mental health plan, as directed by a clinician and provided by a support worker without cost.

4. Gardening

Although this may not be covered by the rules, there are two significant inequity issues for people living in rural and remote areas regarding the new proposed rules about gardening.

- A. People in rural and remote areas have very little, if any, access seniors' housing/ units or smaller houses. Most continue to live in modest houses on $\frac{1}{4}$ or $\frac{1}{2}$ acre lots.

In rural areas, these properties can be very close to wheat crops etc. Fire safety is a huge issue with notices being delivered to homes that have not been prepared to prevent fires. It is often well known who have received these notices and shaming occurs if not addressed.

A cap of 18 hours per week for people living in small places like a seniors housing estate may be OK but it is certainly insufficient to maintain a $\frac{1}{4}$ - or $\frac{1}{2}$ -acre yard for fire safety.



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- B. The other inequity exists where a person living on their own will have 18 hours of the gardening available through the package whereas next door, a couple between them will have access to 36 hours of gardening.

Our recommendation is that where gardening is required, the cap should be relative to the location of the property and relative to the size of the property. An example could be - a cap of 52 hours in rural and remote locations and if the property is $\frac{1}{4}$ acre or more.

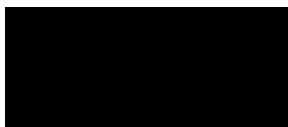
5. Care Management – Community Managed Aged Care Coordination

Community managed aged care coordination in thin markets requires local coordinators working remotely under the direction of the approved service provider for all matters such as compliance matters for safety and standards, clinical governance and risk mitigation for the provider regarding clients' wellbeing, advocating for elderly people to access My Aged Care to get an assessment, undertaking the onboarding information to forward to the provider, creating and mobilizing a local workforce, training and upskilling the workforce as required to meet an individual's need, engineering place based solutions for clients where no others exist, matching clients to contractors, providing changes to ensure continuity of services as contractors change availability, finding tradesmen and women to undertake home maintenance from further afield if not available locally, monitoring and approving work done for and on behalf of the client for payments, arranging equipment quotes, delivery and changes if not satisfactory.

This form of aged care management is often the only option in some areas, is sustainable and highly sought after. The productivity Commission indicated that the flexibility, autonomy and opportunity for higher pay works well to keep workers involved in rural and remote areas.

Our recommendation is that in rural and remote locations that meet criteria for a "thin market", that grants are available to cover the cost of community managed aged care coordination in each such location.

Yours Sincerely



H Morton

Regional Representative for Staying in Place

31/10/2024