TOWARDS AN ACTION PLAN FOR AGED CARE FOR RURAL AND REMOTE AUSTRALIA

Report from Australian Association of Gerontology Regional, Rural and Remote Special Interest Group workshop

HELD IN PERTH, WESTERN AUSTRALIA
7 NOVEMBER 2017
ACKNOWLEDGEMENT OF COUNTRY
The Australian Association of Gerontology (AAG) Regional, Rural and Remote Special Interest Group 2017 workshop was held on the land of the Whadjuk Noongar people.

We acknowledge the Whadjuk Noongar people as the traditional owners of the land on which the workshop was held, and thank them for welcoming us.

The Australian Association of Gerontology acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present.

Acknowledgement of Contributors
AAG extends its thanks to all participants in the workshop, and particularly to those who facilitated and/or provided presentations at the workshop:

- Dr Rachel Winterton, La Trobe University
- Mr James Beckford Saunders, AAG
- Mr Mark Diamond, National Rural Health Alliance
- Ms Kate Turner, WA Country Health Service – Great Southern
- Professor Lynne Parkinson, Central Queensland University

A full list of participants is provided as an Appendix to this report.

AAG also thanks the National Rural Health Alliance and SARRAH for their partnership in developing and holding this workshop.

This report has been prepared by Kathy Bell.

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This report has been prepared by Ms Kathy Bell.

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EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of a workshop hosted by the Australian Association of Gerontology (AAGJ) Regional, Rural and Remote Special Interest Group, held in Perth on 7 November 2017.

The workshop aimed to address the apparent inequities of access and outcomes in the aged care system for older people in rural and remote areas, and suggest directions for the future. In particular, the intent was for the workshop to generate momentum for the development of an Action Plan for aged care provision in rural and remote areas, and to identify priorities for such a plan.

The key issues identified at the workshop were as follows.

Research and data

Workshop participants discussed potential ways in which research and data could better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia. Key issues identified in this discussion included the need to improve research quality, by developing a more strategic approach to aged care research and improving research design; and the need to improve data quality, through consistent collection of data at the point of service provision. Consumer engagement in research was also identified as critical; as were strategies to improve translation of research into practice.

Residential care

Workshop participants discussed ways in which access and equity in residential aged care could be improved in rural and remote Australia. Key points emerging from the discussion included the potential to identify and build upon models of good practice in aged care provision in rural and remote areas; mentorship between large and small residential aged care providers; and strategies to improve access to GPs, pharmacists and medical specialists, for aged care residents in rural and remote areas.

Home care

Workshop participants discussed how access and equity in home care could be improved in rural and remote Australia. Key points raised included a need for more high care packages, to address the current situation which leads to people entering residential care earlier than they would need to if adequate home care was available; the importance of collaboration and co-ordination between service providers within and beyond the aged care sector in rural and remote areas; the need for innovative approaches to overcoming distance barriers; the need for greater support for carers; the importance of approaches which emphasize reablement and rehabilitation; the importance of taking into account the specific cultural needs of communities; and the need to address system barriers, including those inherent in the My Aged Care system.

Workforce

Workshop participants discussed possible ways to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural, and remote Australia. Key suggestions included an improvement in social attitudes in relation to ageing and aged care, and improved status and remuneration in aged care, to help attract high quality staff to the sector; a regional rather than an organizational approach to aged care workforce; training and employment of local community members, particularly in remote Aboriginal communities; more targeted training for the aged care workforce in rural and remote areas; a multidisciplinary teamwork approach; opportunities for professional development and career advancement; and greater respect for the unregulated workforce (care workers) within the community of practice.
Workshop Recommendations

Workshop participants developed the following recommendations for improving aged care services in rural and remote Australia:

1. Following on from the development of national Action Plans for aged care for Aboriginal and Torres Strait Islander people, people from CALD communities, and people from LGBTIQ communities, a national Action Plan for aged care for people in Rural and Remote areas should be the next priority under the Diversity Framework.

2. The Government should undertake a review of rural and remote aged care service access and quality.

3. Minimum service access standards should be developed for rural and remote aged care.

4. Government policy and funding in rural and remote aged care should be based on principles of co-operation and collaboration between service providers, rather than competition; encourage greater participation of GPs, pharmacists, and medical specialists in delivering care to residents of aged care facilities in rural and remote areas; prioritise rural and remote areas in the release of home care packages, particularly high level packages; deliver improved support for carers of older people in the community in rural and remote areas.

5. Workforce-related initiatives should include regional rather than organizational approaches to workforce; training and employment of local community members in aged care; training of aged care workers in the specific context of care delivery in rural and remote areas; professional development opportunities and career pathways to promote retention of employees in the sector.

6. To improve the evidence base for aged care service delivery, a national research and data strategy for aged care is required.

AAG’s intent is that the outcomes of the workshop will be used to inform policy which aims to improve equity of access and quality outcomes in aged care people from rural and remote areas.
BACKGROUND
This report provides a summary of the proceedings and outcomes of a workshop held on 7 November 2017, on aged care provision to people living in regional, rural and remote Australia.

The workshop was hosted by the Regional, Rural and Remote Special Interest Group of the Australian Association of Gerontology (AAG), with the National Rural Health Alliance (NRHA) and Services to Australian Rural and Remote Allied Health (SARRAH) as partners. AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia's peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

The purpose of the workshop was:

- To contribute to the development of an action plan to guide equity of access and outcomes in aged care for older people in regional, rural, and remote Australia, by developing support and momentum for an action plan, and identifying priorities for such a plan.
- To provide a forum for discussion and collaboration between organisations and individuals committed to achieving access and equity in relation to aged care in regional, rural and remote Australia.
- To identify further action required to support the achievement of access and equity in aged care for older people in regional, rural and remote Australia.

The policy context was the Commonwealth Government’s commitment to work with national experts and consumer groups to develop a new diversity framework to guide aged care provision. Within the proposed diversity framework, equity of access and outcomes is a critical component, with the National Aged Care Alliance (NACA) having recently developed a statement of principles to guide equity and access of outcomes. In the future it is planned to have a range of action plans for identified special interest groups, which may include rural, remote and very remote populations. Hence, the intent was for the workshop to contribute to the development of an action plan to guide equity of access and outcomes for older people in rural, regional and remote areas, by facilitating engagement between participants to identify current barriers and innovations relating to equity of access and outcomes for rural older adults and carers. The workshop also aimed to consider what research is needed to inform the development of rural access and equity principles, and how this research can best be translated into policy and practice.
Ageing in rural and remote Australia

The ageing of Australia's population is more marked in rural areas. ABS data show that 40 per cent of all Australians in the 70 to 74 year age group live outside Australia's capital cities compared with only 25 per cent of people aged 25-29.

Reports from the Australian Institute of Health and Welfare (AIHW) show that on average, older people in rural areas have lower incomes, experience greater levels of disability, reside in poorer quality housing, and have lower levels of completed education, all of which are associated with worse health outcomes and higher per capita need for aged care support.

Adding to the complexity of aged care in rural and remote areas is the higher proportion of Aboriginal and Torres Strait Islander people, who generally require aged care services at a younger age, consistent with their poorer health status and lower average life expectancy.

Access to aged care in rural and remote Australia

Access to appropriate, high quality residential and home aged care services is an issue for older people across Australia. However, as the National Rural Health Alliance has noted, this is particularly the case for people in rural and remote communities where the need is high and service providers are more sparse.

Despite the higher need for aged care, overall use of aged care places (home care and residential places combined) is much lower outside major cities. People in rural and remote areas are more likely to use home care services than residential aged care. This may result from a lack of available places in residential aged care or to higher levels of social capital, volunteering and informal support from neighbours, friends and the community in rural areas.

People living outside major cities often wait considerably longer to enter residential high care after being approved for a place, which results in higher hospital admissions for those waiting for residential aged care.


2 Ibid.


Government programs to improve equity of access

The Aged Care Act 1997 recognises nine population groups as having special needs in terms of access to aged care services, among them people who live in rural and remote areas.

Equity of access for people from rural and remote areas is currently targeted mainly through Multi-Purpose Services (MPSs) serving rural and remote communities, and viability supplements in residential care and home care in the more remote parts of Australia.

The MPS program is a flexible care program that is a joint initiative between the Commonwealth and State/Territory governments. MPSs provide integrated health and aged care services for small communities, allowing services to exist in regions that could not viably support stand-alone hospitals or aged care services. Nationally, the MPS program provides over 3,000 flexible places delivered as residential or home care, and the number has been gradually increasing over the last five years.

Reflecting the high costs of providing care in rural and remote areas, the government provides a viability supplement to some aged care services. This supplement is available in residential and home care, as well as in MPSs and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Government spending on the viability supplement increased in from $34.76 million in 2011-12, to $43.34 million in 2015-16, and further increases should arise from changes in the 2016-17 Budget including a more accurate method for classifying providers in regional, rural and remote areas.

The Department of Health is currently evaluating the Regional Assessment Services (RAS). As part of the evaluation, the department will examine the issues and options related to accessing aged care services in rural and remote areas, particularly the workforce practices in remote areas.

Pressures on aged care service providers in rural and remote areas

The Australian Government Aged Care Financing Authority produced a report in February 2016 on financing issues affecting rural and remote aged care providers.

The report confirmed that providers in rural and remote Australia are overwhelmingly not-for-profit and government services – suggesting that for-profit providers don’t see commercial value in delivering services in these areas.

The report found that providers operating in rural and remote areas face extra challenges in their financial operations. They generally have higher cost pressures and lower financial results. Greater geographical isolation impacts on workforce costs to engage and retain staff; travel and freight costs; access to allied health professionals; limited internet coverage in some areas and limited catchment areas resulting in smaller scale facilities and services.

The report found that in residential care, rural and remote providers in comparison with other providers receive less Australian Government funding per resident per annum from subsidies, which is likely a combination of more low care residents and more limited access to health professionals to deliver higher level care. They also receive lower average Refundable Accommodation Deposits ($131,284 lower). Yet they have significantly higher expenses, particularly labour costs.

The report notes that rural and remote providers do receive higher funding from other sources, particularly capital grants, and some benefit from the viability supplement. Nevertheless, rural and remote residential aged care providers have lower overall financial results, and generally results are lower the more remote the facility and the lower the bed numbers. The picture is similar but less marked for home care providers.

The report concluded that there would appear to be scope for many providers to improve their operations and performance, particularly through strong leadership and management and a willingness to find innovative collaborative solutions.
The impact on consumers

Aged care consumers in rural and remote areas face access, choice, and affordability challenges. These are to some extent issues for aged care consumers across Australia, but the issues are exacerbated where there are fewer service providers and limited or no choice.

Consumer Directed Care, or CDC, is being progressively implemented across the aged care system in Australia, beginning with home care services. In this model, funding is attached to the consumer rather than the service provider, and at least in theory, consumers can "shop around" for a service that suits their needs.

In the government's words: "Consumer Directed Care is a model of service delivery designed to give more choice and flexibility to consumers. Consumer Directed Care... allows consumers and carers more power to influence the design and delivery of the services they receive, and allows them to exercise a greater degree of choice in what services are delivered, where and when they are delivered."4

While this approach is excellent in theory, in practice there are challenges to the implementation of Consumer Directed Care, particularly in rural and remote Australia. Shopping around for a service provider is not feasible in situations where there may be only one provider in an area; or where places are so limited in number and difficult to access that they are accepted regardless of suitability; or where the main or only service provider is a block-funded MPS.

Concerns have been raised that in the context of Consumer Directed Care, the additional costs of service delivery in rural and remote areas will be passed on to consumers, many of whom have limited resources. Concern has also been expressed that the tyranny of distance may see some service providers 'cherry pick' customers, preferring those closer to centres where services are based. This trend would further marginalise those people living in more remote parts of the country.6

The lack of available high care places in rural and remote areas is also a recurring issue. It has been suggested that even the highest level home care packages do not provide the necessary number of hours to allow older people wishing to remain at home to do so and there is a need for packages at higher levels. The lack of high end packages means there are still too many older people entering residential care unnecessarily.7

6 Cited in Tually S, Faulkner D, Lewis J; Centre for Housing, Urban and Regional Planning, The University of Adelaide (October 2016); Consumer Centred Care (CCC) Readiness Project: Identifying gaps and barriers. State of knowledge rapid review report for the Australian Red Cross, pp 45-47.
7 Ibid.
**The Tune Review**

Mr David Tune AO PSM was commissioned by the Commonwealth Government to undertake the Legislated Review of Aged Care, looking at the impact of the Living Longer, Living Better aged care reforms. The Tune Review report, which was released in September, is expected to influence the policy parameters for aged care for at least the next five to ten years.

The report notes, amongst other things, that equity of access is important, and no group should find it more difficult to access aged care than other groups. Nevertheless, consumers and providers of aged care services located in rural and remote areas face particular challenges in access to services and service provision.

The report discusses the MPS approach and notes that it is supported by some stakeholders (including the National Rural Health Alliance), but the views of mainstream providers are divided, with some seeing MPSs as unfair competition. The department suggested in the context of the review that there are aspects of the MPS program which may be out of step with contemporary aged care policy, including the funding model, the service delivery model in some locations, fees and payments, and approved provider responsibilities.

The report notes that the policy context has changed with the implementation of aged care reforms since the program's introduction, including ageing in place and Increasing Choice in Home Care, which has brought in the concept of Consumer Directed Care. However, MPSs are not required to deliver services on a CDC basis, and clients do not have individualised budgets. In some locations, some consumers receive home care packages through other providers on a CDC basis and others receive home care services under the MPS program with no CDC approach.

The Tune Review found that: "The lack of consistency in the operating environments of MPSs across a range of areas, including fees and charges, assessment and approval and quality standards, compared to residential aged care services or the Home Care Packages Programme, contributes to inequity for aged care providers and aged care consumers."

The Review recommends a review of the MPS program to better align its service delivery model with mainstream aged care programs, where appropriate, to ensure greater consistency of services for aged care consumers and providers, and to consider the location of services to ensure that MPS funding is properly targeted.

**New approaches for the future?**

The health and aged care landscape in rural and remote Australia has been characterised as a "thin market", where there are limited providers operating, and limited service choice for consumers. This lack of service availability and choice arises particularly from the challenges in recruiting and retaining an appropriately qualified health and aged care workforce in rural and remote Australia. Strategies that have been proposed to address these challenges include:

- building a flexible workforce
- having a mix of local and outreach workers, including by utilising fly-in-fly-out and drive-in-drive-out services
- allowing family members to be paid for caring in exceptional circumstances
- incentives to attract and retain workers, including allied health workers
- block funding to maintain a baseline in service delivery and support service viability
- collaborative partnerships between services, to share infrastructure costs and share resources and staff.

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There are some interesting models in place overseas for the delivery of aged and dementia care in rural areas. Cluster-style housing arrangements, with age-friendly housing, can help health and community service providers access clients in the community quickly and easily, enabling economies of scale and potentially greater choice of provider, and supporting consumer-directed care.10

Telehealth services can improve access to health care for people both at home and in residential aged care, and reduce unnecessary hospitalisations. By facilitating access to specialists, these services can educate and support aged care providers to deliver better care including to psycho-geriatric residents. Telehealth technologies can also enable distant health care providers to monitor a person’s health status. And tele-monitoring services including “total home monitoring” can help people live safely in their own homes for longer. However, the challenges of internet connectivity remain a barrier for the effective implementation of these technologies in rural and remote Australia.11

**SUMMARY**

To summarise, this overview has outlined that:

- the need for aged care services is higher in rural and remote Australia
- yet access is lower, particularly for residential care
- providers face cost and viability challenges, and for-profit providers are not in the market
- consumers face access and choice limitations
- the major policy and program response has been the MPS model plus viability supplements
- the aged care policy landscape is changing, and the MPS model may be reviewed
- there is an opportunity to influence future government policy.


11 Ibid.
WORKSHOP PROCEEDINGS

The 2017 AAG Regional, Rural and Remote workshop was held in Perth as one of the pre-conference workshops for AAG's 2017 National Conference. The workshop convenor was Dr Rachel Winterton, Research Fellow, La Trobe University, and Chair of AAG’s Rural, Regional and Remote Special Interest Group. The 3-hour workshop was attended by 15 participants (see participant list at Appendix 1). The workshop program is at Appendix 2.

PRESENTATIONS

The program opened with five presentations:

Presentation 1: ►
Mr James Beckford Saunders, Chief Executive Officer, AAG

Mr Beckford Saunders presented on the Commonwealth Government Diversity Framework and action plans, and the National Aged Care Alliance (NACA) access and equity principles.

It was noted that the NACA Access and Equity Principles were:

1. Actively overcoming and addressing the barriers to access that certain consumers face
2. Ensuring equity of outcomes for all consumers and their carers
3. Maintaining services and supports tailored to the individual needs of diverse consumers
4. Ensuring the viability of the necessary specialist services for diverse populations
5. Ensuring consumer choice and control is accessible by all
6. Providing workforce planning and training that is representative of the diverse needs of consumers and the diversity within the aged care workforce
7. Recognising consumers with complex needs require holistic support to access services across multiple systems.

It was noted that the Commonwealth Government was working with national experts and consumers groups to develop a new Diversity Framework to guide aged care provision to special needs groups. Action Plans within the Diversity Framework were scheduled for development for Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) communities, and Lesbian, Gay, Bisexual, Transsexual and Intersex (LGBTI) people. Action plans for other special needs groups including regional, rural and remote, may follow. It was noted that the workshop represented an opportunity to advocate for a rural and remote aged care Action Plan, and to provide input into the content of such a plan.

Presentation 2: ►
Dr Rachel Winterton, Research Fellow, La Trobe University and Chair, AAG Regional, Rural, and Remote SIG

Dr Winterton presented an overview of aged care issues in regional, rural and remote Australia, as outlined in the previous section of this report.
Presentation 3:

Mr Mark Diamond, Interim CEO, National Rural Health Alliance

Mr Diamond presented on the concept of defining minimum standards in accessing care. His presentation outlined the role and activities of the National Rural Health Alliance (NRHA), the organisation's membership and current strategic priorities, and the importance of connecting and aligning rural and remote health and aged care policy. It was noted that key outcomes of the NRHA CouncilFest 2017 included identification of the need for a new National Rural Health Strategy and an implementation plan for the strategy, as well as the need for minimum service access standards for rural and remote communities, to achieve services that are affordable, acceptable, and appropriate. It was suggested that the concept of minimum service standards could be applicable to aged care services as well as health services.

Key challenges in access and equity in aged care service provision in rural and remote areas were outlined, including: challenges of service delivery in remote Aboriginal communities; workforce cost and stability; sustainable models of service management and governance; and being responsive to local needs. The importance of involving local people in service delivery was emphasised.

It was suggested that flexible funding models promote local access and build responsiveness, stability, sustainability and continuity of care. The aged care reform process was seen to present significant challenges in rural communities, with the principles of choice not applicable in some communities and the move to a contracted workforce having potential consequences.

Defining minimum levels of service access that all people across Australia should need, that are scalable as well as affordable, acceptable and appropriate, was identified as a step towards ensuring access and equity in aged care service delivery in rural and remote Australia.

Presentation 4:

Ms Kate Turner, Regional Subacute Care Coordinator, Great Southern WA

Ms Turner presented on the challenges in aged care delivery in rural and remote areas, and good practice and innovation. The presentation described the experience of the WA Country Health Service, Great Southern (WACHS-GS) Aged and Subacute Care program in addressing challenges in the provision of health care to older adults living in regional/rural/remote areas.

The presentation outlined that the provision of flexible interdisciplinary and inter-service care delivered across the continuum is effective in mitigating issues of access and equity of outcomes for older adults living in regional/rural/remote areas.

WACHS-GS, Aged and Subacute Care govern a number of programs including the Aged Care Assessment Team (ACAT), the Older Patient Initiative (OPI), the Cognitive Impairment Project and the Subacute Rehabilitation program (admitted and non-admitted). These programs have multiple overlap of clients, staff and service providers. The team has developed models of service delivery that allow for a 'pull' approach to referrals across the continuum of care and for ease of cross program referral in order to provide 'wrap around' care to clients.

Performance measures including client feedback, benchmarking data from the Australasian Rehabilitation Outcomes Centre (AROC) and commonwealth and state government Key Performance Indicators for the ACAT and OPI programs help inform practice and assist in evaluating program effectiveness. Additional programs are being added in response to client demand, particularly in regional areas.

The presentation described the ways in which the WACHS-GS Aged and Subacute Care team is proactively addressing challenges in the delivery of its programs including issues of physical distance, economy of scale, staff recruitment and retention, availability of home care services/packages in small communities, occupational health and safety considerations and ensuring a team culture that actively fosters the interdisciplinary and cross sector partnership approach with all stakeholders.
Pathways and models of service delivery included centralised triage; referral between programs; interdisciplinary approach across all programs; client centred and directed care; a referral pathway from acute inpatient wards to the rehabilitation ward; and a referral pathway from the inpatient rehabilitation ward to specialist community rehabilitation programs and ACAT.

Key strengths included co-location of programs, co-location with other services, interagency meetings, capacity building in MPS sites, and external partnerships.

The presentation concluded that senior health services and subacute rehabilitation can be provided effectively in smaller regional sites and expanded to rural and remote sites, based on a strong interdisciplinary culture.

**Presentation 5:**

**Professor Lynne Parkinson, Central Queensland University**

This presentation provided an update on research on innovation in aged care service delivery in rural and remote areas, based on a research literature scan covering the past three years.

Key issues emerging from the scan were access to services, workforce retention, models of care and telehealth. The research emerging from these areas was summarised, and it was noted that most research identified in the scan in relation to service access and workforce was qualitative and descriptive, or observational/evaluative, rather than solution focussed. In relation to models of care, mostly qualitative methods were used for evaluation, with a lack of focus on effectiveness and efficiency. In relation to telehealth, more research was available, but mainly qualitative/descriptive or based on weak evaluation design. Overall, there is a need for further research with strong evaluative design to identify promising models of innovation in aged care service delivery in rural and remote areas.
TABLE GROUP DISCUSSIONS

These presentations were followed by workshopping sessions comprising four table groups, out of which each attendee participated in two. The topics for table groups were:

Table 1:
How can research and data better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia?
- What good research is being done in Australia and overseas?
- Where are the research and data gaps?
- How can these gaps be addressed?
- What needs to be done to improve translation of research to policy and practice?

Table 2:
How can access and equity in residential aged care be improved in rural and remote Australia?
- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What specialist models are needed by diverse groups of consumers?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?

Table 3:
How can access and equity in home care be improved in rural and remote Australia?
- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What specialist models are needed by diverse groups of consumers?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?

Table 4:
What could be done to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural, and remote Australia?
- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?

The outcomes from table groups were fed back to and discussed by the full group of workshop participants, and the outcomes of these discussions are summarised in the next section of this report.
OUTCOMES OF WORKSHOP DISCUSSIONS

The workshop discussions focused on four key areas:

- How can research and data better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia?
- How can access and equity in residential aged care be improved in rural and remote Australia?
- How can access and equity in home care be improved in rural and remote Australia?
- What could be done to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural, and remote Australia?

Key points emerging from these discussions are summarised below, along with recommendations from workshop participants with regard to improving access, equity, and quality in aged care for older people living in rural and remote Australia.

RESEARCH AND DATA

Workshop participants discussed potential ways in which research and data could better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia. Key issues identified in this discussion were:

- Research quality: The evidence base for improving aged care in Australia is relatively weak, due to the lack of an overarching and properly funded research strategy, and often also to poor research design. Piecemeal studies are undertaken with no overarching research strategy, and many studies are run over too short a timeframe with inadequate resourcing. Poor research design is also common. Much research in ageing and aged care focuses on the outcomes of interventions, without adequately exploring the intervention processes, and investigating how these processes relate to outcomes. Fidelity of research is critical: that is, there must be consistency in how research is undertaken and how data is collected, otherwise the findings of research and evaluation will not be valid. Confounders must always be identified; this is not always done well. The Hawthorne effect (where the very fact of a study being undertaken and participants being observed changes the behaviour of study participants) often distorts research findings and must be addressed. An overarching strategy for aged care research, based on agreed priorities and agreed research standards, would help to address these concerns. It is also important that there is adequate and ongoing funding for aged care research, to avoid a piecemeal approach.
Data quality: Data in relation to ageing and aged care is scattered and requires improved linkages; and it is difficult to access standardized data. In rural and remote areas, numbers participating in aged care data collection are often small, and data may not be released for this reason. In addition, data quality is often poor, and manual extraction is sometimes needed. Training of aged care service delivery personnel is needed to ensure quality and consistency in data collection. Service providers may also be concerned that data may be "used against them"; to address this, the purpose of data collection must be clear, and anonymity must be assured.

Consumer engagement in research: The voice of the older person must be alive in the research. The difficulty of gaining ethical approval for aged care research is a major barrier to consumer engagement. It is particularly difficult to gain approval to access and talk with older people, even though in many cases older people are keen to be involved in research, and given the opportunity often become very engaged in the research process. It is important to note that older people with dementia may be unable to provide their own information reliably; a support person may be needed.

Research translation: The language of academia can be a barrier to the uptake of research into practice. Findings need to be in simple, practical language that is meaningful for practitioners and providers. Government also needs to be open to the findings of research and data and the implications for implementation, including resourcing implications, otherwise translation is not possible. It is also important that service providers understand and value research. Given the pressures on service providers, they need information that is practical and useful. Placements/students can be a way into services for research.

RESIDENTIAL CARE

Workshop participants discussed ways in which access and equity in residential aged care could be improved in rural and remote Australia. Key points emerging from the discussion included:

- There are several models of good practice in aged care provision in rural and remote areas, which could be considered for broader uptake. Examples include:
  - Client-centred multi-disciplinary team care, which is important in enhancing the care experience for all older people in residential aged care, including those in rural and remote areas;
  - the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP), which enables the provision of culturally appropriate care to Aboriginal and Torres Strait Islander people in rural and remote areas;
  - the Dementia Behaviour Management Advisory Service (DBMAS) and the Severe Behaviour Response Teams (SBRT), which are very positive models for improving care for people with dementia in residential aged care, and should be widely available including in rural and remote areas.

- Mentorship between large and small residential aged care providers can assist smaller services in rural and remote areas to implement good practice.

- There are significant difficulties in attracting GPs into aged care facilities, particularly but not only in rural and remote areas. National policy changes are needed to encourage greater participation of GPs in delivering health care services to residents of aged care facilities, particularly in rural and remote areas.
Greater pharmacist engagement in residential aged care would also be beneficial, to improve prescribing and use of medicines, particularly antipsychotics.

Improved access to medical specialists would help to improve care for older people in rural and remote aged care homes. Models for improving access include fly in/fly out services and telehealth, though it was noted that telehealth generally requires a health professional to be on site with the resident, to ensure a worthwhile interaction.

HOME CARE
Workshop participants discussed how access and equity in home care could be improved in rural and remote Australia. Key points raised included:

- There is a need for more high care packages, particularly in rural and remote areas. A key problem in the provision of home care services in rural and remote areas is the limited availability of high care packages, which leads to people entering residential care earlier than they would need to if adequate home care was available. A change in the prioritization process is needed, to enable the release of more high care packages in rural and remote areas.

- It is important that there is collaboration and co-ordination between service providers within and beyond the aged care sector, in rural and remote areas. In some areas there is a lack of co-ordination in the approach to home care service delivery. Current government policy is to encourage competition, as this is seen to offer more choice for consumers; but market based frameworks have been shown to be ineffective in thin markets, where co-operation rather than competition will achieve the best outcomes for consumers. In many cases, providers on the ground wish to collaborate, but funding and operational models can be a barrier.

- Innovative approaches to overcoming distance barriers are needed. In rural and remote areas, distance can be a barrier to service provision in home care, and this can be compounded by perceptions of distance being insurmountable.

- There is a need for greater support for carers. There are high rates of informal care provision in rural and remote areas, and the provision of care by family and friends without payment represents significant cost savings for government. Informal care needs to be more highly valued, and informal carers must be recognised as part of the care team.
There should be a greater emphasis on reablement and rehabilitation as the starting point for all new entrants into the aged care system.

Aged care provision in rural and remote areas needs to take into account the specific cultural needs of communities.

System barriers need to be addressed. The aged care system is metro-centric and population-centric. There are particular barriers in relation to the My Aged Care system. Many older people in rural and remote areas have little ability to navigate My Aged Care, due to limited understanding of the system and unclear differentiation of where services will be coming from, in some cases compounded by internet problems. Unless they have adult children or other advocates able to navigate the system for them, they may be unable to access care.

WORKFORCE

Workshop participants discussed possible ways to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural, and remote Australia. Key suggestions included:

- **Improvement in social attitudes** in relation to ageing and aged care could help to improve quality in aged care, including by attracting high quality staff to the sector. The poor status and poor pay involved in working in aged care is currently a barrier, and ageism may also be a barrier to people wanting to work in aged care. It appears that aged care is often seen as a fallback rather than the first choice of a career, and this needs to be addressed.

- **Regional approaches to workforce** can be more productive than organizational approaches. There are opportunities for service providers to share staff and infrastructure; policy needs to support and incentivize this.
Training and employment of local community members is important, particularly in remote Aboriginal communities. There can be cultural issues associated with employing local Aboriginal community members in remote areas, as people often have cultural business which requires their presence and interrupts their work; however this can be managed with adequate planning and backup. It is important that community members are released on leave for cultural business without their jobs being in danger; employers must respect and support the attendance of community members in cultural business.

Training for the aged care workforce needs to be adequate. Clients are becoming more complex, particularly in residential care, and training may often not be adequate to meet needs. Staff need to be able to connect and listen to clients, particularly where there is cultural diversity. Digital literacy is also important for rural and remote aged care staff. Mentoring can provide an important form of support for aged care staff in rural and remote areas.

A multidisciplinary teamwork approach is the cornerstone of effective models of care in aged care service delivery.

Opportunities for professional development and career advancement are important to support staff retention and quality care in rural and remote service delivery.

Respect for the unregulated workforce (care workers) within the community of practice needs to be higher in Australia, given the importance of this workforce in aged care service delivery. Respect for this workforce is higher in many overseas countries, where care assistants often have greater scope of practice. Training and advancement opportunities are particularly important for this workforce.
WORKSHOP RECOMMENDATIONS

Workshop participants developed the following recommendations for improving aged care services in rural and remote Australia:

1. Following on from the development of national Action Plans for aged care for Aboriginal and Torres Strait Islander people, people from CALD communities, and people from LGBTIQ communities, a national Action Plan for aged care for people in Rural and Remote areas should be the next priority under the Diversity Framework. This Action Plan is clearly needed, given that:
   - Older people in rural and remote Australia have a greater need for aged care services, but poorer access than older people in metropolitan Australia.
   - In many cases the aged care market in rural and remote areas is thin or failing, as service providers face additional challenges and have less financial incentive to provide care in these areas.
   - Consumers face access and choice limitations, and support for carers is limited.

2. The Government should undertake a review of rural and remote aged care service access and quality:
   - There is currently insufficient reliable research, data, and analysis on rural and remote aged care to properly inform policy; the review should draw together all available information and make recommendations to fill information gaps.
   - The review should include but not be limited to the role of Multi Purpose Services.
   - The review should identify good practice models and innovations, and seek to replicate and expand on these approaches.

3. Minimum service access standards should be developed for rural and remote aged care:
   - The National Rural Health Alliance has proposed minimum service access standards for rural and remote health; as distinct from quality standards, access standards outline what levels of service should be available for communities of varying sizes and of varying degrees of distance from major population centres.
   - Such access standards would also be useful for rural and remote aged care.

4. Government policy and funding in rural and remote aged care should:
   - Be based on principles of co-operation and collaboration between service providers, rather than competition.
   - Encourage greater participation of GPs, pharmacists, and medical specialists in delivering care to residents of aged care facilities in rural and remote areas.
   - Prioritise rural and remote areas in the release of home care packages, particularly high level packages.
   - Deliver improved support for carers of older people in the community in rural and remote areas.
5. Workforce-related initiatives should include:
   - Regional rather than organizational approaches to workforce.
   - Training and employment of local community members in aged care.
   - Training of aged care workers in the specific context of care delivery in rural and remote areas.
   - Professional development opportunities and career pathways to promote retention of employees in the sector.

6. To improve the evidence base for aged care service delivery, a national research and data strategy for aged care is required:
   - Independent data collection and evaluation should be built into service delivery, to create an ongoing, funded evaluation stream. Issues relating to data quality, confidentiality, and linking of data need to be addressed.
   - A comprehensive, systemic and ongoing research framework is needed, including agreed research priorities and standards. Improved consumer engagement in research, and successful translation of research into policy and practice, should also be included in this framework.
AAG RESPONSE TO WORKSHOP RECOMMENDATIONS

AAG believes that a “whole of ageing” approach needs to be taken in relation to the needs of people in rural and remote areas. Such an approach would include consideration of the evolving social, economic, wellbeing and health care needs of a person as they age, as well as their changing needs for aged care support over time; and consider how these needs can be met holistically and in an integrated way in the context in which the person lives and ages.

In response to the outcomes of the 2017 AAG Regional, Rural and Remote workshop, AAG undertakes to:

- Advocate for a “whole of ageing” approach in relation to the needs of older people from rural and remote areas.
- Advocate for the priority development of a national Action Plan for aged care for people in rural and remote areas, within the national Diversity Framework. AAG’s view is that the development of such a plan should be solidly based on both the available research evidence, and on knowledge derived from the lived experience of consumers and practitioners from rural and remote areas.
- Advocate for a review of rural and remote aged care service access and quality.
- Advocate for the development of minimum access standards for aged care services in rural and remote Australia.
- Advocate for changes to government policy and funding to improve access and equity in aged care for people living in rural and remote areas.
- Advocate for workforce-related initiatives to improve access and equity in aged care for people living in rural and remote areas.
- Advocate for a national research and data strategy for aged care, and work with members to enhance the depth and quality of research into aged care issues facing people living in rural and remote Australia.
- Continue to work through the AAG Regional, Rural and Remote Special Interest Group, and in collaboration with partners including the National Rural Health Alliance and SARRAH, to improve the ageing experience for people in regional, rural and remote Australia. Key areas of work in the immediate future are likely to include further workshops, and the development of evidence-based reports and policy papers.
CONCLUSION

AAG’s 2017 Regional, Rural and Remote workshop aimed to address the apparent inequities of access and outcomes in the aged care system for older people in rural and remote areas, and suggest directions for the future. In particular, the intent was for the workshop to generate momentum for the development of an Action Plan for aged care provision in rural and remote areas, and to identify priorities for such a plan.

Workshop discussions focused on:
- potential ways in which research and data could better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia;
- ways in which access and equity in residential aged care could be improved in rural and remote Australia;
- how access and equity in home care could be improved in rural and remote Australia; and
- possible ways to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural, and remote Australia.

In terms of the way forward, the workshop recommended:

3. The development of minimum service access standards for rural and remote aged care.
4. Changes to Government policy and funding in rural and remote aged care.
5. A range of workforce-related initiatives for rural and remote aged care.
6. A national research and data strategy for aged care.

AAG’s intent is that the outcomes of the workshop will be used to inform policy which aims to improve equity of access and quality outcomes in aged care people from rural and remote areas.
APPENDIX 1: WORKSHOP PARTICIPANTS

Dr Rachel Winterton (Convenor), La Trobe University
Mr Graham Aitken, Aboriginal Community Care SA
Mr Angus Algie, Department of Health
Mr James Beckford Saunders, AAG
Ms Kathy Bell, AAG
Professor Irene Blackberry, La Trobe University
Mr Mark Diamond, National Rural Health Alliance
Mr Adam Hooper, Aboriginal Community Care SA
Ms Vanessa Leane, University of South Australia
Mr John McKenzie
Professor Lynne Parkinson, Central Queensland University
Ms Kate Turner, WA Country Health Service – Great Southern
Ms Dawn Casey, National Aboriginal Community Controlled Health Organisation
Ms Deborah Smith, ACAT NW
Ms Ricki Smith, Access Care Network Australia

Topics for table groups
APPENDIX 2: WORKSHOP PROGRAM

Action Plan for Aged Care Provision to Older People Living in Regional, Rural and Remote Australia

Workshop hosted by: AAG’s Regional, Rural and Remote Special Interest Group

Date and time: 9.30 am – 12.30 pm, Tuesday 7th November 2017

Venue: Botanical 4, Crown Perth, Burswood

Convenor: Dr Rachel Winterton, Research Fellow, LaTrobe University and Chair, AAG Regional, Rural, and Remote SIG

<table>
<thead>
<tr>
<th>TIME</th>
<th>NAME</th>
<th>CONTENT</th>
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<tbody>
<tr>
<td>9.30 – 9.35 am</td>
<td>DR RACHEL WINTERTON</td>
<td>Welcome and acknowledgement of country, introductions, outline of workshop purpose and program</td>
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<tr>
<td>9.35 – 9.45 am</td>
<td>PRESENTATION 1 MR JAMES BECKFORD SAUNDERS, CEO, AAG</td>
<td>Context: The Commonwealth Government Diversity Framework and action plans, and NACA access and equity principles</td>
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<tr>
<td>9.45 – 10.00 am</td>
<td>PRESENTATION 2 DR RACHEL WINTERTON</td>
<td>Overview of key issues in rural and remote aged care</td>
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<tr>
<td>10.00 – 10.15 am</td>
<td>PRESENTATION 3 MR MARK DIAMOND, ACTING CEO, NATIONAL RURAL HEALTH ALLIANCE</td>
<td>Health, ageing and aged care in rural and remote Australia – the view from on the ground</td>
</tr>
<tr>
<td>10.15 – 10.30 am</td>
<td>PRESENTATION 4 MS KATE TURNER, REGIONAL SUBACUTE CARE CO-ORDINATOR, GREAT SOUTHERN WA</td>
<td>The challenges in aged care delivery in rural and remote areas, and good practice/innovation</td>
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<tr>
<td>10.30 – 10.45 am</td>
<td>PRESENTATION 5 PROFESSOR LYNNE PARKINSON, CENTRAL QUEENSLAND UNIVERSITY</td>
<td>Update on research on innovation in service delivery in rural and remote Australia</td>
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<tr>
<td>10.45 – 11.00 am</td>
<td>SHORT BREAK</td>
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<tr>
<td>11.00 – 11.40 am</td>
<td>TABLE GROUPS</td>
<td>Table group discussions – see topics below.</td>
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<tr>
<td>11.40 am – 12 noon</td>
<td>TABLE GROUPS</td>
<td>Reports back from table groups</td>
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<tr>
<td>12.00 – 12.30 pm</td>
<td>DR RACHEL WINTERTON</td>
<td>Full group discussion of key priorities and identification of next steps</td>
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# TOPICS FOR TABLE GROUPS

## TABLE 1
How can research and data better contribute to evidence-informed policy and practice to improve access and equity in aged care in regional, rural and remote Australia?

- What good research is being done in Australia and overseas?
- Where are the research and data gaps?
- How can these gaps be addressed?
- What needs to be done to improve translation of research to policy and practice?

## TABLE 2
How can access and equity in residential aged care be improved in rural and remote Australia?

- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What specialist models are needed by diverse groups of consumers?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?

## TABLE 3
How can access and equity in home care be improved in rural and remote Australia?

- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What specialist models are needed by diverse groups of consumers?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?

## TABLE 4
What could be done to improve the supply of an appropriately qualified and trained aged care workforce for regional, rural and remote Australia?

- What are the current problems and barriers?
- What good practice/innovative models are in place in Australia and overseas?
- What needs to be done to improve the dissemination and uptake of good practice/innovative models?
To improve the experience of ageing through CONNECTING RESEARCH, POLICY and PRACTICE

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