



AMA submission to the Aged Care Financing Authority – Respite care

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In 2015, if informal carers were replaced by formal carers, it would have cost over \$60.3 billion¹. This highlights that informal carers are critical in caring for older people. Pressure on informal carers will only increase with an increase in Australia's older population, and so access to timely respite care is critical.

Currently, approval for respite care depends on a formal Aged Care Assessment Team (ACAT) assessment. There is significant difficulty in accessing an ACAT assessment, meaning it can take months before respite care is approved. In the meantime, sometimes the only option is to admit the older person to hospital in order to give the carer some relief. This causes great distress for older people and their carers, and increases the risk of delivering respite care that is inappropriate both in timing and in the nature of the care given. Admitting the older person is also expensive and burdens the public hospital bed availability for acute care presentations. With the onset of the National Disability Insurance Scheme (NDIS), our members are concerned that this increased competition for a similar workforce will reduce the ACAT workforce. This may further increase ACAT waiting times.

A streamlined process is required to improve urgent access to respite care for people who have not yet been assessed by an ACAT, who have been assessed but are awaiting an aged care package, or who have not yet entered the aged care system. GPs who work in aged care know their patient's circumstances and requirements. In these circumstances, access to respite care could be streamlined by allowing GPs to approve respite care for older people in much the same way a doctor determines that a hospital admission is necessary.

Caring for an older person can become stressful and demanding, so it is important that the carer is also taking care of themselves. The use of Day Respite Centres (or Planned Activity Groups) can improve wellbeing and socialisation through group activities, and provides a break for the carer^{2,3}.

¹ Deloitte Access Economics and Carers Australia (2015) *The economic value of informal care in Australia in 2015* p15.

² Stirling, C.M et al. (2014), *Why carers use adult day respite: a mixed method case study*, BMC health services research, vol. 14, no. 1, p. 245.

³ Phillipson, L. & Jones, S.C. (2012), *Use of day centers for respite by help-seeking caregivers of individuals with dementia*, Journal of gerontological nursing, vol. 38, no. 4, p. 24.

However, research suggests Day Respite Centres are under-utilised by carers because they believe it will result in negative outcomes for the older person^{4,5}. The AMA suggests further investment into the availability of Day Respite Centres, and campaigning to promote the benefits of Day Respite Centres from both a carer and older person perspective. How these services and their costs impact on care packages should be clearly communicated to the older person or their representative/carer.

Our members are concerned that respite services tend to close down over holiday periods, and are not open for long enough periods during the day. This makes it difficult for carers to make alternative arrangements, which may add to carer stress.

In addition to home and community respite care, residential respite care is also difficult to access. Respondents of Carers Australia's *improving access to residential respite care* survey highlighted that it was difficult or very difficult to access emergency respite (68 per cent) and planned respite (66 per cent)⁶. Our members report that there is an unmet demand for residential aged care facility (RACF) beds that reflects the needs of older people. This includes geographic location, Culturally and Linguistically Diverse populations and those with psychogeriatric needs. Residential respite is only provided by few RACFs and sometimes only when a bed is available in the changeover between permanent residents⁶.

Conclusion

Currently, access to respite care is not timely nor responsive to the needs of older people. There needs to be further support to ensure carers are able to quickly and easily find and access a respite care service that suits the older person's needs. Urgent respite care should not require an ACAT assessment, and could be streamlined through the consumers' GP. In addition, there should be a public campaign to support and recruit more volunteers to further reduce the pressure on informal carers.

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⁴ Stirling, C.M et al. (2014), *Why carers use adult day respite: a mixed method case study*, BMC health services research, vol. 14, no. 1, p. 245.

⁵ Phillipson, L. & Jones, S.C. (2012), *Use of day centers for respite by help-seeking caregivers of individuals with dementia*, Journal of gerontological nursing, vol. 38, no. 4, p. 24.

⁶ <http://www.carersaustralia.com.au/storage/final-residential-respite-care-report-2.pdf>