FENG, Sophie

From: Irene Tupper <irenet@gatewaycommunityservices.org.au>

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To: submissions.ihacpa

Subject: [ATTACHMENT UNSCANNED]HCP and CHSP funding to social isolation

Categories: Cyan

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To whom it may concern,

Have the Royal Commission and research bodies taken into consideration the benefits of social interaction in the Aged care sector? In recent times we have seen social isolation become a serious strain on the health care system and after 2 years of the pandemic it is evident that mental health is affected by social isolation. Current Aged Care practices are often considered of lesser importance to other health concerns however the effect of placing social interaction as last referral in the CHSP funding model or HCP model can increase the reliance on the health care system. Client allocated funds are often limited, making social inclusion unattainable. Daily living tasks should not be considered social interaction. Social interaction should be meaningful activities with people of their own age and not just paid staff.

To ensure safe practices, high quality standards the pricing structure needs to consider the cost of qualified staffing engaged in the care of seniors, administration costs that are associated with the quality assurances, My Aged care reporting requirements, and data entry to meet the new payment system. Additional considerations to be made on the costs of the new awards that apply to changes to shifts. Last minute cancellations of services can result in high wage inefficiencies due to the inability for the employer to make changes to staffing requirements.

Duty of care at the forefront of innovative activities should be a priority – many organisations have resorted to low ratios, those of us who base ratio's against NDIS price guides have had to increase client contribution significantly and resort to other means to prop up the shortfall in funding.

Kind regards Irene Tupper (pronouns she / her) GCS Manager Ph: 9399 3511

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