

## National Conference

- Over the course of two days 275 delegates from our health and aged care members attended our first National Conference in three years at the Brisbane Hilton.
- Disability advocate **Dinesh Palipana**, climate change advocate **Dr Kate Charlesworth**, Bishops Conference President **Archbishop Timothy Costelloe**, St Vincent's Health Chair **Paul McClintock** and former Prime Minister **John Howard** were among the speakers.
- The conference and the dinner, which was attended by 350 people, was a fantastic opportunity for our members to engage with each other and the wider Catholic sector.
- And at the conference we were able to recognise one of our leaders, Sister Clare Nolan rsc, with a lifetime contribution award for her work in the sector over five decades.

- We welcomed **UnitingCare Queensland's** four hospitals into the fold to represent it to government and the wider community on health issues. UnitingCare is the first non-Catholic provider to join our ranks and we changed our constitution to not miss out on the ecumenical opportunity the union provides.
- During the second year of COVID CHA's advocacy was at the **policy vanguard** calling for a clearer definition of fully vaccinated, the inclusion of the reporting for boosters in official infection tallies, and for vaccines to be donated to developing nations

## Aged Care

- Initiated a **roundtable** in August for aged care providers to raise issues directly with the new Minister for Aged Care Anika Wells, chief among them the aged care workforce crisis.
- Participated in the Federal Government's **Jobs & Skills Summit** in September where CHA was the only aged care peak body and the only Catholic organisation represented at the two-day event. We rallied unions, charities, providers and academics to issue a joint statement of common interests for much needed reform to support the aged care workforce.
- Advocated to the Government and Department on behalf of CHA members in relation to aged care reforms including legislation to enact **Royal Commission** recommendations such as the new **AN-ACC funding model**, and legislation to implement election commitments such as 24/7 registered nurse coverage of aged care facilities.



## Health

- For the first time ever, CHA has been invited to give its view on the annual round of consultations to determine the **premiums** people will pay for their **health insurance**. CHA has strongly advocated for private hospital costs to be considered as part of this process.
- CHA's advocacy regarding flawed **prostheses list reforms** has delayed implementation by over a year, saving members over \$120 million in associated losses. We continue to push for a workable long-term solution that delivers choice for consumers, does not interfere in clinical practice and protects our hospitals' revenue from unfair practices.





## Mission

- Celebrated **World Day of the Sick** by organising an online symposium *Caring for the carers in Catholic health* with domestic and international speakers exploring how to combat staff burnout.
- Launched a **landmark report** *Unlucky in a Lucky country: how COVID has exposed social inequity* that examined the extent to which people from blue collar and culturally and linguistically diverse backgrounds were disadvantaged by COVID lockdowns.
- Began a **review** of the foundation Code of Ethical Standards by convening a taskforce drawn from across the health and aged care sectors and bioethicists to update it to reflect recent legal and societal changes.
- Undertook research into people's attitudes towards the Catholic ministries – hospitals, aged care facilities, social welfare organisations, schools and universities - to determine

## Campaigns

- Ran two major campaigns with members in Sydney and Melbourne to promote the benefits of getting the **COVID vaccine**, followed by another later in the year to encourage all Australians to get their third vaccine shot. These campaigns reached thousands of people on Facebook, prompting many to book their shot.
- Commissioned a **major study** by University of Notre Dame which found 82,156 hospital and aged care **vacancies**, which we used to spearhead our advocacy for solutions to the national health staffing crisis.
- And during the general election we reprised our successful **Fight for Better Aged Care** campaign which called on politicians and leaders to declare their support for better pay and better training for aged care staff.

how effective we are at servicing the needs of people and where we can do better.

- Continued to liaise with governments, the bureaucracy, and members to prepare the sector for the introduction of **assisted suicide** laws in multiple jurisdictions as they roll out legislation. We continue to oppose the introduction of such legislation in the Territories.



## The elephant in the aged care room is housing wealth

**Funding**  
The sheer magnitude of the challenge means we need a better system for getting those who can afford to pay for their care to dip into their own pockets.



Pat Garcia

Aged care is an issue nearly everyone agrees is important and one that nearly everyone seeks to avoid.

This rule applies doubly if you're a parliamentarian. The political logic has long held that aged care is one of those issues where you have infinite ways to lose and few to win.

So, to those of us who have been advocating for aged care reform, the Opposition Leader Anthony Albanese's budget reply was manna in the desert. Here, for the first time in Australian political history, was a major party leader using a signature platform event to put aged care front and centre.

The headline figure of \$2.5 billion splashed across the media the next morning sounded like a game changer.

And it is. Labor's plan would result in more carers, a minimum of 215 minutes of care a day for each resident, and the requirement for every aged care facility to have a registered nurse on site at all hours.

Most critically, Labor committed to throwing the government's weight behind the push at the Fair Work Commission to boost aged care wages.

But this is where the sheer magnitude of the aged care challenge jumps out. Because that \$2.5 billion, significant as it is, doesn't cover an increase in wages.

There is still no identified mechanism to fund a pay rise. And, to be clear, paying people properly in aged care isn't "nice to have". It's non-negotiable.

Aged care is a rare industry where unions and employers agree that significant pay rises are necessary. Because if we don't increase wages, we won't retain the staff we have – let alone attract the new workers we will need. Aged care homes are closing at an increasing rate, especially in regional Australia. And it's almost always because they can't attract staff.

*When we assess how much that person can afford to chip in, we only include the first \$200,000 of the value of this home in the means test.*

So, paying more people more is a must. But the necessary costs don't end there. We also need to factor in a significant budget for training.

People are living longer and many more are living with dementia, so our knowledge of how to care for frail people well has expanded.

But it's not the kind of thing you can pick up in an afternoon. Sophisticated training is necessary if we want our seniors to have a

decent quality of life in our aged care facilities. Once, the solution to this kind of labour shortage seemed simple – open the floodgates to skilled migrants.

Certainly, immigration needs to be a part of the labour force solution, but we also need to recognise that skilled aged care staff are in hot demand globally.

Australia isn't the only developed nation with an ageing population, desperate to fill places in its aged care sector. To compete we need to offer not just any job, but a good job that allows you to fully participate in the Australian way of life.

Furthermore, these skilled workers from developing nations are in massive demand at home. They have important work to do there. Even if we could, there's an ethical question mark over Australia luring them to these shores, and away from the elderly in their countries.

Clearly, any suggestion there is some easy way to skip the bill needs to be put to bed. So, how are we going to pay for it?

I note Labor has ruled out a special levy, as has the government. Little suggests they are open to changing their minds.

Long-term, with the right productivity-enhancing economic reforms and a little good fortune, it could be feasible to fund the necessary improvements to the aged care system through consolidated revenues.

But given the record national debt, we should face up to the reality of how hard it will be to get any government to dig deep into consolidated revenue any time soon.

I believe that means we need a better system for getting those who can afford to pay for their care to dip into their pockets.

The elephant in the room here is housing wealth.

When somebody enters an aged care home, they generally leave behind an empty house. When we assess how much that person can afford to chip in for the cost of their aged care home, we only include the first \$200,000 of the value of this home in the means test.

This is an irrationality we can no longer afford. The median house price is now more than \$1 million. Millions of seniors occupy homes that far exceed that value.

We cannot turn a blind eye to this enormous potential source of funding any longer. The cap needs to be lifted or removed.

I understand the political difficulty of this. The polle coming after grandma's home is not a sought-after role on the public stage. But what is the alternative?

Allow aged care standards to cascade? Force working-age people to dip deeper into their stretched incomes?

Just wait patiently for our national debt levels to improve sufficiently?

Albanese made a tremendous stride by elevating aged care to a top-tier political issue. But even more political courage will be required to address the long-term problem.

Pat Garcia is chief executive of Catholic Health Australia.

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