



Aged & Community
Services • Australia

**FORGOTTEN SERVICES:
DAY THERAPY CENTRES
& THE FUTURE**

**CONSULTATION DRAFT
DAY THERAPY CENTRE (DTC)
POSITION PAPER**

1. Introduction

Therapy and rehabilitation services are an important component of providing effective care and support for older people. The aim of these services is to enhance and/or maintain a person's ability to remain as independent as possible.

Many programs, including transition care, have been introduced in recent time as the importance of therapy and rehabilitation has been generally recognised. By enhancing an individual's skills in daily living and maintaining independence, rehabilitation and therapy services reduce the demand for higher cost services, including acute care and high level residential aged care. The result of this is more effective use and targeting of the scarce resources to support Australia's growing older population.

Day Therapy Centres (DTC) predate the recent rash of new programs. DTCs offer physiotherapy, occupational and speech therapy, podiatry and a range of other preventive, rehabilitative and restorative services to older people. They aim to help older people maintain or recover a level of independence and daily living skills and provide services to both residential and community based clients. DTCs are an integral part of the aged and community care service system that provide cost-effective, holistic and flexible modalities of care.

DTCs are funded by the Australian Government through the DTC Program. Despite the importance of DTCs, unique in that access for services is not determined by a client's living arrangements, they have been neglected by Government in policy and program development and financial terms.

In 2002 the Australian Government provided an additional \$3.2m to 12 DTC projects. Some of this funding was used by existing providers to offer specific programs or target services to particular groups of people. Funding was also used to establish the first DTC in the Australian Capital Territory. There has been no growth funding since that time.

Apart from annual increases provided through applying the inadequate Commonwealth Own Purpose Outlays (COPO) index method, the adequacy of funding levels for DTCs has not been considered.

Contracts with the Australian Government are renewed on an annual basis but there is always uncertainty as to whether the contract will be renewed which is often not resolved until just before the existing contract is set to expire. This approach has had a negative effect on DTCs who report losing valued allied health professionals to better paid and more secure jobs in the acute health sector. The main impact of this has been the risk of poor continuity of care for clients. It has also made it difficult for DTCs to plan effectively for the future, including practicalities such as maintaining leased premises, or making long term commitments to partnerships with local networks.

The only recent Government consideration of DTCs has been a national census of DTCs (undertaken in 2002 and subsequently released in 2004) and a review of DTCs in 2003 which is yet to be released. DTCs are mentioned in the Australian Government's *The Way Forward* with a recommendation to bring them into line with other community care programs particularly in relation to eligibility, accountability, quality assurance and data collection.

Current reform processes in residential care as a result of the Hogan Pricing Review may also impact on the role and funding of DTCs.

DTCs are operating in a vacuum, with out of date Government guidelines, while awaiting the outcomes of a review, reform processes and decisions about their future. Despite this, they are still providing high quality services and benefits to clients.

2. Purpose of this Paper

It is against this background that Aged & Community Services Australia (ACSA) determined the need to develop a position paper to advocate the importance of DTCs to both the community and residential care systems and to ensure that this value is reflected in adequate program and financial arrangements.

A small Reference Group was established with representatives from each State to develop this paper.

This paper will:

- Outline the role and importance of DTCs within an overall system of care for older people;
- Explore the challenges and issues facing the provision of DTC services; and
- Make recommendations for adequate and effective funding and program arrangements.

ACSA is releasing the paper to promote consideration and discussion of the future of DTCs and is interested in receiving feedback before finalising a policy position. If you would like to contribute to this please forward comments to Pat Sparrow, ACSA's National Policy Manager by Friday 2nd June 2006 by e-mail at psparrow@agedcare.org.au or by writing to Level One, 36 Albert Road, South Melbourne 3205.

3. Day Therapy Centres

Day Therapy Centres are part of a system of residential and community aged care services providing allied health and rehabilitation for older people. Younger people with disabilities are able to access DTCs where they cannot access other suitable services. There are also day services funded through the Home and Community Care (HACC) Program. These services focus on socialisation, respite provision and some include low level programs to assist skills maintenance. These services tend to stand alone in community settings.

As a service response DTCs have existed for approximately 30 years and have grown and developed shaped by the needs of their local communities.

Government initially introduced the DTC program to ensure therapy services were available.

Many, but not all, DTCs are co-located with residential aged care facilities.

Clients & Services

Predominantly DTC clients are female, in line with the demographics of ageing generally, with an average age of 77 while male clients are slightly younger with an average age of 75¹.

DTCs can however accept clients from 55 years of age to assist in the prevention of long term ailments. Younger people with disabilities can also be supported as can people who have been discharged from acute care. This is different to other community based therapy and rehabilitation services, such as HACC.

People are referred to DTCs for a range of reasons but the most common reasons for referral are musculoskeletal disease and skin diseases.²

People may receive services from a DTC for a short period, as little as a month, or for longer periods, providing slow stream rehabilitation often required by older people. In some cases DTCs can work with clients over a period of several years with changing goals and outcomes achieved in response to ongoing issues for clients. DTCs then form part of an effective system response to support people to remain living in their own home.

DTCs provide a range of therapies for frail older people including physiotherapy, occupational therapy, speech therapy, podiatry, dietetics, diversional therapy and activities, hydrotherapy, aromatherapy, social work and nursing services. The therapies are provided both on an individual basis and to groups.

Other programs offered by DTCs include group wellness programs, promoting socialisation and health promotion, such as health eating programs.

“It is generally understood that the main goal of rehabilitation involves not only the restoration of physical function, but also the expansion of opportunities to allow clients to gain control over their own well-being. Rehabilitation must include strategies to increase confidence in the home and in the community and must foster a more realistic appraisal by the older person of his or her health and abilities.”³

The DTC model recognises the importance of a range of programs that not only provide therapy and rehabilitation but socialisation, confidence and wellness.

Service Models

DTCs enable clients to access a range of multidisciplinary services and provide a connectedness to local communities.

There are different models of DTC provision but essentially they all operate on a wellness model with a focus on enhancing and maintaining independence physically, mentally and socially.

¹ Australian Institute of Health and Welfare *Day Therapy Centre Census 2002*, February 2004.

² Ibid.

³ LGething, J Fethney & A Blazely “The Importance of Adopting a Client Focus in Assessing Outcomes Following Inpatient Rehabilitation Treatment of Older People” *Australasian Journal of Ageing*, Vol 15, No 2, 1996.

The key elements⁴ in achieving this aim are:

- Adopting a partnership approach with clients (and carers) so that they are actively involved with health professionals in defining what is most important for their ability to continue living in the community or in low level supported accommodation (including residential care);
- Setting individual goals with clients to achieve specified outcomes;
- Investing enough time with clients to enable them to achieve the goals established;
- Progressively developing services under a philosophy which emphasises that older people can learn new capacities;
- Individualising treatment which is then supported by group programs to achieve sustainable outcomes for each person;
- Taking a holistic approach so that the client's broader needs are actually identified and addressed through other programs in the service or by facilitated external referral. Recognition must also be given to physical, psychological and social factors which contribute to their health status and ability to cope;
- Encouraging the development of the client's skills so that they can be more actively involved in the management of their health and wellbeing; and
- Targeting interventions that will assist the maintenance of function for people with progressive conditions.

Older people, whose first contact with the aged care service system is through the DTC program, benefit from earlier intervention in their condition and, where it might be necessary, referral on to other services they require to maintain their independence in the community.

DTCs Supporting Individuals

The following case studies demonstrate the effectiveness of DTC involvement in an individual's life. In this way DTCs add value to the aged and community care system by ensuring people are appropriately supported thereby preventing or delaying the need for more intensive and expensive service responses.

A 1994 study shows the effectiveness of the DTC model with more than three quarters of clients discharged "able to go on living in the community, generally with the same level of community support as they had been receiving prior to admission. Relatively small numbers died or were discharged to acute care or hostel level residences, and an even smaller group of less than three percent were discharged to nursing homes."⁵

Shirley – Confidence to Remain at Home

Shirley is referred to a metropolitan Sydney day therapy centre because of a recent fall at home. While nothing was broken the GP thought a group session at the local DTC would assist with preventing falls in the future which may result in serious injury.

⁴ Adapted from Resthaven letter to Minister for Ageing, September 2005

⁵ A. Butler & H. Russell "Rehabilitation in the Community: the Role of Day Hospitals and Day Therapy Centres in Victoria," *Australian Journal on Ageing*, Vol 15, No 2, 1996

When the coordinator attended the client's home she discovered that Shirley was afraid to leave her home and had spent the year since her husband's death fearful of what would happen if she ventured out alone.

Shirley agreed to attend the DTC which provided her with an outing, transport to and from the centre, sessions with the aroma therapist/massage therapist to help with the aches and pains she was suffering from arthritis. In addition, visits to the local shops with the physiotherapist to practice socialisation using the escalators and coping with the crowds were undertaken.

Shirley now has more confidence that she can manage on her own. Shirley visits the DTC once a week to maintain her level of confidence and pain relief.

Shirley says "DTC has helped me socially, physically and mentally. I wanted to live in my own home and be able to get out and about and they have made it possible".

Mrs S – Improved Mobility and Health

Mrs S is a 67 year old lady. She has had three strokes and suffered depression after the loss of her mother and son in a short period of time. At the time of referral to the DTC program Mrs S was wheel chair bound with limited movement in both legs and arms. Following assessment Mrs S was encouraged to attend Water Therapy.

Mrs S initially was hesitant to engage in water therapy due to past negative experiences in the water. With support Mrs S persisted and attended water therapy twice a week. She was lowered into the pool with the use of an electronic chair. Mrs S was slowly orientated into water therapy and importantly also water safety. After many weeks Mrs S gained so much confidence she started swimming. Mrs S's self confidence (and mobility) exceeded all of her expectations. Mrs S's mobility has improved to such an extent that she predominantly uses a wheelie walker to mobilise. The electric lift is not necessary to assist her to enter the pool anymore as she enters the water using steps. Mrs S has gained muscle density and lost weight. This has improved Mrs S's quality of life, her health and ability to remain living at home.

4. Issues & Challenges for Day Therapy Centres

- *Role Understood & Valued in the Care System*

DTCs provide a one stop shop for clients who are able to have a range of needs met in one place. The role of DTCs in providing therapy and rehabilitation is not widely known or understood. In part this is due to the low profile the program has had in terms of Government policy development and program management.

In recent years Governments have created a range of programs (including transition care) to provide rehabilitation to older people, particularly on discharge from hospital. These programs have largely been rolled out in isolation from the DTC infrastructure. Where co-ordination or partnership has occurred it has been at the instigation of local providers rather than through any systemic acknowledgement of the role of DTCs.

Many of the new programs are on a trial or demonstration basis with no ongoing budget commitment.

An opportunity to maximise the available resources for important rehabilitation services is being missed in this approach. Governments need to build on the existing DTC infrastructure and resource base if efforts to address rehabilitation and therapy needs are to be effective.

- *Funding*

DTCs have effectively been deemed a ‘no growth’ program. That is no additional recurrent growth funding has been provided to support DTCs increase their service provision or geographic coverage.

In addition to this lack of growth funding DTCs have only received inadequate levels of indexation through the Commonwealth Own Purpose Outlays (COPO) indexation method.

Capital funding for DTCs has also not been available over recent years. Providers themselves have funded building, maintenance and equipment provision. There are particular issues now for providers in purchasing appropriate IT systems and vehicles for client transport. Funding needs to be made available to support the range of capital items required.

Depreciation costs are specifically excluded as an allowable expense for acquittal purposes – hence no provisions are being made for capital related replacement.

Accountability for funding needs to be considered and streamlined. As DTCs provide a holistic response, reporting on inputs does not capture the value or real benefit of the services provided. Australian Government funding is not the only source of funding for DTCs. Conclusions reached on the level of inputs and outcomes from these programs need to recognise this. Assumptions that the level of inputs and outcomes are directly and exclusively related to the funds from the DTC program will lead inexorably to incorrect policy decisions.

Despite the lack of funding for DTCs the services they provide – rehabilitation and therapy – have been a priority for funding through a range of other programs tied largely to the acute health sector.

These programs are often in direct competition with the existing DTCs, in terms of not only funding but more importantly for the scarce allied health resources that are necessary for effective rehabilitation programs. This demonstrates that there is a need for growth in rehabilitation services to meet the needs of our ageing population and that Government is prepared to financially support their provision.

DTCs need to be acknowledged as an important part of the rehabilitation system and funded accordingly – growth recurrent funding, adequate indexation and capital.

- *Contracts*

Currently DTCs negotiate annual contracts with the Department of Health and Ageing. Negotiation often does not commence until the existing contract has almost expired.

This creates an environment of uncertainty which affects many aspects of operation including staff morale, the ability of DTCs to recruit and retain staff and continuing lease arrangements on premises. DTCs need certainty that funding will continue to ensure continuity of care for clients and efficient and effective use of resources.

- *Staffing & Workforce Issues*

DTCs face difficulties in recruiting and retaining the highly valued allied health staff critical to the delivery of rehabilitation. This is in large part due to the inadequate funding which means that DTCs compete for staff offering lower wages than can be obtained through the acute care system.

This devalues the role of DTCs and creates poor morale which is exacerbated by the uncertainty of funding with annual renegotiations of contracts and the possibility of job loss.

This is yet another example where a lack of coordinated planning and delivery fragments the use of the scarce workforce resources available. There must be comparable pay rates for therapy and rehabilitation staff regardless of the setting in which they deliver care.

- *Interface/Service Continuum*

Governments have clearly recognised the importance of the provision of therapy and rehabilitation services. While investment in care delivery is positive the introduction of new programs has not taken into account their role alongside existing services such as DTCs.

DTCs should be part of a platform of responses available to enhance, support and maintain older people's independence. They fit comfortably beside newer therapy and rehabilitation services, which are generally tied to discharge from hospital and are time limited. The distribution of resources to support therapy and rehabilitation needs to ensure that people can access more intensive forms of support as well as DTCs.

Such a platform should assist in maximising the limited resources available. Given the importance of these services, and the limited funding currently available, additional resources are required to achieve a sensible mix of services throughout Australia.

- *Evidence Based Practice/Practice Based Evidence*

Much of the literature on therapy and rehabilitation focuses on bed based service delivery. The literature highlights the importance and effectiveness of such services.

Anecdotally there is much evidence to support the role of community (or ambulatory) therapy and rehabilitation services. There is however a lack of research to support practice or guide policy directions:

“Scientific research examining the outcome and relative cost of ambulatory programs is urgently needed.”⁶

⁶ Michael Pollock & Peter Disler “Evidence based stroke rehabilitation,” *Australasian Journal on Ageing*, Vol 22, No 3, September 2003.

There is growing interest and demand for practice based evidence. Good practice needs to be documented and shared between providers.

- *Quality Assurance*

DTCs undertake quality assurance activities generally as part of a larger organisation. There is no clear quality reporting process for DTCs to the Department of Health and Ageing. This is an issue the Department has flagged it wants to address as part of the community care reform agenda.

It does need to be understood however, that any such requirement must in itself identify and comprehend the level of real funding received through the DTC program as opposed to other sources of funding. It is important that any assumption in relation to the benefits produced by the Australian Government funding must be based proportionally to the funding received.

It will be important that DTCs are involved in determining and designing appropriate quality reporting requirements.

5. Conclusion and Recommendations

One of Government's key aged care policy objectives is to support older people to live independently in their own home, or least restrictive environment.

DTCs are a vital component of an effective service system to support older people. The role they play in enhancing and maintaining independence contributes directly to achieving Government's overall policy agenda for older people to age in place.

As our population ages there will be an increasing need for services which assist people to maximise their independence. Access to such services should not be determined purely on where you live or whether you have experienced an acute episode. People who can benefit from such services should be able to be identified, referred and supported to maintain their independence.

DTCs are uniquely placed to do this as part of an overall program approach to rehabilitation and therapy provision. A continuum of care, which values the different types of therapy and rehabilitation services, must be established if as a system we are to maximise the benefits of the available resources and effectively support older people.

1. DTCs are recognised and incorporated into an integrated program response to meet therapy and rehabilitation needs.

There has been growth in the range of programs supporting older people with rehabilitation. DTCs need to be seen as part of this service platform and funded accordingly.

2. The funding system for DTCs needs to be reviewed and a sustainable funding approach developed.

There has been limited funding available for the growth of DTCs. Funding arrangements need to be reviewed with a view to identifying the need for growth of

existing services and the potential to expand geographic coverage through new service provision. Such a review should consider the introduction of:

- a. a capital funding stream (including for building maintenance/equipment and vehicles); and
- b. a Conditional Adjustment Payment (CAP) similar to that introduced for residential care providers in 2004 to address the inadequacy of COPO indexation. Given the escalating costs of service provision, the principle and funding should also be applied to DTCs.

3. Introduce 3-5 year Funding and Service Contracts

Certainty of funding is critically important to maintaining quality services and continuity of care for clients. A 3-5 year contract would provide such certainty for clients, the Department, the DTC and their staff. Contracts could be negotiated acknowledging that there is an annual appropriation process which will confirm funding levels for the coming year. This would be administratively efficient reducing Departmental and provider time in negotiating on an annual basis.

4. DTC Guidelines to be Reviewed and Updated.

DTC Guidelines have not been reviewed for some time. The landscape has changed significantly from that time and the context in which DTCs now operate needs to be captured. DTCs themselves have been evolving and changing since that time and good practice and new requirements need to be documented and available to all providers. A review and update of the guidelines will enable these changes and improvements to be documented. The review should be undertaken in consultation with DTC providers through peak body representation.

BIBLIOGRAPHY

- Alt Beatty Consulting. Feedback to Providers on the Day Therapy Centre Program – Assessment, Eligibility and Data Collection Project, 2004.
- Antcliff, Liz. “Report on Day Therapy Centre Program Review Think Tank,” 3003.
- Australian Faculty of Rehabilitation Medicine (AFRM). *Rehabilitation into the 21st Century: A Vision for Victoria*, 1997.
- Australian Institute of Health and Welfare (AIHW). *Day Therapy Centre Census 2002*, AIHW Cat No AGE 34 (Aged Care Statistics Series, No 16) 2004.
- Bennett, Kate Mary. “Low level social engagement as a precursor of mortality among people in later life,” *Age and Ageing*, Issue 31, 2002.
- Butler, A and Russell H. “Rehabilitation in the Community: the Role of Day Hospitals and Day Therapy Centres in Victoria.” *Australian Journal on Ageing*, Vol 15, No 2, 1996
- Gething, L, Fethney, J and Blazely, A. “The Importance of Adopting a Client Focus in Assessing Outcomes Following Inpatient Rehabilitation Treatment of Older People,” *Australasian Journal of Ageing*, Vol 15, No 2, 1996.
- Hilleras, Pernilla K., Jorm, Anthony F. Herlitz, Agneta, Winblad, Bengt,” Activity patterns in very old people: a survey of cognitively intact subjects aged 90 years or older,” *Age and Ageing*, Issue 28, 1999.
- National Aged Care Alliance. “AHMAC and Beyond: A Strategic Framework for Health Care for Older People: at home, in residential care, in hospital and in transition between settings,” A Response to the Australian Health Ministers’ Advisory Council, “From Hospital to Home: Improving the outcomes for older people,” July 2004.
- Pollock, Michael and Disler, Peter. “Evidence based stroke rehabilitation,” *Australasian Journal of Ageing*, Vol 22, No 3, September 2003
- Resthaven. Letter to Minister for Ageing Julie Bishop, written by Resthaven CEO Richard Hearn, September 2005.
- Victorian Association of Health and Extended Care (VAHEC). “Day Therapy Centres: A Victorian Perspective,” Submission to Aged & Community Services Australia Day Therapy Centre Reference Group, 2006.

ACSA DAY THERAPY CENTRE (DTC) - REFERENCE GROUP MEMBERS

Peta Braendler

Aged & Community Services SA/NT

Bronwyn Champness

Sundale Day Therapy Centre

Prue Gorman

Southern Cross Care SA Inc

Paul Johnson

Aged & Community Services Association of NSW/ACT

Jackie Lander

Prescare Hopetoun

Anne Livingstone

Aged Care Queensland

Wendy Morris

Anglicare

Tim Noonan

Baptist Community Care

Lynnette Robinson

Uniting Church Homes

Paul Sadler

Aged & Community Services Association of NSW/ACT

Jill Savell

Southern Cross Care Tasmania

Pat Sparrow

Aged & Community Services Australia

Simone Tedman

Uniting Church Homes

Fleur Thomson

Aged & Community Services Australia

Sue Upton

Helping Hand Aged Care

Julie Wiskin

Uniting Aged Care

Paul Zanatta

Victorian Association of Health and Extended Care