

AGE EDITOR

THOUGHT LEADERSHIP FOR ENERGISING AND INNOVATING

THE AGED CARE INDUSTRY | AUTUMN 2019

The most beautiful things are not associated with money; they are memories and moments...



AGED CARE INDUSTRY ASSOCIATION

WE VALUE AGED CARE

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AGE EDITOR AUTUMN 2019



The aged care walker and hospital gown image

Opinion

Quite disappointingly, this image is being used across media to represent aged care. I believe the marketplace continues to be confused about how to represent the sector - and the people within it.

As I pointed out in my Age Editor Edition 2 article titled "**Branding Aged Care**", we wouldn't expect to see David Jones marketing itself the same way as Kmart or even Myer... so, we shouldn't expect to see one aged care organisation looking the same as another - even though they sit in the same marketplace with the same products! More pointedly, not all within aged care use walkers and no-one wears hospital gowns (unless they are in a hospital).

An editorial in a newspaper or magazine really needs to try harder to understand the sector, and to represent their own articles better and assist the process of community understanding.

We need to help not hinder the public when we write about aged care. ~Charlie-Helen Robinson, Editor

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...The Aged Care Industry Association's vision is for an Australian aged care system that provides choice and wellbeing for older Australians.



AGE EDITOR JOURNAL

...thought leadership for energising and innovating. This is our aged care Royal Commission edition.

In this edition, we share reports from key ACIA supporters in relation to the Royal Commission into Aged Care Quality & Safety.

We also share tips for managing and mediating relationships in the aged care setting.

The aged care industry has so much to offer - making a difference to older Australians' lives, providing employment to hundreds of thousands of workers, creating opportunities for our society.

Working with our members is a rewarding experience, knowing the impact we have on so many people.

If you would like to write an article for this publication, please let us know.

To request Charlie's assistance to write your articles, email enquiry@acia.asn.au

Social Media

Facebook - search and find us at 'agedcareindustry'



CELEBRATING WOMEN IN AGED CARE: ARE YOU THE NEXT PROFILE?



When was the last time you and the work you do were celebrated?



Dr Kirstin Ferguson inspired Samantha Bowen and Amanda Terranova to launch #celebratingwomeninagedcare on January 1st, 2019.

Why? At the start of 2017, Dr Kirstin Ferguson wrote an opinion piece for media publisher Women's Agenda suggesting we needed to see less denigration, and more celebration, of women online. The article led to the #CelebratingWomen campaign where she committed to sharing the profiles of two women, from anywhere in the world and from all walks of life, every single day.

By the end of 2017 Kirstin had celebrated 757 women from 37 countries around the world.

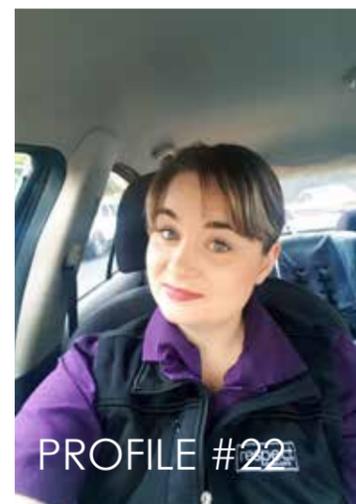
Considering over 80% of the workforce in aged care in Australia alone are women, Samantha and Amanda were inspired by Dr. Kirstin's campaign.

So they have committed to sharing the profiles of women from anywhere in the world, everyday in 2019, who work in aged care.

"We are also committed to our #celebratingwomeninagedcare values, which underpin everything we will do now and in the future with this campaign," says Amanda. "Including women who step up and around everyday challenges, who go above and beyond, women who are tenacious, loving and courageous and individuals who identify or express themselves as women."

For more information, to submit your profile or nominate a woman to celebrate in aged care:

celebratingwomeninagedcare.com



PROFILE #22

NAME
Skyla-Jade

LOCATION
Australia



PROFILE #17

NAME
Tanvi

LOCATION
Australia



PROFILE #1

NAME
Margie Chapman

LOCATION
South Africa

The Royal Commission

One thing that we do know, is that Australia's population will continue to age, and the demand for aged care services will continue to increase.
-Luke Westenberg
ACIA CEO

The Context for the Royal Commission

01 WHERE YOU CAN STAY IN TOUCH WITH WHAT'S HAPPENING

The Royal Commission into Aged Care Quality and Safety was established on 8 October 2018 by the Governor-General of the Commonwealth of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd). The Honourable Richard Tracey AM RFD QC and Ms Lynelle Briggs AO have been appointed as Royal Commissioners. The Letters Patent for the Royal Commission, which formally appoint the Royal Commissioners, also outline the Commission's terms of reference.

The website is located: <https://agedcare.royalcommission.gov.au>

02 KEY DATES

The Commissioners are required to provide an interim report by 31 October 2019, and a final report by 30 April 2020. Future Hearings in 2019.

The Royal Commission will conduct hearings in all capital cities and a number of regional locations. The location of each hearing will be announced progressively during the year as arrangements are finalised.

Please note that these dates are subject to change. Royal Commission hearings are open to the public although seating will be limited. Hearings are streamed live through their site.

03 ACIA SUPPORT

The Commission will consider the quality of aged care services and various issues impacting the future of aged care in Australia, and will make recommendations accordingly. ACIA continues to support our provider members and will assist with responses to the Commission's invitation to providers to submit information. We provide updates on hearings and will encourage conversations with the sector to build capabilities as it proceeds further.

08 8338 6500 enquiry@acia.asn.au

The Royal Commission into Aged Care Quality and Safety presents the possibility of substantial change to the aged care industry. As such, providers need to be considering the Commission and where its inquiries and investigations may lead.

In doing so, it is helpful to consider the context in which the Commission is operating, as this will have a definite influence on the Commission's work. Obviously, there is heightened public attention being paid to aged care, and to allegations of poor practices in the sector. This is accompanied by a range of inquiries into the aged care sector, such as the Senate inquiries into aged care quality, tax practices, and the aged care workforce, and the House of Representatives inquiries into the effectiveness of the Aged Care Quality Assessment and accreditation. These inquiries have provided evidence of personal experience in aged care, and have also highlighted the stresses faced by the current system.

The Carnell-Paterson Review of National Aged Care Quality Regulatory Processes found that quality regulation in aged care

"do not consistently provide the assurance that the community expects".

In addition, the Legislated Review of Aged Care by David Tune AO PSM was released in July 2017. This review provided a detailed assessment of the progress of aged care reforms at that date, the state of the aged care sector, and provided recommendations for future reform directions.

The Tune Review made 37 recommendations for continuing reform of the aged care sector, of which 35 were directed to government; the majority of these recommendations have been acted on to date.

There is considerable financial pressure on the aged care sector as a whole. The Aged Care Financing Authority (ACFA) has reported that financial results in the aged care sector decreased in 2017/18; Stewart Brown's survey of aged care providers found that in July-December 2018, 42.3% of residential aged care facilities recorded a negative operating result (this proportion has been increasing over time). The picture is clearly of a sector facing financial challenges, as revenue rises more slowly than costs.

Overall, the context for the Royal Commission is an aged care sector in which quality regulation has been found to require improvement, community concern and scrutiny is growing, while financial pressures are increasing.

This is not a sustainable situation, and the Commission's recommendations for solutions will be interesting to see.

One thing that we do know, is that Australia's population will continue to age, and the demand for aged care services will continue to increase.

The work of the Commission will be to recommend how to establish a system that provides the care older Australians require, in a way that is financially sustainable for government, providers and consumers.

REFERENCES

1 Carnell and Paterson (2017). Review of National Aged Care Quality Regulatory Processes

2 Stewart Brown (2019). Aged Care Financial Performance Survey: Sector Report (December 2018)

3 Stewart Brown (2019).

Royal Commission Perspective from the ACIA Chair

The Royal Commission into Aged Care Quality and Safety represents an opportunity to consider the aged care system in Australia and areas of pressure or challenge.

As an aged care provider, and as the Chair of ACIA's Board, I am hopeful that the Commission will provide a platform to raise the importance of aged care issues in public understanding and to develop solutions for the challenges we face today.

Public understanding of aged care, its structure, its benefits and its challenges is limited in Australia.

The work of the Royal Commission, including through background papers such as *Navigating the Maze: An overview of Australia's current aged care system*, can help members of the public to understand the features of Australia's aged care system.

Increased public understanding of how aged care in Australia is funded and regulated, how care is provided, and who receives care, can only help in considering and addressing the needs of Australia's ageing population.

Something as important as appropriate care for our elderly cannot be managed by keeping people in the dark – we need a positive national conversation around caring for older Australians, and the Royal Commission is a wonderful place to start.

Aged care providers care for hundreds of thousands of older Australians – in 2018, there were over 210,000 residential aged care places and over 90,000 people receiving home care packages.

As Australia's population ages, the care needs of older people are growing increasingly complex. This is reflected in the increasing need for qualified staff in aged care.

Providers are facing the challenge of caring for increasing numbers of older people in a difficult and changing environment.

This year has seen the creation of the new Aged Care Quality and Safety Commission (ACQSC), replacing the Australian Aged Care Quality Agency (AACQA) and the Aged Care Complaints Commissioner (ACCC).

New Quality Standards will come into effect on 1 July 2019, along with new audit tools and new expectations from quality auditors.

The introduction of unannounced visits has seen extraordinary demands placed on staff, potentially leading to stress and workplace claims.

Surveys show that over 40% of facilities are running at a loss, highlighting the enormous pressure being placed on providers.

The Commonwealth has committed additional funding to home care packages, which will impact further on occupancy rates in residential aged care.

The proposed new residential aged care funding tool will be a significant change for the sector if it is implemented, but there is no indication of increased funding to meet sustainability pressures.

It is disappointing that the Government has not acted to address these sustainability challenges for the sector; in this regard, the Budget can only be called a missed opportunity.

The work of the Royal Commission provides an excellent opportunity to consider the appropriateness of education and training for workers in our sector, and whether we are currently training people with the skills and aptitudes they will need to provide care to older Australians in future.

ACIA will continue to work towards better public understanding of ageing and aged care, and towards an aged care system that will provide the care our older Australians need and deserve.

Viv Padman
Premier Health Care
ACIA Chair

How long has Provider Assist been supporting aged care?

Provider Assist has been operating in the Aged Care Industry for over 15 years.

Have you seen much change in the aged care system during this time?

Of course – the industry is ever-changing and we are still seeing more and more changes to come. Naturally, this often feels scary and tricky to navigate – but the industry is amazing at being adaptable.

Funding, care delivery, facility design, technological innovation and legislation – that is a lot of things to be continuously changing.

The heart of it is that everyone in the industry wants to continuously improve and it makes sense that as a growing sector that is focused on the care of people who are ever-changing generations themselves, that change will inevitably continue – which is wonderful.

What motivates you to stay in aged care?

We know that we can always do better than we've done and there is always something more remarkable for Aged Care to come!

We are so excited about increasing our impact in the industry each year.

There couldn't be anything more motivating than working with the amazing people in Aged Care to achieve these goals, and then new goals consistently driving us all to be a little better each day.

Can you describe the biggest challenges you see in aged care today?

There are of course many challenges the industry faces; with the Royal Commission, funding issues and staffing often topping the lists for everyone. If we gather these into one and look at the big picture, the challenge is trying run sustainable and impactful businesses. Care and business may appear like they should not go hand in hand, but they do. We think it is important that Providers are leveraged by tools, services and education to run a optimised and efficient business – which then allows them achieve their vision of providing the best of care.

What is your most memorable moment in aged care?

Being a team of now 70+ (who also collect every story our team will give us because we love hearing them) we have so many memorable moments!

But an absolute standout was from just late 2018.

We were lucky enough to be delivering a service in a facility, and as a part of our entry meeting we screen a video – Sally's Story – that is crucial to the PA story and the way we comprehensively assess Residents.

It tells the story of Sally, a Resident in care, and shows how two different approaches to assessment result in significantly different levels of care and related funding. How you apply the principles of ACFI to Sally's care can have a profound effect on Sally's life and dignity coupled with the financial viability of your service.

This video has been around for several years, and we have even remade it to bring it up to date with funding changes.

Back to our time at the facility, one of our team members was delivering our service, and a particular Resident was comprehensively assessed. The assessment outcome had the profound effect on her life and dignity that had been shown in Sally's Story.

In fact, the amazing team at the facility even referred to the video as not Sally's Story – but the Resident's name instead! It was a moment of absolutely joy for our team member, and then the wider PA team when it was shared. Not only was the Resident's life impacted positively, the team at the facility were so happy and empowered with the change, and it simply confirmed for us that what we had set out to do had happened exactly. It was just one person out of the hundreds we have assessed whose life completely changed.

If you are interested, view Sally's Story here: bit.ly/sallysstory.

What is the biggest opportunity for aged care providers that you see? Increasing their impact by making small changes. Recognising that every person, action, smile – everything has an impact no matter how small.

Aged Care Providers work so hard to get their work done, it is often forgotten that these actions are all making an impact on people's lives. Even the smallest focus on impact can make a huge change. It is one of the biggest opportunities that we see for Providers – this industry is full of changemakers.



What's making news in human resources?

Family and Domestic Violence leave

This provision has now been included in all Awards and in the National Employment Standards and is available to all employees, whether they are covered by an Award, Enterprise Agreement or not.

The new entitlement is to 5 days of unpaid leave in a 12 month period.

It applies to all employees including part-time and casual employees.

Unused days are not cumulative across years.

Family and domestic violence is defined as violent, threatening or other abusive behaviour by a close relative of the employee that seeks to coerce or control the employ, causes the employee harm or to be fearful.

A close relative is a person who is a member of the employee's immediate family or is related to the employee according to ATSI kinship rules.

FDV Leave can be taken by an employee who must attend to a matter related to FDV and it is unreasonable or impractical to do so outside of work hours.

We encourage you to:

Inform your employees of this new provision

Update your HR or leave policies

Download the updated version of the NES for your new employee packs

Contact Pinnacle HR if you would like assistance developing updated leave policies or assistance with how to apply this new provision.

Casual conversion

From 1 October 2018, 84 Modern Awards have a standardised casual conversion provision.

Casual employees who have been employed for more than 12 months and who have a pattern of hours that are not subject to major change have the right to request to convert to either part time or full time status.

This request should be in writing and the employer does have the right to refuse on reasonable grounds based on facts known or foreseeable about changes to operational arrangements and after consultation with the employee.

This is not a 'one time only' provision – employees may lodge a written request at any time during their employment.

We encourage you to:

Familiarise yourself with the provision in your Award and reference your Enterprise Agreement to clarify the wording of the provision and if it offers more generous or any additional specific provisions

Inform casual employees of this provision, the criteria and the process

Contact Pinnacle HR to prepare a communique to casual employees or to review your EA against the provisions of the Award.

Consultation during a major workplace change

Pinnacle HR recommends that employers reference the Consultation and Dispute Resolution sections of the Applicable Award and/or EA before undertaking any workplace change.

An employer is obligated to consult with employees when considering workplace changes such as roster changes, restructuring, reclassification or any other matter where employees will be affected.

Major changes are likely to require you to also inform and/or consult with the relevant Union.

Employees are entitled to request that their Union represent them during such workplace changes and it is good practice for employers to inform and/or include the Union as soon as possible in the change process.

Consultation is not just informing employees of changes by memo or during a staff meeting, though these methods will be part of the larger process.

Employers are required to discuss the reasons for change, the likely impact of that change, strategies to ameliorate the negative impact of those changes on employees and where reasonable, possible and practical to consider and

factor in suggestions from employees.

A number of matters recently before the FWC have found employers have failed to appropriately consult with employees.

This is particular true of disputes brought before the Commission that a redundancy was not "genuine".

A key factor in substantiating that a redundancy is "genuine" is that the employer must demonstrate that there has been consultation with employees affected by the process.

We encourage you to:

Familiarise yourself with the Consultation and Dispute Resolution sections of the relevant Award and your EA and ensure that your Managers have a good working knowledge of the provisions and when they apply

Remember that employees are part of your 'enterprise' and often have innovative and positive approaches and solutions to workplace issues

Engage with employees and Unions as soon as practicable in a change process

Contact Pinnacle HR for assistance interpreting this section of the Award/EA or to develop a strategy of employee engagement in change processes.

Pinnacle HR

Experienced consultants to the Aged Care Sector

Human Resources Industrial Relations Enterprise Agreements

WH&S and Return To Work Governance

Training

ACIA members have access to the free Telephone Advisory Service and discounts on all consulting services and training sessions.

P: 08 8232 2820

W: pinnaclehr.com.au

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Managing to keep it real

Elizabeth Williamson Solutions

M: 0400 219120



The key is to become as proactive as possible, to change the game from something you have to 'react to' to something you can 'confidently deal with'.

Five problems and five solutions

There are five common problems that can be pre-empted with some forethought.

The more challenging adult child/carer/partner may be:

1. Unable to see any other way of coming into the aged care service other than bracing themselves for more bad news and experiences
2. Unable to feel like an adult when there are professionals giving them advice
3. Feel flustered and frustrated with on the spot, verbal information
4. Have difficulty focusing on the needs of the older person when their own personal experiences and needs override the issues at hand
5. Struggled to understand what support is available or ask for advice / Feel guilty, helpless and expect someone else to solve the problem(s) for them.

Continued on page 21

How do we manage difficult meetings with angry or highly defensive people?

In aged care services the question is often: what is the most effective way of dealing with a family member who seems to be a significant part of the problem of providing services to an older person with challenging behaviours? The adult child of a resident has become responsible to manage an increasingly demanding and dependent relationship with their parent(s).

Just who, resident or carer, has the most challenging behaviours?

More complex still is the in-law whose suspicious and sometimes confrontational advocacy hints at other curious extended-family relationship dynamics. Old interpersonal competitions and conflicts are played out through the increasingly vigilant care for the older person.

Rude, defensive, hypercritical and irritating family members (the adult child/carer/partner) are one of the biggest hurdles in making the residential placement successful.

How can service staff manage tense and often conflictual interactions without these becoming defensive repetitive and escalating problems?

That ominous feeling

Those in leadership positions may well know these moments.

- The ominous feeling that despite the head nodding and smile at the end of the meeting, within a day or two there will be angry emails, lengthy telephone calls or potential social media problems to follow. Not even a calm moment before the next storm.

- After intense discussions it feels like some agreement and perhaps even a compromise has been reached and you start to wind things up. Suddenly the original contentious issues reappear and you're drawn into another cycle of argument and accusation. Those last 10 minutes expand to 20 minutes.

- The list of worries that swamp any problem solving: How could they ask for the support of staff without feeling all this guilt and stress? Why did they have to still feel trapped in what was a bad relationship to begin with? Why weren't the staff of dealing with these things? Wasn't that why their parent was in aged care in the first place?

The issues can play out

The most common two reactions to these challenges, not unique to the aged care sector, which are reflections of a broader misunderstood approach to managing conflict challenges:

- A liberal approach where critical comments can be aired, and staff get caught in lengthy explanations where decisions are justified. The staff member feels defensive and the complainant ends up dissatisfied and even more critical of the service.
- A constrained approach where critical comments are noted but the response is tightly 'controlled'. The complainant feels increasingly frustrated and largely unheard. Their issues escalate until the complainant and their behaviours are the problem, and therefore the subject of staff conversations and gossip, which further cements this point of view.

THE ROYAL COMMISSION WAR ROOM



If a 'war room' is the answer, you're asking the wrong question.



While being fully prepared with a comprehensive risk management approach is essential, managing the Royal Commission with a 'war room' mindset results from asking "How can we defend ourselves from attack?"

But instead the right question to ask is: "How can people trust our governance systems to provide high quality safe services?"

This shifts our response to a focus on customer relationships – to genuine, transparent, emotional engagement with the people using our services.

When only 18% of people trust the aged care sector and only 30% believe that we provide high quality care (LASA Congress 2018), we know we've got a serious problem.

And it's not a problem that a 'war room' mindset is going to fix.

New culture, new thinking.

We need to use the positive opportunities coming from the Royal Commission's scrutiny to acknowledge the gaps, and then strengthen and improve our practices and governance systems.

How is the Board and executive team fully informed about people's experience?

What evidence do you have that processes and outcomes are effective?

Do you really know why things went wrong?

How do you use the customer's voice and experience to validate those results, not just relying on trust and 'feel good' beliefs about your organisation?

How do you engage with people through deep honest conversations, especially about difficult topics (for example, why didn't every person interviewed by the Agency for the CER say that they feel safe "Always"?)

Answering the Commission's questions about substandard care and complaints needs fresh critical analysis, not the default-mode thinking or defensiveness that typifies many organisational processes.

What does your 5 years of data actually tell you?

What's the big picture?

What are the root causes and trends?

How have you used this knowledge to improve the customer experience of quality and safety?

Does your Board and management have these conversations?

How will you communicate this to people using your services?

How do the Board and management know what the organisation's culture really means for people's experience?

Where's the evidence?

Responding to the Commission survey

There are two stages in shaping your formal written response:

1. the defensive position: examining each individual episode and ensure that you have risk managed those specific issues;
2. the learning position: the deep critical analysis of the root causes and significant trends to identify the system-based improvements that you made (or still need to make), and how you are communicating this to the people you serve.

It's highly likely that this self-assessment will identify organisational gaps which need to be recognised and addressed with a prioritised action plan.

If you don't find those gaps yourself, you can be sure the Royal Commission analysis will.

You can't change what you haven't done over the last 5 years, but you will certainly be expected to demonstrate to the

Commissioners that you now understand and have acted on current community and regulatory expectations of the sector.

Building trust, not barricades

Relying on a defensive 'war room' strategy won't build trust with people, and it certainly doesn't align with the legislated open disclosure requirement of the new Standards.

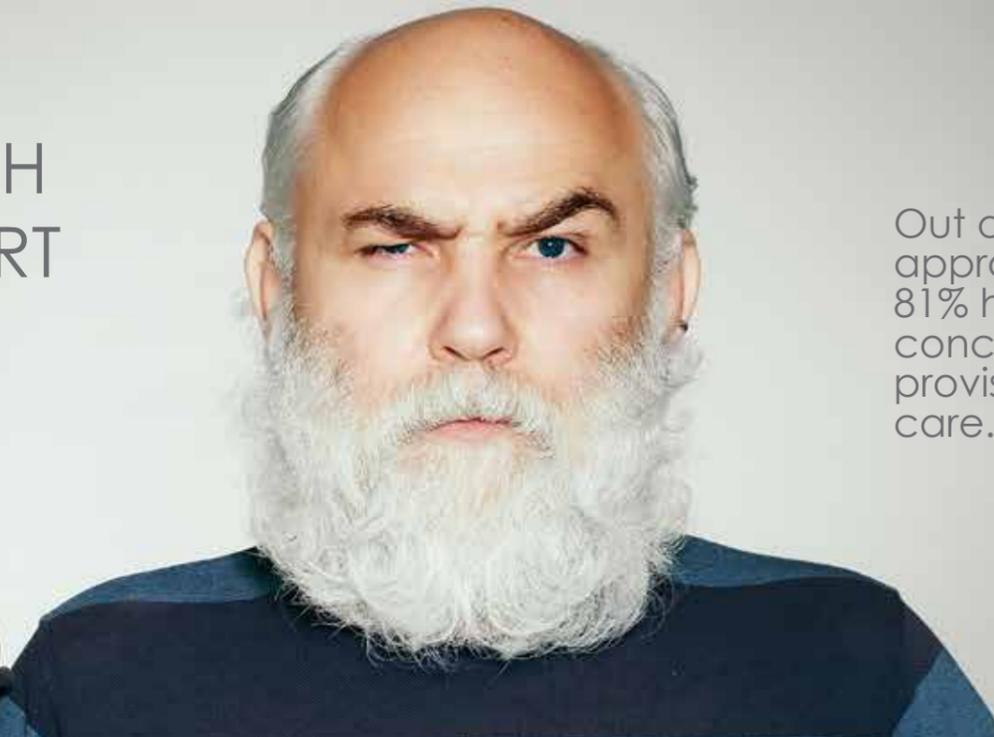
Australia's ageing well services are undoubtedly world class – and the Royal Commission provides us with a unique opportunity to do things even better.

Greg Adey

Director, g88consulting



THE MARSH REPORT



Out of the 300 approximately 81% have been concerned with provision of care.



NMAS

The Nursing Management Advisory Support Group (NMAS) is a permanent committee of the ACIA Board.

We have updated the ACIA website to share more information about our NMAS Committee.

The Royal commission into Aged Care Quality and Safety:

Scope and Key Information

By Lyle Steffensen, Marsh Care Solutions – National Practice Leader

On Friday, 18 January 2019 the first public sitting of the Royal Commission into Aged Care Quality and Safety (ACRC) was held.

Requests were sent to 1,982 health care providers relating to approximately 2,000 services and outlets. 83 out of 100 large providers responded by 7 January 2019.

The remaining providers' submissions were due by 8 February 2019.

An interim report will be released no later than 31 October 2019 with a final report to be issued no later than 30 April 2020.

Public submissions were encouraged. Approximately 5,000 public submissions were made to the Department of Health prior to the ACRC announcement and a further 300 submissions have been made since.

Out of the 300 approximately 81% have been concerned with provision of care. The most common issue was about substandard or unsafe staffing (54-59% having these issues).

Points of Interest:

- A significant focus has been put on understanding the current aged care system layout. Therefore it has been announced that site and community visits will start to take place.
- New commission powers which are being used for the first time in the ACRC: The power to issue notices requiring the production of documents and/or requiring individuals to provide information or a statement in writing.

- The ACRC expects to be able to call evidence from aged care staff, experts, advocacy bodies, workforce representative bodies, professional bodies, aged care sector representative bodies, aged care providers and government bodies.
- Public (and in some cases, private) hearings, together with roundtables and community consultations, will be conducted throughout this year and into next year. Information on the community roundtables will be released as soon as they can be organised, and are set to be in the capital city of each state/territory and in various rural centres around Australia.
- Commissioner Tracey sent a clear warning: "We would be gravely concerned if any operators in the aged care sector or government bodies were to instruct their staff not to talk to the Royal Commission or to withhold information from us."

The ACRC's next meeting and first substantive hearing commenced on 11 February 2019, where evidence about the key features of aged care quality and safety was heard.

The focus was on the key framework and legislative issues identified by the administrators of the current system.

Support and Next Steps

We continue to advise our clients to let us know of any response required by the ACRC and to ensure that they make prompt and regular disclosure to insurers as required under their Statutory Liability, D&O, Medical Malpractice and/or Liability insurance policies.

For assistance regarding the potential impact of the ACRC on your insurance program you can contact Lyle Steffensen at lyle.steffensen@marsh.com or 02 8644 7582.

Article provided by Corporate member **Marsh Strategic**

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Current NMAS Committee Members

Natalie Allen;
Estia Health

Cheryl Edwards;
Edenfield Family Care

Kerry Jachmann;
Estia Health

Florence Padman;
Premier Health Care

Sue Toner;
St Louis Aged Care

Josie Woll;
Oakwood Aged Care /
Olive Grove Aged Care

The website link is:

acia.asn.au/about/nmas/

THE HESTA ROYAL COMMISSION REPORT

Proposed changes to super: what could they mean to you and your employees?

The Royal Commission into Banking and Financial Services has shone a clear light on super fund management and performance.

The Commissioner revealed how thousands of working Australians have been overcharged for underperforming super products, in some cases for decades, gouging their retirement savings.

Against this background, HESTA has welcomed the Productivity Commission's (PC) Review into Superannuation's findings on the strength of industry super funds compared with those owned by the big four banks and their offshoots.

Industry funds delivering better value for employees

The PC Productivity Commission found:

- "While some funds consistently achieve high net returns, a significant number of products underperform, even after adjusting for differences in investment strategy. Underperformers span both default and choice, and most (but not all) affected members are in retail funds.
- Evidence abounds of excessive and unwarranted fees in the super system. Reported fees have trended down but a tail of high-fee products remains entrenched, mostly in retail funds."*

*SUPERANNUATION: ASSESSING EFFICIENCY AND COMPETITIVENESS, January 2019

Changes that could affect millions

However, the Productivity Commission also recommended a move to a single default fund for each employee, which would remain their fund for life unless they chose to switch. When entering the workforce employees would be presented with a 'best in show' shortlist of 10 top-performing funds. While they would not be prevented from choosing any other fund, it's reasonable to assume that many people will simply find it easier to choose from the 'top 10' list. Those funds will be chosen by an independent expert panel.

While that's a sound approach on paper, in practice this could lead to 'false positives' in which funds that continually underreport their fees and commissions could look far more competitive than they really are. On top of this, short-term underperformance could lead to funds with strong long-term performance dropping out of the list.

Where HESTA stands

We welcome any changes that ensure all employees are protected and achieve the outcomes they need to retire well. These are the foundations on which HESTA has always stood.

But we believe the current proposals need further work to guard against unintended consequences.

As the industry fund dedicated to people in Australia's health and community services sector, HESTA is proud of the value we have consistently delivered to our members for more than 30 years.

Our strong long-term performance, no commissions and commitment to keeping fees down have returned more to members than the average retail fund over 3, 10 and 15 year timeframes.*

We recognise that super is our members' money. We're passionate about ensuring every dollar of that money is invested purely with their future in mind.

See the net benefit to HESTA members at hesta.com.au/superrater

* Comparisons modelled by SuperRatings, commissioned by HESTA and shows average differences in net benefit of the main balanced options of HESTA and retail funds tracked by SuperRatings, with a 3 (144 funds), 10 (73 funds) and 15 (45 funds) year performance history, taking into account historical earnings and fees – excluding contribution, entry, exit and additional adviser fees – of main balanced options.

Outcomes vary between individual funds. Modelling as at 30 June 2018.

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How to pre-empt these common and re-occurring problems, CONT/.



Problem 1. Ensure a staff member initiates some regular telephone calls with updates about positive progress. Use initiative and take responsibility to follow-up regularly and build the relationship, rather than it being the reverse where the complainant is making the next call with the next complaint.

This investment means that the other person feels valued and creates an emotional 'trust bank'. When there are some tense conversations this trust is available to soften the sharp edges.

Problem 2. Limit who you are bringing into the room and don't simply agree with one another as knowledgeable professionals where you present information. This always gives the impression of a 'set up', a predetermined outcome and hence a rather pointless meeting for the complainant. Rather, create a conversation which explores different perspectives so that there is a three-way conversation rather 'us versus them' approach.

Problem 3. Make sure there a staff member can brief the adult child/parents/partner about the meeting before they come in.

An intimidating meeting or conversation is no good for anybody. Help the complainant prepare by focusing on a welcoming and personal approach and interest in their needs. Write clear notes about their issues of concern and your actions

Problem 4. In such situations the conversation can spiral off in so many directions.

The agreement you thought was decided may evaporate in the last 10 minutes of the meeting. Keep them focused and gently coming back to the point in hand.

Again clear dot point notes about their expressed issues and your actions are helpful.

Provide a copy of these notes as future actions to date if you need to end a meeting that looks like cycling back to criticism and argument.

Make a time for the follow-up meeting.

Problem 5. Be interested in them, be personal and friendly and demonstrate kindness as you listen, by summarising their personal experiences and validating their experiences.

The key is a thing to say these things but to demonstrate by your attitude and language that you understand their perspective.

This is how you gain influence. It is also how you defuse highly emotional people.

Then you can lead the next part of the conversation toward future actions.

Conclusions

There are many manifestations of the challenges listed.

Criticisms and accusations need to be listened to with open minded consideration that real issues may be raised in ways that are not always comfortable to hear, clumsily expressed or mixed with volatile emotions.

This doesn't invalidate the information or the informant.

In my view these are all secondary the most important point: at a time when everyone feels vulnerable to criticism and are likely to be defensive, it is very important you can hear, with compassion, from the most difficult and demanding people.

Managing to keep it real

Elizabeth Williamson Solutions

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LONELINESS IS ANTI-HUMAN: LET'S DO SOMETHING ABOUT IT

Agei.st

We, who sometimes feel invisible, have the power to make an impact on loneliness.

According to our friend Dr. Charlotte Yeh, the morbidity (death factor) associated with loneliness is greater than that of cigarette smoking.

Loneliness is not to be confused with being alone.

One can be surrounded by people and feel lonely, just as one can live alone and feel perfectly fine.

In western societies, there is an increasing marginalization of entire groups of people leading to an epidemic of loneliness.

Over a million older Britons report going more than a month without speaking to a friend, neighbor or relative, according to Age UK.

Why is this?

Our work environments are being cleansed of entire age groups.

Restaurants, social occasions, recreation — these have all become age specific.

Each age group is being treated as its own special needs group.

This is a terrible development, impoverishing everyone involved.

Think about how the media, in looking for political stories, is now frequently setting up dynamics of young vs old.

How often have we heard the words “young” or “old” used when discussing this or that politician?

It's an abused and badly framed narrative.

The commonalities of interest between the ages vastly outweighs the differences. Imagine if every time a politician is mentioned, rather than the words “young” or “old” being used, they were labeled ethnically? That would not go over so well, but people are quick to grab the age handle and pull it all day long.

For most of human history, generations mixed much more and with what would seem to be far better outcomes. For so many people, this artificial segmenting of humanity is painfully negative.

Madrid, where the generations easily mix up and down the age column, happens to be the world's champ in urban centers with the longest life span.

Blending of age means increasing the variety of opinions, knowledge and energies.

Monocultures are fragile, as any ecologist will testify.

What do we do?

Here at AGEIST, we don't go in for the big legal and institutional fights, preferring to leave those to others better equipped to fight those battles. We take a very personal approach: say hello, start a conversation, take an interest in a stranger. At a basic, fundamental level, let's talk more.

Loneliness is killing people, not to mention causing untold suffering.

This is not just a crisis of the aged or the middle-aged — young people feel the alienation also.

We, and by this I mean everyone who is reading this, have a unique skill set that allows us to make an impact — we are curious, we are confident and we want to feel that we matter in the world. We can make a difference, one person at a time.

Smile and say hello to the next person you see.

Who knows, it may possibly be the only human interaction that person has all day.

Homeless person, teenager stuck on a phone, business guy lost in thought, the woman at the post office...go ahead, make their day, acknowledge that you see them, that you notice them.

Loneliness is anti-human.

Think of what they do to people in prison as punishment: they lock them away from other people.

How horrible it must be to be surrounded by people and feel that same sense of isolation.

We, who often feel invisible, have within our power the ability to help another person feel seen.

We have lived some years, which gives us a thick-skinned confidence to reach out and risk making a connection to a stranger.

Make it a point today to make a difference. It is so easy. It costs nothing.

We have a large global community now at AGEIST.

We have agency and we have capacity, something that some of us worry about losing.

Let's use it in a simple, humble, human way: say hi to someone, listen to their story, be interested.

You will feel better for it.

-David Stewart, Agei.st





Happy
Easter