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Comment and evidence on the strengths and weaknesses in current aged care services:

1. Are the aged care services that older Australians require available and accessible?

   The situation is mixed. There is often a loss on the continuum of care from one funded service to another, especially for vulnerable groups such as those from CALD backgrounds.

2. Are there gaps that result in a loss of continuity of care?

   Migrant patients/ clients who return to their home country for health or family reasons often return to Australia to find that their service has been cancelled rather than suspended. A system of applying for leave or on-hold status, rather than exiting, would provide better and more consistent continuity of care.

3. Is there sufficient emphasis within the current system on maintaining a person's independence and on health promotion and rehabilitation?

   There is a lack of sufficient attention paid to people's language and cultural needs, with some aged care providers unwilling to broker out for specialist needs

4. How might any inadequacies in the system be addressed?

   Gaps often occur when care needs change. The entry points occur at different levels for different organisations. A more articulated system of referral, with recognition of prior care services documented and available for more effective case management.

5. How well does the aged care system interface with the wider health and social services sectors?

   It's a mixed bag. Some interface is effective, some isn't. One of the problems of funding silos is dealing with human services in isolation. With a division between different funding sources and their different criteria, gaps in service are common.

6. To what extent should aged care be treated as a separate arm of government policy to other social policies?

   Aged care is interlinked with so many aspects of health and social services, especially when it is brokered in a case management model. Another risk in dealing with aged care in isolation of other social policies is the overlapping nature of at-risk client groups (e.g. CALD, indigenous, disability) with the needs of the health sector and the higher likelihood of service use by older people.

7. Is the current system equipped, or can it adapt, to meet future challenges?

The system can improve. A useful comparison may be made with the education sector, where a system of accreditation applies, or the employment sector, where a system of client training accounts applies. This would be a more useful; framework for coping with the multiplicity of programs and would enable providers to negotiate the differential between federal and state funded services for the same patient/ client or family.

8. Should there be greater emphasis on customer-directed care in the delivery of services, and would this enable more older Australians to exercise their preference to live independently in their own homes for longer with appropriate care and support?

   The introduction of consumer directed care would empower clients to be fully aware of their entitlements and service availability. On the other hand, older patients/ clients are not always the best decision-makers at self-management. There have been instances of carers and family members taking advantage of enduring power of attorney, abusing the privilege for profit. There needs to be a regime of strict safeguards and monitoring if the doctrine of consumer-directed care becomes widespread.

9. What are possible alternative arrangements to the current system for providing services to people with special needs, including those living in rural and remote locations, those with culturally and linguistically diverse backgrounds, Indigenous Australians, veterans, the older homeless, older people with a mental illness, those with a disability, and other special needs groups, such as gays and lesbians?

   There is a problem of inequitable access for CALD patients/ clients in particular, who are disproportionately represented in aged care services relative to the rest of the population. The system needs greater service flexibility for providers of service to patients/ clients.

10. How do retirement specific living options interact within the broader aged care system and what changes are expected in both the number and structure of villages over coming years?

    Not applicable to our services.

11. Should the regulation of retirement specific living options be aligned more closely with the rest of the aged care system?

    Not applicable to our services.

12. Are there any factors that act as a barrier to older Australians entering retirement specific living options (such as opportunities to age in place and departure fees)?

    Not applicable to our services.

13. And, more generally, is the way the retirement village sector operates compatible with an ageing population, including in regards to quality, clients' expectations and as a platform in which to receive aged care services?

    Not applicable to our services.

14. Are there particular models of retirement specific accommodation that are suited to the provision of social housing to meet the needs of low income or disadvantaged older Australians?

Not applicable to our services.

15. How effective has the aged care system been in addressing these objectives?

    Not applicable to our services.

16. What changes, if any, should be made to the objectives?

    Not applicable to our services.

17. What are the implications of such objectives for any redesign of the current system?

    Not applicable to our services.

18. Should the objectives have equal weighting or should some have higher weighting, and if so why?

    Not applicable to our services.

19. Where conflicts might arise, which objectives should be given priority?

    Not applicable to our services.

20. Should Australia have an 'aged care system' as currently conceived, or could a broader conception of care and disability policy be more appropriate, with the needs of the aged being one part of this continuum?

    Not only are aged and disability needs often overlapping but the whole health sector has too many gaps in services for high-needs patients/ clients, especially for those from CALD backgrounds, who often miss out on brokered services due to provider unwillingness or inability to provide culture and language specific services

21. Who should pay for aged care services?

    When costs are prohibitive for those at the disadvantaged end of the care spectrum, there is a delayed drain on the public health system. Problems that could be dealt with earlier and less expensively develop into more costly and drastic health difficulties.

22. Are the current government subsidies and user charges for aged care appropriate?

    Many aged care services currently require a percentage of patient/ client contributions but the burden continues to fall unfairly on those least able to navigate the system, especially those from CALD backgrounds.

23. Are there components of aged care costs— accommodation, living expenses, personal and health care — that warrant government subsidies and/or should they be the personal responsibility of older Australians?

    The current budget for aged care services already includes a substantial proportion of patient/ client contribution.

24. To what extent should means testing be applied?

Any further tightening of eligibility, and more onerous means testing, risks further disadvantaging those at the lower socio-economic end.

25. Under the current system, have differences in user charges for aged care services led to problems or distortions in the demand for services?

Certain people are not using services (e.g. for reasons of poor provision of language-specific assistance, inappropriate cultural consideration and prohibitive cost) so there is an underrepresentation of actual needs in the sector because patients/ clients who are less informed are staying away from the system, resulting in the phenomenon of hidden unmet needs.

26. How appropriate are the current accommodation user charges in residential care (including the regulatory restrictions on accommodation bonds for high care residents)?

Not applicable to our services.

27. Do accommodation bonds act as a disincentive to access appropriate care?

Not applicable to our services.

28. What has been the effect of allowing payment for extra service?

Not applicable to our services.

29. What changes, if any, should be made to user contributions to the cost of accommodation for residential care?

Not applicable to our services.

30. How might the public and private exposure to the financial risks associated with aged care costs be best managed?

Not applicable to our services.

31. Should it be a mixed model with a dominant taxpayer funded component (as currently applies), or a system that relies more heavily on consumer contributions underpinned by a financial safety net?

Not applicable to our services.

32. This could involve additional or alternative mechanisms such as greater reliance on private savings (including reverse mortgages) or the introduction of private long-term care insurance or a social insurance scheme. If an additional funding mechanism is considered appropriate, should it be for all aged care costs or for particular components of aged care costs?

Not applicable to our services.

33. How important is the provision of choice for older people requiring care?

Not applicable to our services.

34. Are there components of aged care which older people value choice more highly than others?

    Not applicable to our services.

35. Is there any evidence which suggests that the provision of greater choice may have resource implications?

    Not applicable to our services.

36. Should subsidies that 'follow' approved clients be paid to providers directly or should care consumers be given the choice of receiving such payments first to promote a greater capacity to exercise choice?

    Not applicable to our services.

37. What are the critical funding implications and concerns arising at the interface of the aged care system with the disability and hospitals systems?

    Not applicable to our services.

38. Are current subsidies sufficient to provide adequate levels of care?

    Not applicable to our services.

39. What are the minimum benchmark levels of care in each of the service areas and how should they be adjusted over time to meet changing expectations?

    Not applicable to our services.

40. What are the most appropriate methods for adjusting public funding, or insurance arrangements, to keep pace with cost increases and changes in any care benchmark, while providing incentives to increase efficiency and productivity?

    Not applicable to our services.

41. Is the current level and scope of regulation and its enforcement appropriate?

    Greater flexibility in service provision and in transferability of services could still be achieved with a high degree of regulation and enforcement. Reform for service improvement does not have to mean a lessening of compliance.

42. What impact does the regulation and its enforcement have on older people, their carers (including access to, and quality of, care) and providers (including their business models and size of their operations)?

    CALD older people are not always informed about their rights, but sometimes they are all too aware and know their rights better than their service provider. The lesson is that there is no standard effect on patients/ clients.

43. Are the rights of aged care consumers adequately protected and understood?

As above, this principle of difference applies to service providers are well. There is a patchiness to the levels of understanding across the sector.

44. Are complaint and redress mechanisms accessible, sufficient and appropriate for all parties?

As above, some providers offer a comprehensive approach and others a less rigorous model. Feedback from patients/ clients, especially in difficult cases, has shown up a lack of consistency in applying standards across the aged care and health services sector.

45. Do current regulatory arrangements act as a disincentive to older Australians wishing to move to more suitable accommodation (such as eligibility for the age pension and the imposition of stamp duty on the sale of property)?

Not applicable to our services.

46. What specific regulatory reforms could address the concerns listed above?

Not applicable to our services.

47. How would the reforms improve outcomes for users and providers of aged care services while maintaining appropriate control of quality and safety?

Not applicable to our services.

48. Where multiple regulatory instruments are seen as requiring joint reform, which reforms should take priority?

Not applicable to our services.

49. What scope is there to reduce duplicative regulations (for example, the dual gate-keeping mechanisms imposed by the ACAT assessment and the allocation/planning system)?

Not applicable to our services.

50. Comments are sought on the lessons that can be learnt from aged care reforms and systems internationally and the extent to which that experience is relevant to Australia.

Not applicable to our services.

51. Will the announced changes in government roles and responsibilities benefit aged care users and improve the administration of the aged care system?

Though we have had positive feedback from Victorian state offices of a smoother than expected administrative transition, it is too early to say that the impact will be on aged care users.

52. Will the changes facilitate greater integration in the delivery of support and care services?

53. In particular, what will be the implications for the administration and delivery of HACC and community care packages?

As above.

54. Should common system entry points and assessment be developed, and if so, what are the opportunities and risks?

Yes. A single entry point for all aged care services so that the patient/ client isn't exposed to several assessments and testing for eligibility as now happens in HACC and ACAT.

55. What issues remain to be addressed?

The opportunity to merge the current HACC and ACAT system of assessment so that patients/ clients can gain access to the service type which meets their needs at the outset.

56. Should there be further reforms to the way in which the system is administered?

The system should be administered by one central body for the aforementioned reasons.

57. What are the net benefits that such reforms might deliver?

Reduce duplication and waiting times for assessment.

58. What are the possible medium and long-term fiscal impacts of such administrative reforms?

Reducing duplication has obvious fiscal benefits but this has to be administered centrally and would be best done via an electronic system with the capacity to store patients/ client information for referral purposes.

59. Examples and evidence are sought of administrative reforms that have delivered improvements to related areas such as health and disability services in Australia or internationally.

No comment

60. Views on the extent to which such reforms may be transferable to the aged care system are welcome.

No comment

61. Comment is sought on issues and potential solutions at the interface of the aged care system with other regulated services systems, including the hospital and disability care systems.

Clients of the aged care sector make up 20% of the cases presented in the hospital system, so improvements for one affect the other. Better systems of care for chronic conditions need to be sought and funded to reduce presentation of patients. This could include improved community education and health promotion.

62. What are the key issues concerning the current formal aged care workforce, including remuneration and retention, and the attractiveness of the aged care environment relative to the broader health and community care sector?

There are too many organisations in operation delivering aged care training, at an inconsistent level of expertise. Some are downright disreputable. There is not enough scrutiny of these organisations or the qualifications they are producing. Many of the graduates are poorly trained, some with low levels of English so it is hard to see how they could pass the assessments involved. Also the remuneration is poor and the conditions not attractive, most are casual and the workers in this sector are on the lowest level of wage entry of any sector. Some enter in the hope of transferring to the health sector in general but many are not suitable or their qualifications are inadequate. Insufficient funding is provided to most aged care agencies to pay staff at competitive levels.

63. Views are sought on reform options to secure a larger, appropriately trained and more flexible formal aged care workforce into the future.

There is a significant occupational health and safety issue for people entering this sector of the workforce. Many graduates are older, later in their working lives, and yet they are still required to undertake heavy manual tasks. This type of work does not attract young people. It is not valued and it doesn't pay well. A more varied and supported workforce is required for this growing sector, and more effective a system of orderlies would assist aged care workers in residential or centre-based aged care services immensely.

64. In particular, views are sought on the need for and nature of reforms to models of care, scopes of practice, occupational mix, service delivery, remuneration, education, training, workforce planning and regulation.

Re-orienting our various programs towards the Active Service Model will mean a number of changes in practice and training over the next 12-24 months

65. Are reforms required to more appropriately support informal carers and volunteers?

As above

66. Are there unexploited productivity and efficiency gains in the aged care sector?

No comment

67. Where such unexploited gains are seen to exist, what policy changes are needed to support their realisation?

No comment

68. How might technology be used to enhance the care of older Australians?

No comment

69. Are there any impediments to technological developments that could ease workforce demand or enable higher levels of support?

No comment

TRANSITION ISSUES

70. What lessons should the Commission draw from previous reforms of aged care systems (in Australia and overseas) to minimise adjustment costs faced by older Australian and their carers, providers, aged care workers and governments of moving to a new system?

    No comment

71. Views are sought on desirable timing and sequencing of transitional arrangements, including any changes to existing regulatory and funding settings, and on alternative or additional mechanisms that may be required to facilitate a smooth adoption of a new aged care system.

    No comment