I have now experienced both sides of Aged Care. I worked for 40 years or more as a Division 1 nurse. Over this period I worked in a variety of situations, sometimes in aged care, sometimes in general areas and usually encountering older people, as it is older people are more likely to fall ill. Now, I am retired, and carer for my husband of 75 years, who has chronic illness and disability. I am also a client of HACC services myself.
Over these years I feel there has been little real change in residential aged care, the areas that have developed are rehabilitation, community care, and education and prevention. These areas seem to fluctuate in popularity with government. I am sure that if more was put into these services, older people who would continue to live independently. To concentrate on residential care seems short sighted, and encourages business to enlarge their profits at the expense of a few unfortunate old people who have to use their services, as only a small proportion of old people need residential care.

Taxpayers are given specific mention in the Productivity Commission Issues Paper, May 2010. Given the GST, we are all taxpayers still, also older people contributed taxes during their working life, for the benefit of the whole community. Many women have worked in paid work, as well as nurturing offspring, who are the present generation of taxpayers, and in many cases provide child care for their grandchildren. Retired people also contribute by volunteering, and I encounter such people in my daily life.
. Mention is made of the vulnerability of residents in Aged Care facilities to exploitation and unsafe practices. My experience over the years has been that aged care providers have a primary agenda to make as much profit as possible, sometimes to the detriment of residents and staff. With the increased size of facilities now, this is even more an issue. Attractive décor, ensuite bathrooms, choice of meals do not make up for adequate staff, good nursing care, and social interaction. Relatives need to look beyond the window dressing. The small, homely nursing homes were often happy places for residents and staff.
Many older people may, as is stated, be wealthier, so able to pay more for the idea of better service. That is supposing the extra service is real. There is no point in the potential for a glass of wine with meals, if the meal tray is left at the side of the bed, out of reach of

the resident, with little chance of some one helping with feeding, and under the covers an emaciated old person has excoriated skin, or even bed sores, and is wrapped in a urine soaked pad.

Years gone by relatives of wealthier people would employ agencies to provide a private carer to attend to their family member in the residential care facility. This service can still be arranged for people living at home, so why not in care? This would enable the family to ensure the person was getting extra care, and give them control over that care, rather than pay large amounts of money to the owners of the facility, for dubious benefit. The current arrangement does not guarantee that any extra service will be provided.

Preventative measures, such as accessible and affordable exercise programs, and social activities for older people, plus health teaching provided by Community Health Centres, is an essential part of continuing health eventually enabling people to be healthy well into old age.

Primary intervention needs to be early enough to prevent further decline. My husband has been disabled by severe arthritis of his hip, causing him to have very reduced mobility. While waiting for over a year for surgery he has been suffering from wasting of his muscles, which contributes to his pain, and when he does have the surgery, will mean a longer rehabilitation. Other side effects of forced inactivity have been worsening of his respiratory problems, which make him a higher anaesthetic risk He has suffered several severe chest infection, needing antibiotics, and sometimes hospital admission. This has affected quality of life for both of us. More accurate assessment and timely surgery in his case could have been more cost effective. In my own case exercise program have enabled me to avoid joint surgery.

Rehabilitation is an essential component of health care for all ages, but especially the elderly. Both public and private services have a role, and services need to be accessible to those who need them in a timely way, once again accurate assessment is crucial, so as not to cause further decline. In my husband’s case access to physiotherapy has been useful, but limited as he waits for surgery.

Future needs, as I see them should include a well-organized Aged Care Assessment team, staffed by all health disciplines, with adequate experience, ongoing training, and review.

From personal experience the current role appears to be to do a very superficial assessment, by poorly skilled staff, without meaningful discussion with the carer and with no ongoing involvement. They appear to be merely gatekeepers.

The area of Community Care is one that we have found has many pitfalls. The council provides comprehensive services, and although not perfect, the service is transparent and mostly effective. My husband has recently been grated a CACP, and that is when the confusion began. The actual help given has been rationed out reluctantly, and the information available to us has been minimal. We know money is available, we don't understand why we can't use it, so enabling me to cope with my husbands care, and look after my own health. Rather than over regulation, it would seem that the provider of my husbands CACP is in need of more regulation. Fortunately we have the chance in the near future of participating in a pilot study of self-directed care.

Carer support has received a lot of attention recently, and a lot of money appears to have been sent to numerous organizations. I am skeptical about the effective use of that money; I feel more carer input would help.

I am pleased to see that Aged Care is still considered part of the health system, as it is only those with health problems who use the most services, including residential care. Should those unfortunate to be in that situation be penalized, and be forced to pay a lot of money for adequate care, swelling the profits of private operators, and for those who can't raise the funds have to settle for second rate care.

I don't believe we should separate frail older people who need extra care from the rest of the community. They are still part of that community, they have been taxpayers, volunteers, and contributed to rearing present taxpayers. These current taxpayers will be old someday, and a portion of them will need aged care, surely they will expect adequate affordable care. Any other alternative is going backwards in time.

If Aged Care were not seen as worthy thing to spend taxes on, what would the money saved be spent on? I can't believe people think that their taxes would be reduced if less went to Aged Care. I know my sons are happy that some of the taxes they pay are going to health and aged care.

Insurance may have merit, but would it be accepted by the community, or would people take the chance they will not need care?

As for the question “ 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?” I must agree that the care consumers should be given the choice to receive the payments first. Assistance to use the money could be available from ACAT’s, or other independent advocates.