AUSTRALIAN GOVRNMENT
PRODUCTIVITY COMMISSION.

ISSUES PAPER – CARING FOR OLDER AUSTRALIANS
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The Australian Asian Association of W.A Inc incorporated in 1956 was primarily concerned with the settlement issues of migrants and refugees Whilst this still remains the main focus of the organisation, 15 years ago it recognised the need to enter the age care industry to cater to the early migrants and their families who continue to remain as members of the organisation. We were particularly concerned that the age care services available at the time were heavily weighted to the needs of the Anglo Saxon & European settlers. After three attempts at obtaining funding, we eventually received approval to set up Community Age Care Packages for CALD communities from Asia and the surrounding nations which has now expanded to include non-Asian communities as well. The Association T/A as Triple A Care are service providers for both CACP and HACC clients from the above target groups.

In our opinion the main discussion points when caring for older Australians should revolve around access, choice, affordability, high quality & needs based. According to the Issues Paper, this is the long term objective of the government as stated in the National Health Care Agreement: " *Older Australians (should) receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless timely transitions within and across sectors." (COAG 2009)*

As Triple A Care is not involved in Residential Care, we are not in a position to comment at length on shortfalls/gaps in the delivery of services in this sector. However we can comment on the fact that the availability of beds in both low care & high care in Western Australia are not at all related to the needs of the ageing which has resulted in both CACP & EACH clients having to wait long periods of time to access any residential care leave alone care of their choice. These long waiting periods also means that their urgent care needs are not met with the limited hours and services that can be provided under CACP. If the government is serious in its efforts to achieve its long term goal of providing "seamless timely transitions" this shortage of beds has to be addressed urgently. It is our understanding that whilst the government expects the residential providers to provide a high quality service to meet the accreditation/regulatory requirements, the subsidy provided is insufficient to meet the establishment & delivery costs necessary to make it viable. According to our sources, there are numerous organisations ready to invest in residential age care, if adequate government funding is made available to make it viable. We have been told from time to time that the Department of Health is working on an "old fashioned, out of date Age Care Act which is short changing older Australians" Perhaps it is time to examine both the ACT & the Principles to ensure it has moved with the times and its contents are relevant to today's needs of the aged. An important fact to be taken into consideration is that whilst the frail aged continue to live longer the support for care from volunteers and family carers is diminishing .

Our current system is rated by many to be among one of the better systems in the developed countries. However there are still plenty of areas where the system falls short of providing an age care system where the frail aged & their carers can live optimally in the home or in the community of their choice. Unfortunately the administrative processes, the funding sources, & over regulation seems to be the main concern instead of response to people's needs being the focal point. In addition the aged & community care sector is the most underfunded sector in the entire health care system mainly due to the government's inability to ensure that funding keeps pace with the rising costs of providing quality care. Although from time to time pricing reviews have been conducted, a complete solution to the financial pressure facing the industry has not been found.

Whilst there are a number of areas that need to be commented on, we strongly believe that the service delivery framework for the future must embody the following key areas:

- **Choice.** This is essential to adequately meet not only the diverse care needs of the individual but also overcome the language and cultural barriers they face as a result of Australia's growing multi-lingual, multicultural and multi-religious community.
- **Flexibility** It must ensure that there is a strong capacity to respond to people's needs beyond the boundaries of discrete funding programs. The care systems should be free of the constraints currently imposed on the model of service. This does not mean that there is no accountability for the funding.
- **Resource allocation.** It should adopt an improved more accurate system of meeting challenges of the future. Financial resources must be related to the actual costs needed to provide quality care prescribed by the regulatory system.
- **Responses.** It must be able to : adopt to both long term and short term care options, overcome language & cultural barriers to access; link with different areas of the care system; obtain maximum benefit for the individual
- **Regulation** it should not be so rigid making a"one size fits all" system.
- **Value** Most important – it should value the provision of care as **deserving** and not simply as a **cost** to the tax payer.

Specific comments.
Community Age Care Packages.

The current planning arrangements outlined in Box 2 of the Issues paper is well below the actual need for places. This is evident from the statistics published regularly indicating the

number of aged who occupy hospital beds due to lack of places to obtain age care – both community and residential. The CACP & EACH places get filled up quickly.

The current application processes for both CACP & EACH is so cumbersome, repetitive, laborious in information gathering and compliance. Providing the same information separately for each region and again separately for each care type makes the process extremely laborious. This process does need streamlining in a big way to ensure that capable and dedicated service [providers are not put off by the cumbersome application process. We believe this system has not changed with the changing times & the availability of modern technology.

According to Box 3 in the issues paper, the service provided under CACP is recorded as roughly equivalent to low care (residential) which according to the same Box, includes activities such as bathing,toileting, eating, dressing, mobility , continence managing, community rehabilitation support & assistance in obtaining health & therapy services. We cannot understand how in the CACP programme, with the requirement of **only** providing a maximum of 6 hours per week it can even roughly equate to low level care. **Consequently if it is intended to provide at least a rough equivalent of a low care service, funding should be provided for at least 10 hours per week.**

HACC

Our remarks with regard to the current system not meeting the objective of ensuring a "seamless timely transition within and across sectors" applies to HACC as well for the same reason - CACP &EACH have individuals who should be in low care and HACC has individuals who need more hours but cannot get them.

General comments.

We believe that the current "Wellness" approach is a form of empowerment to make the frail aged have some sort of independence in their life style. However, the resources provided must be adequate to provide the ways to support what they need to maintain this independence & self control because age care covers both clinical and daily living support.

The current system of age care being managed by different levels of government not only makes it complicated but often results in the system being dysfunctional and hinders the ability to run a well co-ordinated service. It affects flexibility in the movement of resources, the provision of client focussed services, and in general has the tendency to be disjointed.

A good overhaul of the structure which has existed for a long time without any attempt to reform is extremely important if the objectives outlined in the discussion paper are to be achieved. This reform should also include the basis of funding allocations for the different levels of the age care sector to make the levels more realistic in order to encourage investment. If the governments have a vision of working in partnership with the private sector and non-for-profit organisation, governments must make an effort to provide the resources to make the service models viable.