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'Caring For Older Australians'

Productivity Commission Inquiry into Aged Care

Submission by the Italian Benevolent Foundation SA Inc.

July 2010

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The Italian Benevolent Foundation is the major "not for profit" provider of aged care services to older Italian people in South Australia. It

- Provides 1187 packages of community care
- Manages 3 Residential Aged Care Services that have 238 places
- Employs 400 staff in its service
- Works with about 297 volunteers
- Supports many older Italian people with dementia/other neurological conditions and their families and carers

IBF will see a dramatic ageing of its target population of older Italian people over the next 10-15 years as the post war migration starts to populate the age 80+. Based on those figures we estimate that services to older Italians will need to almost double from their existing numbers to meet the demand, particularly as neurological conditions such as dementia have a much increased incidence for this age group. For IBF and the community it serves, the recommendations from this review and the way the system supports older Italian people and their families is urgent.

IBF would wish to acknowledge that the current aged care system has operated reasonably well but is under increasing strain to remain relevant and effective given the demographic imperatives over the coming years, the changing needs of the people who use it and the diversity of those people.

For the Italian Community the current Aged Care system limits access, choice and control by individuals and their families. It also needs to be better linked into the health system so that people do not have to leap between service systems and risk discontinuity.

Prior to entering the aged care system, people retain choice in their lives. Older Italian people ask us why is it when they require aged care services that:

- Places are given to organizations not the person
- Insufficient places are allocated to the Italian community. (This is reinforced by an analysis of the Commonwealth own ACAR figures in South Australia.)
- People require multiple assessments to get services and usually have to go with the first vacancy even though it may not be the provider of their choice
- There is inadequate information and translation services available across health and aged care to assist people to make care choices, have their health needs dealt with adequately and access the range of auxiliary services (Transition Care, Rehabilitation, Chronic Condition Management, Out of Hospital Programs etc that exist but are usually run by mainstream health and larger aged care providers)

Older Italian people inform us that they;

- Want to continue to lead <u>their</u> life the way <u>they</u> have lived it and with the people <u>they</u> have lived it with (maintaining their cultural significance)
- They want to continue to make their own decisions either them or their families. They will take advice but in the end they want to decide
- In making decisions they will make them in the context of what they want for their own and their families future
- Want their decisions about care to fit in with the rest of their life not for their life to fit in with aged care.

- Want to continue to live in their own homes and communities for as long as is possible – under the current system there is not sufficient community care (particularly higher level community care) and there are simply too many people going into Residential Care who would not need to if more community care were available

Based on what Older Italian People and their families tell us, IBF would like to see the following changes to the current Health/Aged Care system

- There ought to be universal eligibility for aged care
- Consideration needs to be given to whether a cash/voucher entitlement is introduced for all or part of the care system. The system needs to have mechanisms to support people who cannot/choose not to receive the cash/voucher. The Commonwealth should not design the whole system around those that cannot but rather around those that can and then build in the "safety nets".
- Eligibility ought to be granted through an independent body (similar to ACAT's but independent of State Governments and other service providers)
- There ought to be different entry points covering low care through to high care based on research that the Commonwealth needs to undertake on the "cost of care"
- The eligibility points into care between Residential Care and Community Care need to be aligned so that people and their families can make a real choice about where and how they want their care delivered and the extent that they might need to make co-payments
- Health Care needs to be aligned better with aged care why not have entitlement to Transition Care, Rehabilitation, Chronic Condition Management etc also on some form of entitlement/voucher system so that people can "bundle" their requirements and seek out responses that are more coherent/"joined"/seamless to their lives?
- There needs to be much more information available to people in their own languages through different and multiple mediums as well as good access to translation and interpreting services
- Be protected though the usual Consumer Protection mechanisms that exist for generic services plus providers of aged care ought to be registered to meet a quality standard so that older people can make a choice to go to, to leave and/or to change aspects of the service delivery through the life of their eligibility
- All subsidies benefits need to be indexed against the CPI and be subject to regular reviews to ensure the system is keeping up with the actual cost of care
- Better capital and recurrent funding mechanisms (raising funds and allocating them) in aged care through researching approaches raised in other places including;
  - o National Insurance Scheme
  - Access to Superannuation Funds
  - Taxation Levies
  - o Individualized payments/Consumer Directed Care/cash and carry
  - Reverse mortgages/delayed mortgages etc
  - Bundling arrangements

o Additions to Income security arrangements

The current approach to raising capital for Residential Aged Care facilities is not working and needs to be addressed.

- Better responses (preferably through increased allowances in the voucher) to supporting;
  - o Dementia and other neurological conditions
  - o Palliative Care
  - o Preventative health approached/fitness/wellbeing
- The ageing demographics will require a well trained workforce;
  - o Greater need to upskill people to replace the ageing workforce
  - Greater incentives/initiatives that attract those who are well suited to the aged care environment (attraction and retention being the critical factors)
  - Ongoing support that seeks to continually enhance the skills of the workforce (maintain competence), to meet the ongoing challenges of (clinical) care

In general terms IBF supports the ACSA CALD Policy Paper and in particular the recommendation;

"That the Australian Government should develop a national vision or policy in consultation with the aged and community care industry and CALD services, consumer groups and communities, that provides a coordinated range of initiatives to create a culturally competent service system"

IBF would want to see this recommendation reflected in the final recommendations of the Inquiries Report but with a much greater emphasis on what it is that consumers and their families want.

IBF welcomes the opportunity for further discussion with the Commissioners on this paper.

Sincerely,

**Daniel Desteno** 

**Chief Executive Officer**