Response to the Productivity Commission Caring for Older Australians Inquiry Draft Report

The Benevolent Society

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1. Introduction

The Benevolent Society appreciates the opportunity to respond to the Productivity Commission's Draft Report of its Inquiry into Caring for Older Australians.

1.1. About The Benevolent Society

As mentioned in our initial submission, The Benevolent Society is Australia's oldest charity; for almost 200 years we have been leaders in identifying the evolving needs of the community and in pioneering vital social reforms and services.

The Benevolent Society's purpose is to create caring and inclusive communities and a just society. We have a long history of supporting older people and their carers in different ways. Today, we support older people primarily through:

- community care services for frail older people and those with disabling health conditions
- services for carers[1] of older people (many of whom are older people themselves), carer education and training
- supported housing for older people on low incomes
- community development, information services and education
- social re-engagement projects (often involving volunteers)
- research, evaluation and advocacy.

Over the last five years the Society has deliberately moved away from running residential aged care services to concentrate on supporting older people in their own homes. We are currently developing a flagship project of a new model of supported housing with care, Apartments for Life.

Our community care services are supported with funding from federal and state programs. More information about us and about our services for older people is available at www.bensoc.org.au.

2. Overall comments

We congratulate the Commission on its far reaching vision for a fundamental shift in aged care that will put the focus back on the older person, and for outlining ways in which we can start to move towards a much better system in the best interest of older Australians – those of today and those in the future – and the community as a whole.

We are pleased to see the voices of individuals telling of their experiences, and the clear focus on listening to what older Australians have been saying for years – that they want to stay as independent as possible in the setting of their choice, to stay connected to their communities and to have real choices in the support and care they may need.

[1] In this response, we use the term 'carer' to mean informal carers such as spouses, other family members and friends, and 'careworker' to refer to frontline paid workers in the community care workforce.

While we understand that the Draft Report sets out a framework for a new vision of aged care, a lack of detail makes it difficult to assess how certain aspects of the proposed new system would work in practice, who would benefit and who would not.

Like other commentators we have some concerns that the Draft Report gives insufficient attention to dementia, its effects on people's ability to live independently, and its impact on family members/informal carers, given the projected increase in numbers of people with dementia. Certainly there is an imperative for us as a society to consider what strategies are needed to enable people with dementia to continue to live in the community. This will require sustained community education to reduce community ignorance and fear of dementia as well as to increase knowledge about how to assist people with dementia.

3. Draft Recommendations

3.1. A framework for assessing aged care

All the aims listed in **Draft Recommendation 4.1** are strongly supported. We suggest that consideration be given to making the aims into *principles* that need to be followed in developing policies and in delivering services.

We are fully supportive of principles that recognise the importance of the wellbeing and social inclusion of older Australians. The focus of the Draft Report on achieving desirable outcomes for older Australians rather than for aged care providers and funders is most welcome.

3.2. Draft Recommendations Chapters 6 and 7: Paying for aged care and broadening the funding base

Draft Recommendations 6.1, 6.3 and 6.7 are supported in principle.

Separating the cost of the accommodation component from the care component may be difficult, but it is a vital move which will bring greater equity and choice to the system.

We also support the view that those with considerable wealth (e.g. in housing assets) should be expected to pay more of their aged care costs, with the proviso that they should be able to do so without having to sell their home at a time of crisis (and possible unnecessarily if their health improves). The proposed government backed equity release scheme (**Draft Recommendation 7.1**) and relaxation of the pension assets test are supported.

We support the simplification and standardisation of co-contributions payable by care recipients as proposed in **Draft Recommendation 6.9.** Co-contributions should be based on affordability and capacity to pay and be set at such a level that they do not negatively affect care recipients' social inclusion and ability to participate in the community. We support in principle the proposal that the assessment of user contributions should occur through the Gateway Agency. However we have some concerns about how the Gateway would operate and the need for frequent re-assessment of user contributions as care recipients' circumstances change.

The proposed life-time stop loss limit (**Draft Recommendation 6.10**) has many attractions as a way of ensuring that care recipients and their families are not exposed to excessive costs. It is preferable to systems that require users to run down their savings until almost nothing is left. As such it is likely to attract wide community support.

We support **Draft Recommendation 6.11**, with the proposed Australian Aged Care Regulation Commission making 'transparent recommendations to the Australian Government on the scheduled set of prices for care services' etc. We note and support the related **Draft Recommendations 8.2, 8.3 and 8.4** in terms of the setting of prices for care services and some of the factors to be taken into account. Similarly, we support **Draft Recommendations 9.1, 9.2 and 9.3** which recognise that caring for special needs groups incur higher costs.

However, we also suggest that in setting prices, consideration be given to costs incurred in delivering similar services in different parts of Australia. While the biggest differences are undoubtedly those between metropolitan and rural area, not all metropolitan areas are identical. For example, the cost of land, construction, rental of office premises, and the proportion of time of care staff spend travelling in areas of heavy traffic, can vary between capital cities. A regional approach may assist in recognising these differences.

We have no comments on **Draft Recommendations 6.4, 6.5, 6.7 and 6.8.**

3.3. Draft Recommendations Chapter 8: Care and support

We support **Draft Recommendations 8.2 - 8.5.**

We strongly support **Draft Recommendation 8.1** (the Australian Seniors Gateway Agency), and wish to discuss it in detail.

The concept of a streamlined gateway is a good idea, if it will give people information to help them make informed decisions, navigate the system and get what they need more easily. We support the proposal that the Gateway would assess whether a carer needs support as well as assessing the circumstances of the person they are caring for.

The Draft Report discusses 'information services' under the headings of 'community education' and 'individual information needs' (pp. 228 – 231), and then goes on to discuss 'assessment' and 'care co-ordination' (pp. 231 – 239). It rightly recognises the lack of consistency and integration between the various components of the current system.

However, the diagram of the proposed Gateway (8.1, p. 242) and the subsequent discussion imply that the provision of information, assessment and referral, and care coordination are separate functions. We are concerned that while separating these functions may be helpful for analysis, our experience is that if these functions are to be performed in a way that is of most assistance to older people, they need to overlap and merge into each other. A Venn diagram of overlapping circles would be a better way to represent the relationship of the three functions.

We do not want to lose the positive features of how some (but not all) Carelink and Respite Centres currently operate. As the Commission would be aware, the Department of Health and Ageing is currently preparing to implement some elements of the Gateway information and assessment system under the redesign of the front end of the Home and Community Care system.

The temptation inherent in a redesign based on separating functions is to try to save costs by providing the lowest common denominator of skills required. We do not believe, for example, that the initial inquiry process should be separated from the assessment and referral process. We therefore do not believe that the inquiry/information provision function can be handled by call centre staff without social work or similar skills. The overlap of the functions the Gateway will need to fulfil mean that it is skilled work that requires a deep knowledge of local services.

Some case studies from the Carelink and Respite Centre operated by The Benevolent Society illustrate the value of having trained practitioners who are able to establish rapport and trust, ask the right questions and therefore make appropriate referrals and/or arrange appropriate services.

As these two examples demonstrate, a skilled practitioner can help callers think through what services (if any) would help them meet their personal goals, and introduce them to issues they may well not have thought of (when the caller 'doesn't know what they don't know'). A skilled practitioner can suggest solutions they were unaware of, and do so in a holistic way that takes into account social aspects of wellbeing, maximises autonomy and does not undermine existing informal supports.

Case Study 1.

Caller to information service (Carelink) asks for information about a lawn-mowing service in the local area. Caller says that it is for his elderly parents. He says his father was able to mow the lawns himself until a recent diagnosis of cancer with primary and secondary metastases and a general deterioration of function.

Practitioner asks whether his parents are receiving any other support currently. The caller says his father is seeing a specialist and will soon begin a course of treatment to manage pain and symptoms.

Further questioning brings to light that the caller's mother has been supporting her husband with his personal care, due to his general weakness. Practitioner asks about his mother's wellbeing and the caller responds that she is experiencing high levels of exhaustion, stress and sadness as a result of the diagnosis.

Practitioner tells the caller about carer support services and asks if his mother would be willing to discuss the possibility of some support specifically for her and to help her in her caring role. Caller says that he thinks his mother would be willing to have a conversation but that he will check with her first.

Caller is given information about the lawn-mowing service and caller agrees to re-contact practitioner. Caller does this later in the day, then passes the phone over to his mother.

Practitioner obtains consent from the carer (the caller's mother) to register with the Centre and then engages in an assessment conversation with her. During this conversation, the carer says that she

wishes to care for her husband at home but is feeling overwhelmed due to his short prognosis of 'months' and rapid deterioration.

Practitioner gradually introduces into the conversation the supports that would be available to her through the local Community Palliative care team, giving examples such as looking at whether some equipment would help her with her husband's personal care. Carer says that this would be useful as she is currently using a garden chair in the shower and that her husband is beginning to struggle with mobility.

A referral is made to the Community Palliative Care team who assist the carer to obtain a shower chair that is safer for both the carer and her husband, and a mobility aid. The Community Palliative Care team also provide medication monitoring and support.

The practitioner also supports the carer to create a care-plan that captures the informal resources available through her and her husband's social supports and networks, her goals for her own physical health needs, her information requirements and an emergency care plan. Throughout the remainder of her caring role, a practitioner reviews this care plan with her on a regular basis and discusses the carer's goals and options for support as the situation changes. The practitioner organises respite care for her husband so that the carer can have some training / education about her own safety during personal care (as she does not want a regular service for this) and can attend peer support / education sessions, thus enabling her to meet her goal of supporting her husband at home in his last few months.

The first case study demonstrates the skilled application of targeted questioning by a practitioner responding to an information request. While the practitioner's wages may be significantly higher than those of an unskilled call centre operator, the latter is likely to have responded to the request for information on a lawn mowing service at face value. The lost opportunity of a holistic response may then have led to very expensive and distressing hospital admissions for the husband, and possibly his wife. Money saved in one part of the system then leads to much higher costs in another.

Not all information calls result in a care service response. The second case study also conveys the importance of the information provision component being provided by a skilled practitioner who is also able to provide a level of assessment and referral, and of care coordination.

Case study 2.

An older man calls the information service saying that he and his wife have no family living nearby and would like to have some information about a service that could send an Italian speaking 'carer' to their home.

Practitioner enquires about the type of support he feels that he and his wife need. Upon enquiry regarding daily tasks, the caller says that his wife cooks all of the meals, manages this well and wouldn't allow anyone else to cook. A supportive neighbour takes them shopping once a week. Both can manage their own personal care and have no significant health / mobility issues.

Practitioner enquires as to what has changed in the situation for caller to have rung requesting support. Caller explains that he can longer drive and they can no longer visit the local Italian club. His wife speaks only broken English and now only has him to talk to.

Practitioner enquires whether the caller and his wife would like to attend a social group. Caller responds that there would be two problems with this: his wife would not be able to communicate with the other members and they wouldn't be able to get there. Practitioner asks the caller if she could make some enquiries on his behalf. Caller agrees.

Practitioner contacts a local group for seniors from an Italian background. During conversation with staff it is established that the couple would be most welcome to join the weekly group for men and women and that there is a bus which could pick them up from home and take them back at the end of the day. This information is relayed to the caller who asks if this service could call him.

Practitioner re-contacts the service and arranges for an Italian speaking staff member to call the enquirer and provide him with all the details. Practitioner asks the staff member to give her feedback on this conversation in order to establish whether there would be any additional need for her to contact the enquirer.

Staff member from the Italian social group later re-contacts the information service to report that she had a lengthy conversation with both the caller and his wife, in Italian. She feels that they will fit in well with the group as there are several other members from the same region in Italy. Staff member confirms that the bus will collect the couple the following Tuesday and bring them home.

Practitioner contacts caller once again who reports that he had had a conversation with the lady from the service and that he and his wife were very happy and they will be attending next week. Practitioner asks the caller if there is any additional information he can be supported with. Caller responds that there is not, that he didn't know the group existed and it sounds like exactly what he and his wife need. Practitioner assures caller that he can contact at any time should he need any further information / support.

It would certainly be valuable for the Gateway Agency to have real time information about service capacity and vacancies. However this would require considerable extra resources. It may also be unrealistic given the large number of services operating in a given region.

The matter of resourcing is critical. The proposed scope of the Gateway agency's role will require resources well beyond those currently provided to Carelink centres, if it is to offer anything other than a basic call centre service.

The information technology foundation of the Gateway will also be critical if it is to function well. Adequate resources will be needed to ensure service details are accurate and continually updated.

We have made related comments later in this response on **Draft Recommendation 11.1**, concerning the support of informal carers.

3.4. Draft Recommendations Chapter 9: Catering for diversity

Draft Recommendations 9.1, 9.2 and 9.3 are strongly supported.

3.5. Draft Recommendations Chapter 10: Age friendly housing and retirement villages

We strongly believe that Australia needs to increase the supply of housing for older people that is well located and designed, and affordable. It is a great step to have appropriate housing considered alongside residential and community care.

Improving choice of age-friendly housing

We support **Draft Recommendation 10.1**. The Benevolent Society considers its proposed Apartments for Life complex at Bondi to be an important demonstration project, that shows how appropriate age friendly design can assist in supporting older people's independence and capacity for self care. However, we recognise that the majority of older Australians who are home owners will not choose to move from the home in which they spent their working life. For these people, home maintenance and modification (HMM) services will play an increasingly important role in assisting them to live safely in their home.

We welcome the Commission's support for an improved level of funding into research about the 'appropriate level and mix of government funding for HMM programs and services.'

Draft Recommendation 10.2 is also supported. As the Commission rightly notes on pp. 315 & 316, prescribed standards for access and mobility can be inflexible and inappropriate. Our experience with the design of the Apartments for Life project is that even in a new design where we wanted high standards of accessibility, we found some conflicts between various standards, as well as some standards that were inappropriate.. A good example is the requirement for automatic door closers for fire safety in some classes of buildings, even when these would make the front doors to the apartments too heavy for frailer residents to manage. Further comments will be submitted to the Commission in response to this issue.

We support the points made by the Commission in the section 'Barriers to moving to more appropriate housing' (pp.315-318). We agree that the removal of stamp duty would remove a disincentive for older people to sell their home and move to more suitable housing. We know that living in housing that is suitable in terms of its location, design and affordability for the changing needs of an older person is likely to enhance independence and social connectedness, thus reducing the likelihood of needing expensive services such as hospital admission for falls, burns etc. Similarly, the introduction of an Australian Pensioners Bond scheme and the proposed changes to the aged care asset test are both supported.

Improving the age friendliness of communities

We note the discussion in this section of the Draft Report, and would support a recommendation to put into practice the suggestion on p.322 of 'assigning responsibility for overseeing progress and developments in this area to the Local Government and Planning Ministers Council.'

Improving rental choices for older Australians

We support **Draft Recommendation 10.3** but suggest broadening the scope of the strategic framework to focus on ensuring that sufficient *suitable* housing is available for an ageing population.

On 25 February 2011, The Benevolent Society and the Australian Housing and Urban Research Institute hosted a symposium called 'Future housing for older Australians: overcoming barriers to innovation'[2]. A separate report on the outcomes of the symposium will be provided to the Commission.

At that symposium, Professor Andrew Jones identified five key challenges from the research evidence for housing policy and provision:

- sustaining a high level of home ownership
- expanding the supply of affordable rental housing
- improving housing choices in later life
- building age-friendly housing and neighbourhoods and
- facilitating the use of housing equity to meet later life expenditure.

While some of these challenges fall outside the Commission's terms of reference, it is clear that housing policy (or lack thereof) will have a major impact on whether the Commission's vision of caring for older Australians can be realised. We strongly agree with Professor Jones' conclusion that 'housing should be at the centre of ageing policy because it is central to wellbeing and enjoyment of later life.'

Regulation of retirement living options

We strongly agree with the comment on p.334, that 'the Commission's proposals for a single integrated system of care provision and for consumer choice of an approved provider/s and the mix of care would mean retirement village residents will be better able to access increasing levels of care in their own dwellings.'

One of the reasons we welcome these proposals is that planning for the Apartments for Life complex and the ability of residents being able to stay in the same apartment until the end of their life was based on the present aged care system. The proposed changes will be of great assistance to residents, enabling much more flexibility and choice.

We support **Draft Recommendations 10.4 and 10.5**.

3.6. Draft Recommendations Chapter 11: Workforce issues

Draft Recommendations 11.1, 11.2, 11.3, 11.4 and 11.5 are all supported.

[2] www.ahuri.edu.au

We support **Draft Recommendation 11.1**, that from existing National Respite and Carelink Centres, Carer Support Centres be developed.

Carer Support Centres should maintain a regional coverage to align with regional Gateway Agencies. We support the role of the Gateway agency in conducting 'shallow' assessment of informal carers to determine eligibility for referral to Carer Support Centres.

As in our previous discussion of **Draft Recommendation 8.1** (Gateway Agency), we believe it is important that the use of terms such as 'shallow and/or broad assessment' must not be taken to mean that such an assessment is a mechanical function that can be undertaken by an unskilled call centre operator working from a prompt sheet. As we demonstrated in our two case studies, a skilled practitioner can respectfully help the caller identify and frame issues, as well as helping them work out strategies they can implement immediately, while waiting for a response from other service providers. The process of providing information, assessment and case coordination is not always a straight line, and there are often multiple facets interconnecting all at one.

We believe that Carer Support Centres should build on the initial assessment of a specialist assessor, to match carers with tailored supports offered through the Centre and through other services, both formal and informal. Carers would develop their own Carer Support Plan, in conjunction with the Carer Support Centre, to capture their goals.

It is important that the unique functions and strengths of existing Carer Respite Centres are carried forward into the establishment of Carer Support Centres. These include:

- consultation with local carer communities
- supporting carers to access planned and emergency respite
- sustainable carer support and planning
- carer education, counseling and training
- care coordination
- opportunities for carers to share experiences
- capacity building activities alongside other carer support programs
- development and trialing of new carer support initiatives in response to emerging carer needs, and
- advocacy and liaison and relationship building with agencies (government and community) to create pathways for carers and raise awareness of carer issues (eg. income support, access to work).

We believe it is imperative that carer specific functions remain entirely with the Carer Support Centres rather than risking the loss of expertise, specificity and scope in an amalgamation with the Gateway Agency. It would be a negative and unintended consequence if amalgamation designed to minimise costs led to the loss of capacity and expertise built up in the Carer Support Centres over the past 11 years.

We support stable and increased ongoing funding of Carer Support Centres that incorporates an expected growth in referrals stemming from the Gateway.

3.7. Draft Recommendations Chapter 12: Regulation

All the **Draft Recommendations in Chapter 12 (12.1- 12.9)** are supported.

3.8. Draft Recommendations Chapter 13: Aged care policy research and evaluation

Draft Recommendation 13.1 is strongly supported.

We are an organisation strongly committed to evidence based policy and practice. Having the Australian Aged Care Regulation Commission perform the role of a national 'clearinghouse' for aged care data will be of great assistance to researchers. However, it may not be of great assistance to the majority of aged care service providers, especially in the community care area, as they are not likely to have the skills and resources to make use of the data or evaluations. We therefore support the establishment of a Centre for Service Effectiveness (pp. 446 & 447) which would have amongst its functions the dissemination of research findings with relevance to community care practice. We would urge the Commission to include a Recommendation for the establishment of such a Centre in its final report.

Draft Recommendation 13.1 will sadly not address the issue of underfunding for aged care research. While the Commission rightly points out that this is an international problem (p.448), it is very short sighted for Australia to continue to under invest in the research we need to prepare for the ageing of the population.

3.9. Draft Recommendations Chapter 14: Reform Implementation

We support **Draft Recommendation 14.1.**