Response to the draft Productivity Report

Caring for Older Australians

Pam Webster

18 March 2011

Thank you for the excellent "Caring for Older Australians" draft report. Having closely read it, I would like to add the following comments.

Draft recommendations 1.5, 1.6 and 7.1

The notion of broadening the funding base with the establishment of a government backed Aged Care Equity Release Scheme and the Australian Pensioners Bond scheme is excellent. My question is, what happens when one person of a couple needs to go into residential care and then later, the other person does, but much of the equity from the home has already been used up. Will this result in a lower standard of care for the second person? That is, will they be unable to afford to go into the same residential care unit as their partner or would they need to enter as a "supported resident" in a two bed room with a shared bathroom in any facility that has "tendered" for supported resident places.

Draft recommendation 1.7

I was disappointed to see that the Commission has indicated that the basic accommodation standard should be a two-bed room with a shared bathroom. I believe that most people do not want to end their life sharing a bedroom with a stranger. Could the Commission please reconsider this and make the recommendation that aged care facilities move to having the minimum standard as a single room with a shared bathroom, unless the room is for a married couple.

Carer issues

The report is carful to acknowledge the importance of carers in the aged care system. However, there are some recommendations that need to be made more explicit re entitlements that a carer can claim.

Draft recommendation 11.1 proposes that the Australian Seniors Gateway Agency should assess the "capacity of informal carers to provide ongoing support". This implies that carers cannot determine the type and level of support that they require and ask for assistance in their own right. Many carers need support and recognise this fact well before the person they are caring for requires additional outside help. The emphasis with supporting carers should be one of early intervention, not crisis management as is the case now. Carers in their own right need to be able ask for assistance, and often it is for services that are not mentioned in draft recommendation 11.1, such as help around the home for cleaning, gardening, lawn mowing or simple maintenance work that was once possible, but due to the time taken in caring for their partner, is no longer is possible. HACC services recognise this and carers can ask for assistance in their own right from these services currently. It is just that these Services are often not well funded, or that there is the need for multiple assessments that prevents an early request for services that may well delay or prevent the use of more expensive services in the future.

The wording in the text before Draft recommendation 11.1 seems to imply some understanding of this issue, but the recommendation itself does not.

Another issue that appears not to be addressed at all in the report is that all the state and territory carer associations provide carer information and support services to carers. The report only talks about the "existing National Carelink and Respite Centres".

Workforce issues
Providing a caring and well informed workforce is a complex matter which the Commission has considered. There are two areas that I believe have been overlooked. The first is that when considering training, there has been no mention of the possibility of combining much of the "training" that is needed for aged care with that which is needed to care for people with a disability. To develop and offer courses that talk about the needs of people with a disability whatever the cause across all ages can be done sensitively and in a person centred manner. If needed, people could choose to "specialise" in a particular area as is now done in all other health professions. This may encourage a wider range of people to work in the area because they would have a qualification that is transferable to different areas of work.

I was interested to see that the report says in the section "interfaces with the disability sector" that "there can also be a significant difference in expectations of those needing to use the services of each sector". I suggest that this is historical, and that when people are aware that they can be entitled to services depending on their need, this factor may well change! This will happen in both sectors!

The second area is the lack of any acknowledgement of the important role which the carer often plays in helping new workers understand the care needs of the person the worker is caring for. The need for "on the job" training is one of the reasons that many carers give up on formal care. There needs to be recognition of the role of the carer in providing this, often essential, "on the job" training.

Model of care and support
Having read both the Caring for Older Australians and the overview of the Disability Care and Support draft reports, it still seems that carers who are caring for a younger person with a disability and an older person with a disability at the same time, or indeed, an older person who is becoming frail or disabled but who is still caring for an adult child with a disability, will still have no choice but to deal with two separate systems. This is very disappointing as these carers are those who are under the most stress.

While the reasons given to keep the two systems separate are cogent, there should be ways to make life easier for those who are in the above situation. These are my suggestions. First, can the assessment tool used be the same, or the data shared so that the carer does not have to undergo multiple assessments. Second, why cannot Service Providers provide services to both people with a disability and an older person to minimise the number of different people coming into the home. As I indicated above, it should be possible for care workers to be multi-skilled and to be able to work across both sectors. Indeed, given the problem of a possible shortage of workers across both sectors, this may help the workforce issue. Third, having one worker come to undertake multiple tasks makes the job more interesting for the care worker. Fourth, there are possible cost savings.