Background

With over 25 years experience in aged care, predominantly community care, and recent experience in accessing support for ageing parents with dementia, I have followed with interest the Commission's inquiry into Australia's aged care system. I welcome the opportunity to comment on the Draft Report, and stress that the views expressed in this response are my personal views and do not necessarily represent the views of my employer or any group with which I am involved.

I concur with the general direction of the Report and believe that reform of the aged care system must be a priority to ensure the sustainability of the system, provision of quality care that is person centred and ease of access to information for aged people and their families.

My comments relate primarily to community care, as this is my area of expertise, but I am also interested in proposed reforms to residential aged care.

I support the **Australian Seniors Gateway** concept. To be effective and to address the current complexities in accessing appropriate and up to date information, timely assessment and navigation through the system, the Gateway Agency needs to be very well resourced and there needs to be a regional presence, similar to the existing Commonwealth Carelink and Respite Centres.

Because of the complexity of the system, the Gateway Agency needs to have a much wider brief than the current Carelink Centres. There is a multiplicity of information services and data bases available, which the Commission acknowledges. I support the idea of an overarching platform to which all information data bases are connected and the availability of real time information.

I support the concept of active care coordination and case management role for the Gateway Agency where these are indicated. Any initiatives which remove the need for multiple assessments (cf Dianne Beaty's submission to the Inquiry) are most welcome. Increasing use of **electronic records** will assist in addressing this time consuming and frustrating situation. In my view the advantages of e health records outweighs any concerns regarding privacy. For example when my father entered residential care, the family had to chase up medical reports from his GP, various medical specialists and the geriatric clinic of his local public hospital. A system whereby we could authorize access to his records by the aged care facility would have been welcome at what was a stressful time for family members.

I feel very strongly that the Gateway should adopt a "no wrong door" model, that is, if people make inquiries, say to their local community centre, or the welfare officer of a local club, that the Gateway should accept a referral from these sources. People in the community access information through known sources. For too long people have

had to make several phone calls at a time of crisis to get the information they need. This has certainly been my experience. We need to make the system as easy as possible for older people and their families to access.

The **Building Block** model of services is welcomed as it has the potential to eliminate existing silos of service delivery and will provide for more continuity of care. My father living at home with dementia had been accessing a CACP (low level packaged care) from a provider he had grown to trust and with whom the family had developed positive relationships. When he was assessed as having high care needs, we had to seek out a new service provider as his existing provider did not have EACH (Extended Aged Care at Home) Packages.

A **single national co-contribution scheme** will remove the current inequities in care fees between community and residential and will eliminate the tendency of some to 'shop around' for cheaper community care services, thus compromising their chances of receiving the care most appropriate to their needs. I have managed both HACC services and packaged care services and have had numerous experiences of people not accepting a package after an ACAT assessment, because of the fees, preferring to stay with the HACC service(s).

Having standardized fees regardless of location, i.e., residential or community living will also raise the bar in terms of care delivered in clients' homes. My mother is currently receiving an EACH Package (high level care in the community) as an alternative to residential care for which she has been assessed as eligible. However, the service that is provided through the EACH is only able to maintain her at home with significant input from family, which has resulted in stress and carer burden as we try to juggle work and family commitments. If the level of contribution from care recipients is the same regardless of location, this would give us leverage in negotiating a more intensive level of care with her provider.

To ensure sustainability of the aged care system, I support the proposals that care recipients should pay for their care, and that the contribution regime be determined by a body independent of government, as long as protections are in place for those unable to pay. I support the proposed **pensioner bond scheme** and believe that the wealth tied up in people's homes needs to be realized. I also support the concept of a **social insurance scheme** to provide for older age, though I acknowledge that this may not be politically feasible in the current climate.

However, I do not agree with Commission's proposal that the approved basic standard of residential care accommodation for **supported residents of aged care facilities** is a **two bed room with shared bathroom**. This has the potential to create a two tiered system, with different standards for those who can pay and those who cannot. This dichotomy could be within facilities, or by geographical area characterized by social and economic disadvantage. From a practical perspective,

sharing of bedrooms for people with dementia is problematic. One of the common behaviours of people with dementia is night wandering and general restlessness which is best managed when people have their own bedrooms. The alternative is to have them medicated, a regime I do not support.

Consumer Directed Care will give older people and their families the ability to tailor services to their individual circumstances, rather than the existing situation, where services offered to clients tend to follow a pattern set by the provider. For example in my own case, if family controlled the funds allocated to my mother, we may trade some medication monitoring, for a fortnightly transport for her to visit my father in residential care. As long as there are adequate protections in place, I strongly support the model. Older people experience many losses as they age, and the experience of becoming a passive "care recipient" with the subsequent loss of control over their lives can hasten rather than delay further decline. To the extent that they are able to, older people are entitled to determine what care they receive and to be seen as active participants in the process.

Block funding of some basic community support services will still be required. Services at the basic level of the proposed building block approach such as community transport, home modifications and maintenance, social support programs, carer support programs and meals on wheels are examples. Some of these services rely heavily on volunteers and some have high overheads and need some certainty of funding, eg community transport has to maintain its fleet of vehicles, meals on wheels services have high overheads in terms of kitchen facilities or commercial freezers.

In NSW, many services at the basic level rely on **volunteers.** Use of volunteers, provides cost savings to funders and also contributes significantly to social capital and community building. The new system must ensure that the role of volunteers in the aged care system is supported.

The Commission rightly acknowledges the **diversity** of Australia's ageing population and the increased costs providers can incur in delivering appropriate assessments and services to people from CALD Backgrounds and people of Aboriginal or Torres Strait Islander background. There has been a tendency in the community sector when bidding for funding, for providers to claim that they will use interpreters, have material translated and utilize bi lingual staff. In my experience the generalist service providers have a mixed track record in this area. While there is an acknowledged need to rationalize the plethora of service providers in aged care, there is an argument for small ethno specific organizations to be granted approved provider status, in order to ensure that the care needs of older people from CALD backgrounds are met in the most appropriate way. It is hard to envisage how older people from CALD backgrounds could enjoy the benefits of consumer directed care in a mainstream agency.

There is currently in the sector, great concern about how the needs of older people with **mental health issues** will be catered for in the reformed aged care system. I note that the issue of mental illness will be the subject of the next COAG meeting. It is an issue which requires careful consideration in the design of the system, as does the issue of providing care to **homeless people** or people on the verge of homelessness. For this group of people, the model of separating accommodation and care may not be appropriate. In terms of homelessness, overseas experience is that housing and support services need to be delivered as a package, under a "housing first" approach to addressing homelessness.

Workforce Issues in the aged care sector have been the subject of many inquiries and reviews. It is well acknowledged that there is a shortage of staff at all levels, and that aged care is not seen as an attractive career option, even though it is a growing industry. In my view, wage parity is one of the major impediments to attracting and retaining a skilled pool of aged care workers, including nurses.

Until such times as workers in this industry are paid competitive salaries that reflect the value of the important work they do, we will continue to struggle with workforce issues. I agree with the Commission's recommendation that scheduled care prices need to take this into account.

Thank you for this opportunity to provide feedback on the Commission's Draft Report. The Inquiry has been far reaching, and the reforms proposed, if implemented in a planned and considered fashion will do much to ensure sustainability, improve access to the system, provide consistent quality care and remove silos between community aged care programs and between community care and residential care.

I congratulate the Commission on a thorough, well researched and balanced report.

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