New England HACC Development response to the Productivity Commission Draft Report: Caring for Older Australians

In developing our response to this report our organisation has consulted widely with Home and Community Care organisations and staff from across the New England Local Planning Area (LPA). Our organisation supports the response prepared by the NSW HACC Development Officers Network, but would like to draw the Commission's attention to our rural issues. The New England LPA consists of an area of over 98,000 square km – an area roughly the same size as Tasmania. The major difficulty that we have faced, in this task, is the lack of detail on how the proposed model would operate in a rural setting. It is difficult to comment on the unknown.

ABS data indicates that approximately 25% of Australians live outside of cities >100,000 people. In our region we have many villages that have numbers of old (over 65) and very old (over 85) people that are significantly higher than the national average. We also have much higher rates of Aboriginality (New England 8.3% -National 2%).

Compared to our urban counterparts, rural Australian's face less access to public transport, health care, education, and effective telecommunication systems plus experience higher unemployment and suicide rates. Rural Australian's are likely to be poorer and to have a lower life expectancy.

The health of rural and remote populations is worse than that of those in urban areas. Mortality and illness levels increase with the distance from metropolitan centres. People living in rural areas face higher costs of living associated with direct and indirect transport costs (Francis, 2005; Warner-Smith et al, 2004; Wahlquist, 1999).

The ageing of the Australian population has been much discussed in the popular and academic media but there is little mention of the demographic features of rural and remote communities. Compared to urban areas rural and remote Australia has a deficit of young adults and a slightly higher proportion of children less than 15 years of age. Males are more numerous than females in remote and very remote areas. Older people make up a larger proportion of the inner regional cities, roughly the same proportion in outer regional areas and a smaller proportion in the remote and very remote areas. Unlike the total rural population the Indigenous population is increasing rapidly accompanied by distinct social and economic needs. Population decline in remote areas is primarily the result of more people moving out of the area than moving in. In the inner and outer regions, population decline is also associated with a high proportion of older residents combined with the loss of young adults and low fertility (Larson, 2006).

The Draft Report offers little insight into how the dramatic changes that it proposes will operate in a rural setting. We may have 25% of the population and an even higher percentage of the over 65 years population but we receive very little attention in the report. There is a small section dealing with Older Australians living in rural and remote locations. This is 5 pages out of over 500 and there is not a single recommendation aimed specifically at improving the situation for this special needs group. This section of the report acknowledges our plight but gives no indication of strategies that will be put in place for improvement. Throughout the report the issues that are the biggest concern for people living in rural areas are given little attention. The report has over 200,000 words but the word rural only appears 96 times (over a third of these are in the 5 afore mentioned pages) and transport, our biggest dilemma is mentioned only 57 times.

Isolation is referred to 7 times and on 6 of these 7 the issue is social isolation. Our issues are simply not addressed.

Strong concerns have been raised that the new system could be similar to the current health system in NSW. Under that system too there is 'entitlement' and 'equity of access' but our reality is that there is little service to have access to, outside of the larger centres. We have poorer health and are more likely to die as a result of treatable illnesses than our city counterparts and yet we receive less service and have less of the health dollar spent on us on a per capita basis. People literally make the choice to stay home and die because getting treatment is too difficult. We need an aged care system that aims at equity of outcome not just equity of access.

Concerns have also been expressed about the proposed Gateway causing a bottle neck. Across the New England area we have worked to foster a 'no wrong door' approach with service providers assisting potential clients to find the services they need. Older country people seem to prefer a personal approach and to talk to people who understand the local geography. Telephone based assessment is not generally popular amongst our client group who have an inherent reluctance to be on the phone for lengthy periods and who also often have some degree of hearing loss. The push towards re-ablement also has a focus on thorough assessment at intake. Lack of therapists etc. in rural areas may be a limiting factor but the use of technology and well-trained local staff could overcome this problem.

There seems little chance that a community care system funded by government subsidy, care recipients co-contribution and market forces would be operational in towns that currently can't support a 24 hour taxi service (or indeed, in some towns a taxi service at all). Even the use of housing equity would be of little avail in towns where the median house prices is currently less than $100,000.

We need more information than we have received. It's not enough to say that things would have to be different in rural areas and that ALL Australians will have equity of access. In rural areas the Draft Report raises more questions than it answers. We want to be consulted and we should be consulted but to date there has been no meaningful consultation.