

## Submission – Caring for Older Australians

This submission is sent from a UK, nationwide home care provider who has been providing 24 hour care, 365 days a year to older people who do not wish to move into an aged care facility but to remain living in their own home.

Prior to the implementation of The NHS and Community Care Act 1990, whose aim was to give older people a choice as to where they spent their last years, all my clients receiving 24 care from my company (for profit) were wealthy people.

All could claim a non assessed financial benefit which currently is \$80 or \$140 approx per week.

Immediately after the implementation of The Act, anyone could claim their care costs back, however, after a very short period, the UK Government found this was financially unsustainable, and older people, over the age of 65 years, were denied this financial factor.

The result was that if an older person had a need for care then financial assessment would take place. If a person was below the financial threshold then free hourly care was usually provided, under contract terms with “for profit” social care companies, the numbers of which has risen to 4500 in the UK in 2010 from a base of only about 25 in 1980. If a person without funds needed more care then a move to an aged care facility would be the only choice with the care paid for. (Property owned would be in the financial assessment and after a person had moved into the facility, would be sold and fees taken from the proceeds, and then finally when all money had gone, the state would pick up the tab).

Those who were financially assessed as being able to pay would exercise choice and as a result, the flexibility, choice and service provision became more customer controlled than it had been before when it had been a case of “this is what you can have”.

Innovative ideas to help wealthy people pay for their care and thereby ring fence the money they may wish to leave in their wills have been introduced; Immediate Care Plans, which can only be purchased at a point of need and sold only by specialist, regulated financial advisors, have enabled older people to pay over usually a large sum of money which will then ensure that their care bills are paid for their lifetime and the rest of their estate left untouched in relation to their care bills’.

Equity release, again to release sums which may buy an Immediate Care Plan or simply pay for care on an ongoing basis are becoming more common. Older people downsize their home and again use the money as above.

Where financial assessments are carried out by the state, individual County Councils may provide Direct/Personal payments directly to an older person’s bank account, the money following the customer who then chooses where they spend it. This has also had the effect of introducing more flexible and innovative care services. If “for profit” companies want the business they have to work harder for it!

In the last two years, older people who have a continuing health care need and may therefore be taking up a hospital bed, eg people with a terminal illness, Alzheimer’s, blindness, serious stroke aftercare, can opt to be cared for at home with Health contributing to the cost of their care package.

The situation has meant that there is now much more joined up care provision in that social care agencies work with District Nurses, Social Workers, Physiotherapists, advocacy services, families, etc and the result is that the services are person centred and desired.

From my own prospective, as a nationwide provider of long term, live in care services, (where carers live in for longer periods of time, not on a 24 hour shift system) my company provides a true alternative to moving into an aged care facility.

It is a system which works particularly well in remote areas. A live-in care worker is in an older persons home, on call for 24 hours, providing domestic, personal and social care, and cannot leave until the replacement carer arrives and a handover is given. The risk of a person living on their own is removed and their choice to stay in their own home is honoured. The objective is to provide for each older person a rota of two or three carers who return on a regular basis.

In rural and remote areas, local people can be trained to become carers, so benefits are doubled.

As a company we have very few recruitment or retention problems. The staff are well paid and a major plus is that, working on a 1:1 basis does give job satisfaction that very often cannot be achieved for hourly/shift work care staff.

Angela Gifford [www.uk-care.com](http://www.uk-care.com)