

SUBMISSION TO THE 'CARING FOR OLDER AUSTRALIANS – PRODUCTIVITY COMMISSION'

BY THE GLENORCHY LINKAGES GROUP

Glenorchy Linkages:

Glenorchy Linkages is an interagency group of service providers and advocates who work within the Glenorchy Local Government area to improve the lives of older people. The group meets bi-monthly to network, share information and plan activities to improve the health and wellbeing of older residents. The group is convened and supported by the Glenorchy City Council and has membership across the sector including Commonwealth, State, and Local Government as well as non-government and private providers.

At our June meeting we discussed the key issues that we would like the Productivity Commission to review during their enquiry into the care system for older Australians. These issues are outlined below.

1. Complaints & Monitoring System:

Many aged care participants are reluctant to complain. More innovative avenues to elicit feedback are needed that focus on ongoing service improvement rather than reactive complaints systems where often people fear they will cause trouble or suffer retribution. Mechanisms need to be empowering, solution focused, independent and easy to access.

The absence of an independent complaints system separate from the quality assurance monitoring process and the Federal Government is a disincentive for many older recipients to make complaints. We support the recommendations made following the review of the Federal Aged Care complaints system.

2. Aged Care Packages – Service Gap:

The experience of our providers is that waiting times for Community Aged Care Packages and Extended Care at Home Packages is still too high, indicating that the current funding levels and allocations are not in line with demand.

The gap between Community Aged Care Packages and Extended Aged Care at Home Packages is an ongoing concern. The maximum funded 7.5 hrs a week of care provided by CACPs is being exceeded by a number of CACPs clients who can't access an EACH package as they do not meet the complex care requirement of needing at least 17 hours of care a week. This is placing CACPs providers, HACC services, and families, under increasing pressure to provide care at home for these people without adequate support. Some CACPs providers cap their care provision to 6 hours of services a week, those needing more are referred to other providers (usually HACC). A continuum of care is needed similar to residential care ageing in place where a person can remain with the one service and have their care needs

met as these change. All package programs should be funded based on the clients care needs.

3. Fragmentation within the Sector:

The complexity of the aged care sector and its fragmentation across government and funding programs leads to confusion for community members trying to access care and for service providers who are trying to deliver services.

The provision of Commonwealth Respite & Carelink Centres to assist people and agencies access information and navigate the aged care system is commendable. It is the opinion of our members that knowing where to go to for information and help (particularly given the complexity and fragmentation of the age care sector) is a fundamental right of the community that can be better delivered than it is now. More needs to be done to raise the profile of Commonwealth Respite & Carelink Centres, as feedback from our members indicates a high degree of ignorance in the community about its existence and role. There is reported confusion over the name Carelink with many thinking that it is a component of Centrelink. We recommend that clearer branding of Commonwealth Carelink Centres occur by re-naming the centres to clearly identify their roles. We also recommend that the Federal Government invest in a National Television campaign to promote Commonwealth Respite & Carelink Centres. A review of the location of Commonwealth Respite & Carelink Centres is needed to ensure their location is prominent and shopfront, this will need increased funding to the Centres to allow them to access commercial rents in high profile shopping areas.

The recent introduction of the TasCarePoint by the Tasmanian State Government as a HACC assessment centre confuses the issue of who to contact for information and referral. It is recommended by us that opportunities to strengthen and consolidate existing infrastructure and services be explored rather than duplicity.

Confusion exists about the eligibility criteria and access points for federally funded programs (CACPs & EACH) and State administered programs (HACC). The differences in these programs also makes transition from 1 program to another difficult resulting in service gaps between HACC & CACPs/EACH. We advocate that there be only 1 stream of aged care that HACC, CACPS & EACH come under to uniform and streamline the system. A lot has been achieved in residential care in recognising the need for ageing in place, a similar philosophy is needed in community care. That is, entering aged care should be via a single point and a person can have continuing care arrangements including the choice to remain with the one service during their ageing process and have their care needs met as these change without having to change providers and funding programs. This will ensure that fee payments, assessments of care, monitoring, etc are all uniform.

Another issue of concern is that CACPs providers differ greatly in the fees charged to clients unlike the HACC system. Recommendations from The Way Forward Review in relation to achieving consistency and equity across the sector need to be implemented. Funding for CACPs should be needs based as in residential care. We advocate that fees for service need to be consistent across all sectors.

There are also problems and much confusion with the Tas Community Equipment Scheme (CES) and the provision of equipment in general, as equipment may be provided from the CES to a person receiving HACC , but not CACP or EACH (so the implication is they have to give it back, but will not necessarily get the same equipment (or any) from the CACP or EACH service provider). There is also confusion by the CES providers about whether clients accessing CACP or EACH can access equipment from the CES (differs in each region).

4. Aged Care Funding:

Investigation into funding aged care through the Medicare system is needed. It is also recommended that bonds be introduced into high care to offset other increasing costs. This will also ensure equity across the residential care system.

5. Culturally & Linguistically Diverse Needs:

Many CACP & EACH packages are linked to work specifically with high need groups such as elders from Culturally & Linguistically Diverse backgrounds (CALD). Working with these elders incurs additional costs to services which are not reflected in additional funding to the service. These additional costs include use of interpreters and translated material, and the extra work taken to recruit and train bi-cultural workers. We recommend that additional funding be granted to packages that are specifically linked to CALD communities similar to the funding arrangements for dementia specific packages.

6. Primary Health Care Interfacing:

Investigation into how primary health care and aged care can better interface and the role of General Practitioners in determining care levels for older people is needed. The health assessments that GP's initiate and fund are key instruments in determining care needs and service referral. At present this information tends to stay with the GP and aged care providers do their own assessments resulting in duplicate processes.

To ensure better interfacing, medical training needs to impart a holistic approach to community assessment and an understanding of how services should support and interact with frontline health management.

Multidisciplinary assessments using an Active Service Model, with a focus on building client resilience, empowering people and respecting their autonomy is critical to moving forward. The use of brokerage funding models allows for client focused care and provides flexibility in care arrangements.

7. People with Disabilities & Ageing

Services for adults who have a disability do not appear to have kept pace with the increases in services to children, leading to frustrations and great anxieties in many families.

Due to de-institutionalization and an increased life expectancy for adults with disabilities and the lack of supported /supervised accommodation options. There is an urgent need for the development of appropriate housing including more group homes, group homes that are gender specific, independent living units that are supervised, and some parents have voiced innovative suggestions that the aged parent and ageing child could go into the same home with adequate supports and services.

More planning needs to be dedicated into investigating the care needs of people with disabilities exploring options that support dignity and ageing in place. We advocate the Government undertaking more analysis into the projected needs of people with disabilities as they age.

8. Ageing Carers

For some older Australian parents, caring for a child with a significant disability can span 5 or 6 decades of their life. For some older Australian siblings, particularly women, caring for their sister or brother with a significant disability can span 3 to 5 decades of their lives. The extended stay in the family home is more frequently related to a lack of services to support independence. While the past 30 years have brought significant improvement in educational and therapeutic support for people with disabilities. Adults with disabilities are still not receiving the support services they need to function as others do within their community. The majority of adults remain very dependent on aging parents or others for support.

Caregiver strain due to continuous care is evident and prevalent. The nature of the caring becomes more demanding due to other persisting physical or mental functioning deficiencies which are obviously not attributable to normal ageing, and if they are substantial can cause considerable difficulties in daily life. This obviously influences on the health of the ageing parent.

Many older parents who state they wish to see their child move out of the family home are not confident to take the steps required due to fear of the risks of someone else's care of their child. Examples have been cited in the media where abuses have occurred and for these reasons many parents are reluctant to which thwarts attempts towards independence.

9. Valuing Older Australians:

Linkages members want the Federal Government to show strong leadership and commitment in responding to the challenges of an ageing population. Responding to the needs of older Australians should be a priority across all of government and specialist investment is needed. For example the introduction of Centrelink's retirement services has been an effective strategy in responding to the specific needs of an increasing number of older customers, however our membership is concerned to learn that this service is soon to be ceased. This shows a lack of real investment by the Federal Government in supporting older Australians.