

Caring for Older Australians
Productivity Commission
PO Box 1428
Canberra City ACT 2601

Dear Commissioners,

Thank you for the opportunity to submit to this important and significant inquiry which is particularly relevant for Legacy Australia and its constituency of widows and widowers of former serving defence force personnel.

This submission covers the issues which are of importance to Legacy Australia as a significant consumer group representing its constituents.

The submission is structured as follows:-

1. Introductory comments
2. Community based care
3. Residential care

1. INTRODUCTORY COMMENTS

Legacy Australia is a not-for profit organisation which has been providing care, support and advocacy for families of deceased veterans since 1923. Currently there are about 109,000 widows, widowers, children and disabled dependents enrolled with Legacy's 49 Clubs in Australia and its Club in London. Some Clubs in Australia have multiple divisions with offices large and small in all capital cities, regional towns and some small rural town. There is a Legacy presence at least by telephone in most local government areas in Australia.

In March 2010 of the widows enrolled with Legacy Clubs, 96% are aged over 65 and 76% are aged over 80.

Legacy Clubs provide a range of services to older widows and are supported in that role by the Department of Veterans' Affairs (DVA) which funds the employment of welfare staff under the Building Excellence in Support and Training (BEST) programme. Staff support the work of over 6000 Legatee, who represent the volunteer workforce of Legacy.

Legacy Clubs, its Legatees and staff provide advice, advocacy and material support to its older widows; services include referrals, hospital visits and liaison with discharge planners, home visits, social opportunities including transport for outings, transport to appointments, assistance with change of residence, provision of personal alarms for those widows not eligible for a free service from DVA, emergency personal care services, income supplements, interest free loans and a range of initiatives to ensure that widows are safe and comfortable in their own homes. It is a successful model of care, support and friendship at a community level which uses a combination of staff and volunteers; this model is capable of extension to the older population generally, however it requires considerable fund-raising from the general public and Legacy's corporate sponsors to maintain the service.

Legacy Australia Council does not have consolidated figures which could assist the Commission in modelling the costs of welfare services it provides to its widows, as Legacy Clubs are autonomous and maintain their own accounts. Overall, it is estimated that Legacy Clubs expended a total approximately \$16.1M in the year to 31 March 2010 on the provision of welfare services to all its beneficiaries, predominantly widows.

However if the Commission considers this information could be useful in determining the cost component of the co-ordination, advocacy and support role provided by a not-for-profit, non-government organisation, a request from the Commission will be forwarded to Legacy Clubs in Australia.

Legacy Australia Council is represented on the National Aged Care Alliance (NACA) and commends the NACA Vision Statement *Leading the Way: Our Vision for Support and Care of Older Australians* which is available at www.naca.asn.au

2. COMMUNITY BASED CARE

Older people enrolled with Legacy access all the usual government-funded community-based services and in addition, the services provided by DVA if they are eligible for repatriation benefits, in particular Veterans' Home Care and community nursing services.

The availability of aged care packages has been particularly welcome, however there are reports that in some areas the demand exceeds supply. This is also a complaint about HACC services. VHC and DVA community nursing are uncapped schemes and referrals requesting services are dealt with promptly. Some preliminary data from the DVA indicates that in 08/09 28.5% of 79,055 VHC recipients were also receiving community nursing services; the figures for 09/10 are that 27% of VHC recipients were also receiving community nursing services. Anecdotal evidence from welfare staff is that the combination of home care and community nursing is enabling widows to remain in their own home for many years. A more detailed analysis of the use of the combination of the two services, its cost effectiveness as a model of care and implications for workforce planning could be a useful exercise.

The availability of Consumer Directed Care Packages is also welcome, particularly for younger widows with mobility problems or widows who are visually impaired. Residential aged care can be restrictive for this group of widows.

The commonly expressed view that moving from one scheme to another can be confusing for clients if it involves a change of provider has also been the experience of Legacy's welfare staff.

Legacy Australia Council has nothing to add to the issue of pricing community based care other than what is contained in the NACA 'Vision' statement. Ultimately the decisions about the level of client contributions and whether or not these be means tested is one for Government.

3. RESIDENTIAL CARE

Legacy welfare staff and volunteers are regularly involved in assisting widows and their families when an assessment indicates the need for residential aged care. The Training and Information Program (TIP) funded by DVA is invaluable in providing welfare staff and volunteers with the information they need to help with the provision of information. The availability of fact sheets on-line from the Department of Health and Ageing and information about facilities and providers are all helpful.

Legacy widows share the preference expressed by the population generally to remain living independently in their own home or in a retirement complex with services. This can be problematic for widows on low incomes who are living in rental accommodation if they are not living in public housing and this cohort of widows are frequently provided with financial assistance by Legacy Clubs.

Legacy staff report problems with accessing respite care in some areas and waiting lists which are unrealistically long.

As is expressed in the NACA Vision Statement, the high care/ low care distinction appears to be increasingly irrelevant as the availability of community care increases and is inconsistent with the policy of ageing in place. At the high end of care there is a corresponding increase in acuity to a point where some facilities are providing complex care requiring skilled nursing services, particularly at the end of life. To the extent that the alternative for these residents may be admission to hospital; there is possibly a need to examine more closely the funding and staffing of facilities providing this level of care if it is the outcome desired by the resident and her/his family.

Legacy Australia would be happy to be represented at any consultations which the Commission may propose.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'David Kelly', with a stylized, cursive script.

David Kelly
Chairman