

Inquiry into Caring for Older Australians
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

7 March 2011



**Productivity Commission Draft Report
Subsequent Submission**

We note in Section 4 of the report that the key points as a guide to future policy changes include:

- *** promote independence and wellness
- *** be consumer directed allowing older Australians to have choice and control over their lives
- *** need to know what support is available and how to access those services

Tender Loving Cuisine (TLC) is a premium quality home delivery meal service to older Australians living at home that commenced operations in 1995 at Royal North Shore Hospital. The organisation is a 10 year licensee of the Heart Foundation Tick evidencing our healthier meals, as well as being approved by the Australian Diabetes Council and Coeliac Society of NSW. TLC is HACCP Certified as well as holding a NSW Food Authority Licence for vulnerable persons. This year TLC is a winner of a NSW Seniors Week Achievement Award.

TLC delivers throughout the Sydney metropolitan area and north to Port Macquarie and also the Melbourne Metropolitan area including Geelong.

TLC is well known to most Aged Care Assessment Teams, however, unlike Victoria, NSW reluctantly offers any alternative food service other than Meal on Wheels. In Victoria, the majority of Care Organisations recommend TLC food services in their Care Packages to the obvious delight of the consumer.

To achieve the Commissions 'Key Objective' - 'Wellbeing of the community, the desire for optimal health, for better living conditions and improved quality of life', TLC submits that the consumer should be given the choice of the food supplied, even if it requires that some of the cost is borne by the consumer.

Our request is for all Care Providers to be given the authority to make our service known to Older Australians, so they are given 'genuine choice'.

Sincerely
TENDER LOVING CUISINE

JACK BARKER
Chief Executive Officer

Productivity Commission Comment 070311

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15 March, 2011

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Productivity Commission Draft Report Subsequent Submission

Further to Tender Loving Cuisine's contribution to the above Inquiry into Caring for Older Australians, we would like to offer our feedback to the Draft Proposal.

We often talk about equity in relation to Public Health and the right to make decisions that influence our standard of living. **This is a key area often denied to the elderly.**

The current system offers limited capacity with limited choices for those requiring help and support. Once we enter into our senior years we seem to lose the right to choose for ourselves. The elderly are often directed to certain goods and services usually provided by Government based care such as Home Care or Meals on Wheels.

Cash flow is the most influential factor on restrictions of services made available to the elderly.

Whilst every effort is taken to give the recipient the best care, the options available may not suit every individual.

Ask any individual what they aspire to achieve in their lifetime and they will probably answer, success, family, social standing and respectability.

You ask an aged person the same question and the above will not matter nor be paramount in their lives, opting for respect first, wellbeing, and the ability to make decisions that will affect their standard of living.

At this stage of our lives the most basic requirements of human existence become the most important.

The draft proposal offers the option to sell the individual's home and thus improving their standard of living once a cash flow is re-established. Whilst this idea has merit, once the family home is sold and the individual or individuals are taken out of their home environment and removed from the security of their surrounding area and neighbourhood including the separation from family and friends, their wellbeing and state of mental health is often affected.

Another option which has not been explored as yet is the opportunity for the elderly to remain in their homes and secure a higher standard of living by using their greatest asset as a form of security. This way the individual can remain in their home and feel safe in their known environment and still use the capital secured by their home.

The individual would agree to a certain level of care and include purchase of meals, home services etc. If the individual is in their own home rather than an apartment



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this may even include garden services or maintenance if required. The system could offer a diverse range of goods and services and luxuries like hairdressing.

There should be an easy access system with one Department overseeing the whole process. Applicants can be invited to discuss their needs and wants and enter into an agreement to what level of care and services they require to maintain a certain standard of living.

All interested parties and beneficiaries of the individual's eventual estate can be notified in writing to avoid legal claims and eventual settlement of the debt.

Contrary to a reverse mortgage system, there should not be interest accrual to the final debt, but payment of services paid in a lump sum out of the estate of the individual.

Proceeds from Life Assurance can also be used as security for the accrued debt and the individual would have the choice, where the funds may be accessed.

For those individuals who are in rental accommodation and unable to qualify for the above system then a safety net system would need to be in place to identify those in need without assets.

In these cases then a rebate system, offered though Medicare to alleviate the financial strain and still maintain optimum standard of living to those that are unable to 'cash in' on their assets.

Periodically, case workers could visit individuals and ascertain if the level of help is adequate and if their needs and wants are being materialised. This does not mean that we offer unlimited funds to people that may otherwise use money for vices such as alcohol or gambling to the detriment of their health. This would be an invoice system with goods and services being supplied by reputable organisations and say the Protective Commission paying all accounts on the individual's behalf.

As the individual ages their wants are often replaced with needs and more support services, in-house carers and supply of all meals may need to be met. The system must be flexible enough to meet the changing needs of the elderly especially in terms of home help and support.

There are many community based organisations such as Tender Loving Cuisine that could readily fill this gap and provide optimum care for individuals in their home.

Unfortunately, with the current system we are denying help to those who need it most – and access to funding is the most notable obstacle in providing a better standard of living to the elderly.

Thank you for the opportunity of presenting this subsequent submission.

Maria Natoli
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Food Services
Tender Loving Cuisine