

Response to selected community care sections of *Caring for Older Australians*, a Productivity Commission Draft Report, January 2011

The proposed aims to guide future policy change, page XXV

The proposed aims are supported with minor refinements:

- The first aim should more emphatically incorporate restorative and enabling care, as such care will require significant re-design of the entry, assessment, service planning and delivery, and workforce strategies of community care;
- The fifth aim should be re-worded to incorporate ease of use of the system. For example: “be easy to navigate **and use** – Australians need to know what care and support is available and **be readily able to access and use these services**”.

The third consumer-directed, choice and control aim will be promoted by the Commission’s recommendations about consumer service entitlements and freeing supply. Its achievement will also be reliant upon consumers not having to change provider as their needs increase, unless they choose to do so.

The Australian Seniors Gateway

While the Gateway is supported, its design needs to closely reflect the aims articulated by the Commission. The Gateway must assist older Australians to receive effective and appropriate care, rather than become a bottleneck or a barrier to this. It must complement and strengthen what older people, carers and providers already do, know and/or can do without Gateway involvement. Therefore the Gateway should be used for:

- Information and advice, **not** already known or readily provided by others.
- **Assessment of eligibility and of level of entitlement.** Once a person’s eligibility and broad entitlement is decided, assessments focussed on the delivery of particular service types within a person’s entitlement must complement what the Gateway has already assessed but must remain the responsibility of individual service providers.
- **First** referral and then **other referral only if** an older person, carer or their providers does/do not know the next best step. Thus within a person’s level of entitlement, subsequent referrals to needed service types should be the responsibility of the older person, carer or provider, with **Gateway referral support optional rather than mandatory**. If this is not the case then the Gateway will almost certainly become a bottleneck and will not promote independence, nor promote natural information flow, collaboration and problem solving between older people, carers and their providers.

- Care coordination (if this is not available from the providers of older person or carer); and
- Recording of the parts of a person's care **in which the Gateway is involved**. Other providers should not only be able to access a Gateway initiated care record, but also be able to add or amend information, without reference back to the Gateway, as each consumer's needs, situation or support changes.

It will also be essential that Gateway staff skills, roles and numbers allow each caller's needs to be handled by the one worker within the one phone call, without any need for the Gateway to ring back or a Gateway worker to transfer the call to another.

Community Care quality assessment (Figure 4, page XLI)

Placing quality assessment and approval within a compliance and enforcement stream does not adequately reflect the need for a complementary focus on service and industry quality improvement.

I also remain unconvinced that either the new Community Care Common Standards or the existing Residential Aged Care Standards are sufficiently results and consumer outcome focussed to reflect the vision shown in the Draft Report nor the industry improvement and development which older Australians and their carers require.

Paying for aged care

I, like other commentators on the draft report, am disappointed that a wider array of payment options has not been considered, including offsets from the current generous superannuation benefits available to wealthier Australians.

Dianne Beatty

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