

Productivity Commission,  
Draft Report, January 2011,  
Caring for Older Australians,  
GPO Box 1428, Canberra City, A.C.T. 2601.  
Email: [agedcare@pc.gov.au](mailto:agedcare@pc.gov.au)

Friday, 18 March 2011.

From: Kendall Lovett and Mannie De Saxe,  
Lesbian & Gay Solidarity (Melbourne), Preston South, Vic.3072.

## **INPUT AND COMMENTS ON THE DRAFT REPORT**

The pawns in this whole system change are still the aged care consumers and the workers in the aged care industry. From that aspect and point of view we have endeavoured to assess a limited number of the proposed recommendations in draft of the Commission.

### **DRAFT RECOMMENDATION 4.1**

*A framework for assessing aged care:-*

In this list of aims, we consider one important aim has been omitted --the education and training of aged care workers. There needs to be particular emphasis on it because of the diversity of cultures in the ageing population of Australia. It is all very well to *assist informal carers to perform their caring role* but who is to do that and how is it to be achieved? Do the courses at TAFE and the private colleges prepare their students to be understanding and sensitive to diversity beyond religious difference despite their pre-learned prejudices of their own and of those they will be faced with in caring situations against, for instance, elderly GLBTI individuals.

Nowhere in the whole section given to Caring for diversity – caring for special needs groups (9) do you make mention of the fact that GLBTI people are to be found in all races and nationalities and therefore in the ageing. Some cultures do not find same-sex couples to be a problem for them like Christian, Jewish and Islamic religions do for the most part. That fact should be part of the nursing and aged caring education courses run by TAFE and private training colleges. Aged care organisations and hospices depend on graduates from these courses for their employees. So if they do not have the necessary education as part of their certificated courses, how are they going to be able to overcome their prejudices to assist informal (volunteer) carers to perform their caring role with understanding and sensitivity to the diversity and special needs groups? Undoubtedly, they are the trainers of informal carers and of volunteers in nursing homes.

We consider it essential that the special educational issues regarding GLBTI training in aged care courses be included in the Commission's draft recommendations 11.1-2-3 and 4 under the heading: *Delivering care to the aged –workforce issues*. Such is extremely necessary because of the amendments by the federal government to 85 pieces of Commonwealth legislation for equal treatment of same-sex relationships in December 2008 thereby giving new status to same-sex couples as heterosexual de facto relationships but without the safety of the marriage certificate. The effect will have long-lasting negativity unless positive educational training is used to overcome the homophobia that exists in the community mostly engendered by religious teachings.

When you get around to the final report, we want to see some concrete proposals in relation to GLBTI ageing, and that this should include recommending that the federal government implement a National GLBTI aged care plan, and that GLBTI older people be formally recognized as a special needs group of people for the purposes of aged care. We think we have stated a very strong case for such.

Also, raising the wages of aged care workers must be recommended with a more deliberate intention than the way you have done so in this draft report. There is a misconception abroad in this day and age that aged care institutions are charities thus encouraging participation of voluntary service as a labour of love. Aged care institutions are businesses and the wages of the aged care workforce should mirror current healthcare standards regardless of volunteer use.

### **DRAFT RECOMMENDATIONS 1.3 and 1.8**

#### *Paying for aged care*

We are undecided about the wisdom of removing residential bed licences over a five-year period. We think the Commission should have another further look at the reasons restrictions on bed licences were established in the first place. Giving free range to the market place may not be in the best interests of the elderly. One needs to remember what happened in childcare in the very recent past when ABC Learning, the childcare chain of centres, collapsed leaving thousands of parents without support. It would be catastrophic if that were to happen to a chain of aged care centres over-zealous investment.

### **DRAFT RECOMMENDATIONS 8.1 and 12.1**

#### *Care and support*

We agree that Australian Seniors Gateway Agency may well be a solution to the problems experienced in the current disjointed services and an uncommunicative system. With the establishment of a new regulatory agency, The Australian Aged Care Regulation Commission, allowing the Department of Health to cease its regulatory authority, we could expect that with three full time commissioners there would be more open, reliable decisions to be made to benefit carers, workers, industry employees, friends, families and above all elderly clients in the areas of home, residential care and community such as retirement homes and villages.

## **ADDITIONAL COMMENTS outside the draft recommendations**

We would also like to see a recommendation from the Commission for a National Advisory Council on GLBTI to be established and be responsible for advising the Aged Care Minister (currently Minister Mark Butler) on GLBTI aged related matters and overseeing the development and implementation of the national plan.

*The Productivity Commission says it is seeking comments on the merit of introducing a compulsory insurance scheme to broaden the current funding base for aged care.*

Our comment is that if it involved a federal government-based scheme and we could be sure it would not be tampered with by a future government as was the Whitlam Labor Government Health Insurance scheme, it would be fair and equitable but once market forces were involved there would be greater risk of collapse. So safeguards must be installed to prevent such happening if the decision is made to go the compulsory insurance way.

Perhaps there needs to be some form of tax that does not force citizens in less populated areas to be subsidising the care for those in over-populated areas. We have the goods and services tax (GST) which exempts food but if this was increased by an extra percentage or so and that extra percentage remained constant for aged care regardless of any additional increase that a government applied, maybe the Commission could give it consideration.

We rest our case.

Signed: Kendall Lovett and Mannie De Saxe,

Lesbian & Gay Solidarity (Melbourne).