

By email: agedcare@pc.gov.au

CARING FOR OLDER AUSTRALIANS Submission by The Barossa Council

The following specific comments are made in relation to the Productivity Commission draft report on Caring for Older Australians:

Residential Accommodation and Care

People who are at risk and/or financially disadvantaged will have very little choice of accommodation in residential care. Is a shared room with common bathroom the appropriate type of accommodation for residential care under current residential care standards?

Residential care appears to be moving in the same direction as our current hospital care, where those people that can afford to buy-in (ie Private Health cover) receive services quickly regardless of condition, whilst others wait on a long list. It appears to be common practice for operators of residential care to give preference to those people who have the resources to buy into a residential bed or package, which provides them with extra funds to operate more efficiently.

People with lower education status may also be at risk as they try to negotiate with several agencies and the increased complexities of paper trails to access this model in order to obtain the best, cost effective level of care required to keep themselves comfortable. Often people who are financially disadvantaged and have little or no education comprise that group of people who have the 'old Aussie spirit' of "I'll be right mate" and do not seek assistance, even though they may require it more.

There are already concerns within the aged care industry about these people slipping through the gaps. Are we about to widen these gaps? Will those falling through the gaps be directed to Local Government, who are already under-resourced, in the attempt to provide cost effective and flexible services to fill those gaps?

If Centrelink assessment for residential aged care is to be based on the Aged Pension asset test, why is it proposed to also include the value of the family home? What happens to the remaining value of Accommodation and /or Pensioner's Bond in the event of the death of a client receiving residential aged care? Are the remaining funds retained by the Commonwealth, or are the funds directed to the nominated next of kin? This is not addressed in the Report.

Centralised Access Points

The requirement to apply to Centrelink to undertake assessment of need will further disadvantage rural and remote people, as these facilities are already few and far between. We need to be mindful that this will increase the need for more transport options for the already under-resourced rural remote areas. Is there scope to introduce more Centrelink Offices in regional areas to address these shortcomings in service delivery?

People in the aged frail, disability and mental health category are already experiencing difficulties accessing Centrelink in person or via the phone, experiencing long waiting periods. Many already give up and go without. Will this also be the case when having to make appointments for assessment?

Potential Reduction in Quantity and Diversity of Service Providers

Possible domination of service provision by commercial providers at the expense of Not-for-Profit and Non-Government Organisations, resulting in reduction of choice for consumers and possible market distortion of service costs and distortion of service provision quality.

Impact of this Model of Aged Care Services on Regional Areas

This metropolitan-type model of aged care services could impact on regional areas in the following ways:

- Sale of family residence means sale of farm for many rural consumers. Many families "on-sell" the farm to siblings at a reduced price in recognition of prior contributions over a number of years. This impacts on the ability to both "downsize" accommodation and to adequately contribute towards Residential Aged Care and/or Pensioner's Bonds.
- Lack of affordable housing in some regional/rural areas can result in consumers having to reside a distance from supporting family members, resulting in increased demands on supporting services.

POSITIVES:

- The idea of services being a universal entitlement based on assessed needs.
- Separation of regulatory and compliance functions from policy advice and support, which are currently under the Department of Health and Ageing.
- The introduction of the "Stop Loss" mechanism ie Cap figure established after which there is no co-contribution by the consumer. All further costs will be covered by Government.
- Merging of Veterans assessments with the new Gateway assessments should result in greater choice of service providers for Veterans.

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