

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

Fax: Jill Irvine, 02 6240 3311

Email: agedcare@pc.gov.au

21st March 2011

**CARING FOR OLDER AUSTRALIANS - PRODUCTIVITY COMMISSION
REPORT
Submission on Draft Overview**

As an 82 year old person I am compelled to reply in some small measure to the Draft since I didn't put in an initial submission. However I did respond to the Australian Government's Senate References Committee Inquiry into People Ageing with Disability and subsequently gave evidence at the Senate Inquiry 30 November 2010. I feel my case is complex being the sole carer of a son with special needs due to his intellectual/psychiatric disability. I stated at the hearing that some parents would like their son or daughter to accompany them to a self-care/hostel/nursing facility but discovered that the person with disability was not permitted to accompany the parent to such a facility. This would enable the person with the disability to become familiar with the new environment making the transition easier when the parent could no longer care and allow the person with disability to "age in place." The other option is to remain in the home with both formal and informal care. Many aged carers would prefer to have aged and disability care combined.

From the findings of the Productivity Commission, Aged Care assists one million Australians but there are gaps in services. To date I enlist the help of home care for myself which provides 1-1/2 hrs house cleaning per fortnight plus a subsidised lawn mowing service say once a month. The home care is delivered from DVA and any extra home services necessitate an eligibility assessment. You do not automatically receive these services as they are provided on the basis of your assessed needs.

Consumer-directed care

"There is strong empirical evidence that consumer choice leads to positive wellbeing outcomes, such as higher life satisfaction, more independent living and better continuity of care. A highly regulated, risk averse system is unlikely to produce such outcomes. Regulations should revert to their more appropriate role of ensuring safety and quality, protecting the vulnerable and overcoming market failures." We need continuity and goodwill from service providers in order that we remain independent, well and continue living in our homes.

Low and high care facilities as arrived at by the report, staff and costing becomes complex regarding funding and staff training. The distinction between Low and High care should be removed. I agree with a simplified 'gateway' for easily understood information; assessments of care needs; assessments of financial capacity to make co-

contributions; entitlements to approved services; and care coordination — all at a regional level. Therefore a smooth transition is needed. Most of us wish to “age in place” wherever we are – we need a place to call home and those who can afford it, wouldn’t object to a co-contribution. Competition among providers is a good thing to improve greater efficiency but with less complex and burdensome regulations.

Simplified access to the aged care system

Australian Seniors Gateway would provide a less complicated platform than the current system. Most people are able to get information through Centrelink or their general practitioners. This would simplify the assessment procedure as data would be kept electronically eliminating older people having to repeat their information. This is, of course, covered by the Privacy Act 1988. Minimal home supports could be done by phone and more complex cases through professional visits.

Care that meets the needs of older Australians

This would provide flexibility addressing our individual needs. The “model of care” using a “building block approach” would be welcome. For example, in my particular case, I have my son with disability to consider when accessing services. My respite care is through the older Australians Program provided by the Australian Government whilst my son receives his package through the NSW Government. The case manager acts for both of us. Because of my sons complex needs including Agoraphobia he can only receive respite in the home. He will need to be taken care of in his home for the rest of his life.

At an Inquiry 30 November 2010 by the Senate Community Affairs References Committee Inquiry into Options and Services for People Ageing with Disability, the following Question on Notice was given by Senator BOYCE:

“Reference CA 83. Re: Concerns about the COAG decision on services for people aged less than and over 65 years, where gaps might develop between what the States do and what the Commonwealth Government does.”

The Supplementary Submission is as follows:

- Stronger Together clearly sets out the NSW commitment to disability support but it is very unclear how the Commonwealth Government will take up the support of people with disability who turn 65?
 - Will the Commonwealth pay the same rates of funding as previous to support that person?
 - How will the Commonwealth “take over” responsibility without loss or disruption of supports to the person and family?
 - What is the information and coordination mechanism between the Commonwealth and NSW to ensure a seamless and worry-free transition for the person with disability?
- Currently over 40,000 people with disability aged under 65 years use HACC services in NSW. Under the new arrangements after June 2012, what will happen to ensure that these people will continue to receive their necessary in-home support services?

- Dare to Care knows that people with disability age at a chronologically earlier age than those without disability. How will they be appropriately assessed? What services can be arranged to support these people? How will the Commonwealth and NSW Governments cooperate to address this issue?
- Gaps could occur when this COAG decision is implemented. Dare to Care is concerned that comprehensive measures need to be in place before implementation, so that predictable gaps and structural anomalies can be identified and prevented AND that opportunities and strengths of this decision can be maximized for people with disability.
- Stronger Together has a heavy emphasis on individualised funding. Dare to Care strongly supports this. How will the Commonwealth continue this for people with disability entering Commonwealth programs?"

Diversity and Special Needs

People with disabilities are very likely to show signs of ageing in their 50s and 60s as compared to the general population, therefore staff training is necessary in this area when people with disability transition to nursing care. Also much consideration should be given to ageing people of CALD backgrounds.

I would refer you to Initial Submission 222 regarding many disability issues which I support.

Thank you

Joyce Bellchamers
CRANEBROOK NSW 2749
21st March 2011