

Submission to The Productivity Commission

First I wish to congratulate The Commission on its draft report and in particular the idea of setting up the Seniors Gateway Agency to make it easier for older Australians to access the services. Over the past 2 years I have helped many senior Australians try to access aged care provisions and services and discovered that there was not a 'one stop shop' where one could access all the information that was needed in order to make an informed decision. It is often very stressful when you are elderly to first, try and obtain the information you need and then to understand what is required. Older Australians who do not have a family member nearby or a carer to assist them often give up and that is where the present system fails them.

I then found myself in the position as my husband's Carer of having to make a decision about our future care. My husband is 88 and has a number of medical conditions that will gradually cause deterioration in his health as he ages. I am 79 and also have health issues that will reduce my ability to care for my husband in the future. We have 2 children who are married and have a family and whilst they have both offered to look after us it would be very difficult for them to do so for many reasons and we do not wish to be a burden to them.

We then began to investigate what options were open to us armed with information I had obtained from helping our friends. Our options were very limited because some years ago we had lost all our assets in business. As we no longer own a home it is not practical for all the services to be brought to us. We live in rented accommodation that could be sold at any time and we are past moving from one place to another. Our only other option was to go into residential care.

We applied for and obtained ACAT Assessments that would enable us to go into Low Care. We were informed that Aged Care Providers had to set aside 20% of beds for residents who were fully subsidised by the Government. What you are not told is that most of the Providers comply with the quota by only accepting fully subsidised residents into High Care. They will not take you into Low Care because they receive higher fees from the Government for you in High Care. It was 3 months before we discovered why we were being knocked back all the time. We made enquiries of 13 Providers in all. In most instances we were made to feel like second class citizens. Many providers told us that even in High Care we would have to share one single room. Everyone in the Nursing Home would then know that we were second class citizens. We might as well wear a sign to that effect around our necks. We were told that the only chance we had to get into Low Care was to find a Nursing Home that was under construction and put our names down on the waiting list. Sometimes the Provider would agree to take you in to Low Care in order to fill the Nursing Home quickly. However we could not find any Nursing Homes under construction in our area.

Eventually one Provider agreed to consider us and we filled in the application forms and went to an interview with our daughter and son-in-law. We made them fully aware of our financial situation. Our applications were accepted and we were placed on the waiting list. We were told it would only be a matter of months before we could get in and that we should start disposing of our surplus goods, which we did. However after waiting 5 months we were then told that they never take fully supported residents in to Low Care. We were absolutely stunned as there were four of us at the interview and all of us have a very clear understanding of what was said. Why would a Provider

accept our applications in the first place and waste five months of our time. We have not received a satisfactory answer.

DVA Factsheet H5VO5 states that “People are offered a place (at an aged care facility) on the basis of need, care requirements, length of time on the waiting list and suitability for that particular vacancy”. In other words if you can pay a substantial bond you get in immediately but otherwise don’t bother applying. The reality is that the Providers are very selective in who they take in based on an individual’s financial circumstances. Now I do understand that Providers are running a business and that business has to make a profit. In addition the Provider is required to maintain a certain standard of accommodation and must continually refurbish and maintain the facilities therefore it is only natural that they will seek to fill their facility with people who can pay substantial bonds. It is also an increasing responsibility on the Government to provide care to those who are financially disadvantaged

I note with interest the Commission’s intention in the Draft Recommendations that Providers should continue to be obliged to make available a proportion of their accommodation to supported residents and that the Government should set the level on a regional basis. However there is no explanation of how this would work particularly as it is the intention to remove the labels of ‘Low Care’ ‘High Care’ and the 20% quota for supported residents in five years time. Presumably residents who are assessed as High Care will still attract higher payments from the Government for their care or is it the intention of the Commission to remove all tags in the ACAT Assessments. I do not believe it is possible to create a level playing field whilst Providers have the right to choose who they will accept.

Nick Sherry sets out in the terms of reference, “How well the mainstream service system is meeting the needs of specific needs groups”. I would suggest that there are many older citizens like us who are being disadvantaged because of their financial circumstances. Their needs are not being met. We did not go out and deliberately lose our assets; the circumstances of our loss were beyond our control. We have spent all our lives helping other people and our community wherever we have lived and now we need a little help it is not available. We do believe that we have to contribute to our own care in our old age and we are more than happy to do so. Our income is more than adequate to pay for our accommodation and services but because we cannot pay a bond we are penalised. At 88 my husband is still a taxpayer so he is helping to contribute to the age care of others but cannot receive the help he needs. We have also paid for Private Health Insurance for 52 years to avoid being a burden on the Public Health system and the Government which means we have large expenditure in the form of ‘Gap’ fees.

My husband is also a Veteran but unfortunately he is British Ex-Service. We both receive a part pension from Veteran Affairs in Australia under the reciprocity agreement with the United Kingdom. My husband also has a white card from Veteran Affairs for specific conditions, namely hearing loss and asbestosis and for those conditions he receives subsidised health care through Veteran Affairs. I think it is important to clarify the interpretation of ‘eligible veteran’ on page 287 of your report as the assumption seems to be that anyone who holds a DVA health entitlement card/and or pension card is an eligible veteran and entitled to receive subsidised and high quality health and community aged care services; whereas that is incorrect. Eligible veterans are those who hold a DVA Gold Card.

British veterans are not entitled to a Gold Card which is another anomaly in the system and one long overdue for correction.

There is one final issue that I would like to raise and that is in relation to cross border issues in connection with Community Care Packages. After our ACAT assessments were received we applied for a CACP's package for Home Care. First we were told that there was a waiting list in Tweed Heads and we were placed on it. Several weeks later when I enquired where we were on the list I was told there was no such thing as a waiting list and that our names were not on their list and we would have to apply again and resend in all our documentation. I knew that was incorrect and phoned a contact number I had been given at a senior's EXPO. She ran a check and said we were definitely registered and on a waiting list in Tweed Heads. I was also told that if we had lived 100 metres further north we could have accessed the Queensland Home Care service as they did not have a waiting list. Six weeks later we received a call to say an Area Manager in Tweed Heads would visit us and arrange our home care. Two weeks later our home care began through a company in Queensland!! The sooner we do away with borders and become one country the more efficient the services will become and save the Government money.

We have now ascertained that my husband because of his income and the ability to pay an extra accommodation charge may eventually get in to a Nursing Home but because I am only on a part pension due to my husband's income I will never be accepted. We now face the future with the prospect that eventually we will have to live apart. We have been married for 52 years and we find that prospect very disturbing

To sum up I make the following points

1. In order to access residential care we and people in similar situations need to be defined as either a special needs group or some other title as we seem to fall between the cracks. We are not completely financially disadvantaged, but we do need some financial assistance from the Government because of a lack of ability to pay a bond.
2. We are not eligible veterans under the definition in the special needs group and thus we unable to receive subsidised and high quality health and community aged care services.
3. The commission should give some consideration to cross border issues to eliminate not only the confusion for older Australians but in order to streamline the available services to make them more efficient and cost effective.
4. One of the main sticking points in assisting the financially disadvantaged appears to be the amount of the subsidy given to Providers. If a resident can afford to pay higher fees then this should go some way to meeting the discrepancy.

Name withheld

20 March 2011