

Response to the Productivity Commission draft report on Caring for Older Australians.

The following are key points that I hope, from a consumer viewpoint, will be considered in deliberations regarding aged care reform.

Accountability

I believe that long term solutions that improve accountability are central to any aged care reform. The politicisation aged care by the aged care industry and by government hinders much of the decision making about appropriate aged care provision. Today aged care is very much a case of the most attention being given to the loudest voice. The adoption of recommendations from this review must be a decisive and influential moment in aged care; it is unlikely that these matters would be revisited in the foreseeable future.

With the impending transition of HACC services into the Department of Health and Ageing the Commission's proposals to improve transparency and accountability are most welcome.

In particular the independence of (1) the Complaint Scheme and (2) the quality review of community care from the Department of Health and Ageing would bring a perception of a more balanced approach to provider and consumer interests, and minimise political imperatives as drivers for decision making.

I also would like to see more public information available regarding aged care services – complaints, accessible annual reports, staff mix, staff turnover, credentials of office bearers and administrators, and respite feedback from consumers. I think a facility such as 'My Aged Care' must be a consideration (as per My School).

Consumer centred

Although the draft Productivity Commission report addresses a number issues very well that are of concern to me, it is very 'industry-centric' and does not identify the need for a change of culture so that consumer experience, expertise and needs are central, or that the voice of consumers is will be invited or even welcome.

This unfortunately is exactly the status quo, and is no doubt preferred by both government and the aged care industry.

Whilst there is no question that care workers should be remunerated fairly for their work there is a prevalent victim mentality throughout aged care which is detrimental to a client-focussed approach.

This victim-mentality where the industry portrays itself as the poor cousin, reliant only on government handouts is prevalent and serves to disempower consumers most effectively.

Impact of the goal of institutionalisation of the aged

The culture within the aged care industry is that consumers must accept institutionalisation as an inevitable conclusion to their care and their lives. This view is out of step with emerging community preferences and views.

However this premise successfully hinders the proper development of community-based services and appropriately skilled support and care workers to deliver community-based complex care.

The notion that institutionalisation is a natural progression in community care also affects the sense of security as well as the security of tenure of consumers using community packages.

One is constantly waiting for the 'axe to fall', and until recently (when my mother's care was taken up by another provider when her care needs were re-assessed) that was certainly our own experience. We know from our peer primary carers that this is very common.

The attitude of such providers feels like 'bullying', and their actions included keeping our mother's package hours at an absolute minimum, and not replacing care workers on leave.

Funding for profit

Some providers seem to treat community care as a cash cow without investing in the proper development of staff and the provision of adequate resources.

Government funding in respect to packaged care is a 'free for all' whereby some providers ensure high surpluses (or profits) at the expense of adequate care or by avoiding admitting clients with complex needs. This leaves other providers (with integrity) to deliver this service with equivalent funding.

The use of brokerage for the delivery of basic care (versus the practice of reserving brokerage for less common services) is testament to the profits /supluses possible in the community care sector with little or no effort by approved providers.

The introduction of a community care funding instrument similar to that of the residential care sector (ACFI) would go some way toward equitable allocation that relates to the consumers level of dependence and their complexity of care needs. It may also minimise the practice of some providers' avoidance of service delivery to clients with higher level needs, as well as minimise the risk of profiteering at the expense of adequate service provision.

Scope of community –based aged care

The growth of community care could be exponential and could provide excellent, cost-effective, quality solutions to aged care. There are examples of this in the provision of community based palliative care services to other age cohorts, and the provision of disability support to clients with extremely complex care or support needs. However at present aged care is poorly equipped to do so.

There is a view within aged care that institutional palliative care is the only possible option for the aged, and that restoration, rehabilitation, or health maintenance are a waste of time when applied to the aged (in any setting – community or institutional). Such ageist attitudes within the aged care sector are quite prevalent.

A consequence of the focus on providers as the centre of aged care design and planning is that of the custodial or substandard palliative approaches to care. The provision of restorative and rehabilitative aged care is foreign to the industry. I have found that have care workers who are trained and experienced disability services workers are more likely to have the skills and requisite focus to support my mother best in achieving goals of a level of independence.

Capability to deliver community-based aged care

The lack of supervision of unregulated workers in the community is a real concern. We have had numerous experiences in the care of my mother that highlight the poor skills base and the lack of access to advice and support by these workers.

It appears that the training regime does not address the unique needs of community care.

It has been our experience that care workers invariably lack some very basic skills essential to the delivery of unsupervised, non-complex care. These include poor personal hygiene standards resulting in cross infection; inability to secure a catheter using leg straps and purpose-designed stockings, inability to apply basic infection control practices, inability to follow and implement simple manual handling requirements that included photos as well as text, inability to follow a basic care plan

(developed by our family in the absence of help from the provider) to instruct on effective and safe behaviour mitigation, and inability to understand the importance of activity and repositioning in maintenance of muscle tone and independence. We have even had care workers attend to my mother who have been affected by substances such as alcohol or other drugs on two occasions with no response to this by the provider.

Consumer directed care

In recent months we had the very good fortune to be allocated a consumer-directed care package. Whilst we are still awaiting input into the budget allocation and to receive an agreement, it is our hope that by removing basic care brokerage and using 8 weeks of respite per annum that there will be sufficient funds to broker a therapy assistant for 2 or 3 hours per week supplementing the physio program delivered by my sister daily. This would aid in maintaining a level of ability and strength that minimises the physical difficulties of providing her care at home.

Strengthening the potential for consumer-operated packages as a stream of packaged care is vital. This should ultimately include packages that do not require approved provider involvement. It will ensure cost effective and properly tailored care. The matters of regulation and accountability need to be addressed however there are models of such approaches in the disability sector that could inform this approach.

Thank you for the opportunity to respond to the draft.

Yours faithfully

Robert Wilson