

National Seniors Australia's community workshops on the Productivity Commission's draft report on *Caring for older Australians*

A summary of key points

Background

As part of its response to the Productivity Commission's draft report on Caring for Older Australians, National Seniors Australia facilitated two community workshops to discuss three broad topics reflecting a number of key recommendations put forward by the Productivity Commission in its draft report. On 3 March 2011, over 70 people attended our forum in Melbourne, and on 9 March 2011, over 80 people followed our invitation to attend a community forum in Perth.

The three topics were paying for aged care; access to care and support; and regulation and consumer protection

Paying for aged care

Participants talked about whether the proposed Australian Pensioners Bond Scheme should be indexed to reflect increases in the consumer price index (CPI), and questioned how the mortgage draw down and equity release proposals would interact with interest rates.

Concerns were raised that the current proposals do not adequately consider the special circumstances of people living in retirement villages and associated difficulties of raising/ accessing a bond when transitioning into a residential aged care home.

Participants were cautious about the proposal to include the family home when assessing an individual's financial capacity to make co-contributions to their care and support needs. It was noted that older generations often consider the family home as the main inheritance for their children. Parents rather pass on a mortgage-free home or a home with a large amount of equity in it, and that certain thresholds need to be considered which further regulate the access the equity in one's home, thus responding to people who are asset-rich but cash poor while at the same time protecting people who only have limited equity in their home, and do not want to pass on debts to their children.

There was concern about people who were healthy, then had a set back and needed assistance at greater levels and a need for responsiveness to changing health and support needs, and the speed at which peoples' care needs and financial capacity would be assessed to enable catering for changing circumstances. In principle, there was agreement that people who can most afford to pay should, but people expressed the need for specific details on implementation arrangements. Participants at both forums stressed that key objectives of any revised aged care system have to be fairness and equity.

Questions were asked around what would happen to a spouse who remains in the home and might get unwell later but where the partner has already been in an aged care home for some time, accessing equity in the family home to make co-contributions. How would this impact on

the second individual's capacity to co-contribute, and whether the co-contribution maximum of \$60,000 as defined by the Productivity Commission applies to an individual independent of their marital status, or whether there should be a maximum threshold for married couples. Participants stressed that there currently is a lack of clarity around the definition of personal wealth, and the resulting personal contribution levels, and how a situation as described above would be assessed in the proposed revised system.

Participants discussed the option of including a component to pay for aged care as part of a person's superannuation fund, and there was general agreement from the groups that this may be a better way to plan funding of aged care into the future. There was in general support for the notion to contribute to a fund which was to be put directly towards aged care. Participants stressed that more information about any proposed changes to funding aged care needs to be made available in an easily understandable and accessible way and that it is government's responsibility to educate the community once it agreed to changes.

Summary – Paying for aged care

- 1) Participants were cautious about the inclusion of the family home into an assessment of their financial capacity to co-contribute to their care and support needs,
- 2) There was general agreement that the state should remain responsible for providing a social safety net for those who have limited financial means and would like to see stronger linkage between the costs of care and the quality of care is established (i.e. people are willing to pay if it results in greater quality of care).
- 3) Overall, people want a system that is more flexible and responsive to changing support and care needs while being based on the principles of fairness and equity.
- 4) People do not seem to be convinced that a move towards a more market-driven aged care system will automatically result in an increase in quality
- 5) Need for further details with regards to co-contribution levels

Access to care and support

Participants stressed the need for better integration/coordination of health care services and aged care services, with a decrease in the level of bureaucracy involved. There was concern that 'jealousy amongst providers' led to duplication in catchment areas to get funding and did not respond to need. Participants also expressed concern about the assumption that a system which is driven by market demand rather than supply automatically enhances the quality of services provided and provides safeguards for consumers.

Participants were generally supportive of the Gateway concept but called for more details regarding its structure. They questioned why it was only considered in conjunction with aged care services, not health care more broadly. People stressed that they would not like to see the Gateway privatised, and that, while there is federal policy leadership, the implementation needs to be responsive to local needs, as well as geographic circumstances.

Participants drew comparisons with Centrelink and expressed concerns and complaints about experiences with Centrelink, resulting in a lack of confidence in that structure. People felt it was important that the Gateway should be regionally based and know the needs of its constituency – i.e. the community for whose needs it caters. There was concern that if run by states and territories, it would end up lacking coordination and consistency across the country.

There were questions around where local Gateway outlets would be based – would they be integrated into existing health and aged care service infrastructure or introduced as another level of bureaucracy? There were further questions around how well the Gateway could respond to complex needs and to people from CALD or ATSI backgrounds. Participants emphasised that a grass-roots application was needed so that the Gateway was familiar with local services, as well as with GPs, pharmacies and other care providers including social workers etc.

People expressed a preference for a dedicated Statutory Ombudsman to monitor care provision and independently report and oversee the maintenance and application of the Gateway. Concerns were raised that the Gateway needs to be adequately resourced and that it could fail if starved of funds. The Gateway needs to provide face-to-face assistance rather than just providing assistance over the phone, particularly given its responsibility to conduct a number of assessments.

Participants questioned how speedily and responsively people would be reassessed if their needs changed/escalated. If any system like the Gateway was to get support then it would need to be responsive, not have waiting times for reassessment and meet the needs of CALD and diverse groups. Consideration and funding for 'in person interpreters' was raised as an important issue, given complexities around culture and the discomfort speaking to family in CALD situations was raised.

If people are to be provided with choice of providers, it is imperative that potential consumers are provided with easy to understand information about different providers, which assists them in comparing and contrasting, and determining which provider best meets their care and support needs.

Summary - Access to care and support

- 1) Better integration of aged care services into the provision of health services more broadly
- 2) People need better assistance with navigating the system, especially as choice and flexibility of care and support options increase
- 3) The Gateway proposal sounds good in theory but practical questions around its implementation: is it just for aged care services or health care services more broadly? Who manages it? Concerns that a Gateway simply translates into an additional administrative layer in an already complex system
- 4) Participants commented that they would not like to see the Gateway being run privately but also not by government because of too many negative experiences with Centrelink
- 5) People support that the Gateway should be run regionally but questions around how this would work
- 6) Participants supported the call for a dedicated Statutory Ombudsman to oversee levels of care and independently report and oversee the Gateway
- 7) Further information needs to be provided on how/ when/ where people's changing needs would be assessed – the Gateway needs to be responsive to people's changing needs
- 8) Participants stressed the need for easily accessible and understandable information to support them with their decision-making

Regulation and consumer protection

Participants agreed that the idea of a statutory body, the 'Australian Aged Care Regulation Commission' had some merit as long as it was truly independent. Some participants said they could not see anything that would reassure them that the new 'Australian Aged Care Regulation Commission' would be any different from the present.

They stated that a standardised and national approach was needed. They were concerned that there were no terms of reference for this body suggested and no reference to its accountability. They would want it to report to Parliament like other statutory bodies every year so it would have "nowhere to hide". They said it was a "recipe for disaster" if this body was also responsible for accreditation. They thought accreditation belonged with professions and experts at what makes good quality of care. They were concerned that the statutory body could potentially become another layer of bureaucracy.

Some participants stated that they could not see any improvement on this model proposed with the existing model if employees were to be the same. Clearer lines needed to be set and explained to ensure this new body is vigorous and independent. They could not see how an 'in-expert' body could develop and enforce standards and set them. Participants said it needed to be done by experts in the field with consumer-input otherwise the standards would not connect with how the services need to be delivered and accounted for.

According to participants, consumer protection in the aged care system was currently 'woeful'. There was significant cynicism and anger about how the very fragile, particularly in residential care facilities, were looked after – 'not very dignifying' 'hard to complain' or 'not being heard'. People expressed their frustration with complaints mechanisms and 'how complaints are not being dealt with'. There is currently no organisation with an overall responsibility, integration is disparate, and sufficient checks and balances are lacking. Participants expressed a preference for an 'Aged Care Ombudsman' who is completely independent from anyone. At the moment people cannot see complaints going anywhere as all in authority have 'vested interests' other than in the older person.

Summary – Regulation and consumer protection

- 1) People welcomed the idea of a statutory body, the Australian Aged care Regulation Commission as they believed a standardised national approach was needed. They stressed the need for the body to be truly independent. Currently, no terms of reference or accountability mechanisms are outlined. They didn't, however, think that this body should be responsible for accreditation.
- 2) Frustration about how inefficiently complaints are currently being dealt with
- 3) Further details are needed about how people can make complaints and how these complaints are being dealt with
- 4) Participants stressed the need for an Aged Care Ombudsman who is completely independent

The groups' collectively agreed priorities for a revised aged care system:

- Improvements of residential aged care homes such as single bedrooms with en-suites
- That the PC triggers real reform and that the report doesn't just gather dust on the shelf
- More services at home
- Access to affordable quality care for all older people
- More respite care
- Reduced waiting times
- An increase in service availability and more flexibility and choice for the consumer
- Make more service available at home
- More respite care