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# Productivity Commission Final Report on Caring for Older Australians

## Carers Victoria's Overview and Initial Response

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### Access and Assessment

The proposed Australian Seniors **Gateway** Agency (ASGA) would have two main information functions:

- broad community education on healthy ageing and services
- specific information on services for individuals

Older people and their families will continue to have **direct access to a range of basic community support services** (such as community transport, delivered meals, social and wellness activities and minor home maintenance and aids) or access these via the Gateway if more intensive range of aged care services is required.

The Gateway assessment would result in an entitlement for the older person, where eligible, to receive services. It would include:

- nationally consistent comprehensive assessment
- care objectives
- service types and intensity required
- total value and period for which services are required

The Gateway will incorporate the current functions of Aged Care Assessment Teams (ACATs or ACAS in Victoria) and will also provide initial or 'default' **care co-ordination** with providers able to do so after that if the consumer chooses.

The individual would also need to submit information on their income and assets for assessment by Centrelink as to the **co-contribution** they would need to make to the cost of their care. This would not be necessary if the level of assessed need was low.

The Gateway would also assess the **capacity** of family carers to provide ongoing support when assessing an older person's needs, but carers could also separately approach **Carer Support Centres** for a range of assistance including:

- carer education and training
- emergency respite
- carer counselling and peer group support
- carer advocacy

The PC recommends that the proposed Carer Support Centres should be developed to:

- undertake a comprehensive and consistent assessment of carer needs
- also provide services to carers of people with disabilities

The report emphasises that the replacement of a variety of information sources with a **single, easily understood and navigable information platform** and the availability of more flexible care options which are designed to meet individual needs will assist both older people and their family carers.

The Gateway remains a Government body but its functions can also be contracted to a third party. Both the Gateway services and the Carer Support Centres would be developed from the existing carer support programs but replace the current Respite and Carelink Centres.

The report also expects that reform of the respite system would be one of the key areas of change as part of the development and implementation of the **National Carer Strategy**. Although it is recommending a trial and evaluation of “cashing out” allocated respite entitlement, as especially suitable for people with dementia and their families.

### **Consumer Directed Care for some older Australians:**

- Aged care services (entitlement based) accessed through the Gateway for people with more intensive age related needs:
  - Personal care
  - Domestic care
  - Health/nursing care
  - Case management
  - Re-ablement
  - Palliative care
  - Residential aged care
  - Planned respite
  - Home modification
  - Major aids and appliances
  
- Other (block funded) aged care services that can be accessed directly or via the Gateway for:
  - Homeless older persons
  - Indigenous aged care
  - Transitional care
  - Individual advocacy
  
- Block funded services available to all older people and their families in the community directly or via the Gateway:
  - Social support
  - Wellness programs
  - Day therapy
  - Community transport
  - Delivered meals
  - Home maintenance
  - Low level aids
  - Information and general advocacy
  - Carer support
  - Emergency respite

Carer support and emergency respite would be provided through the Carer Support Centres. Planned respite would follow an assessment of entitlement via the Gateway. The PC has

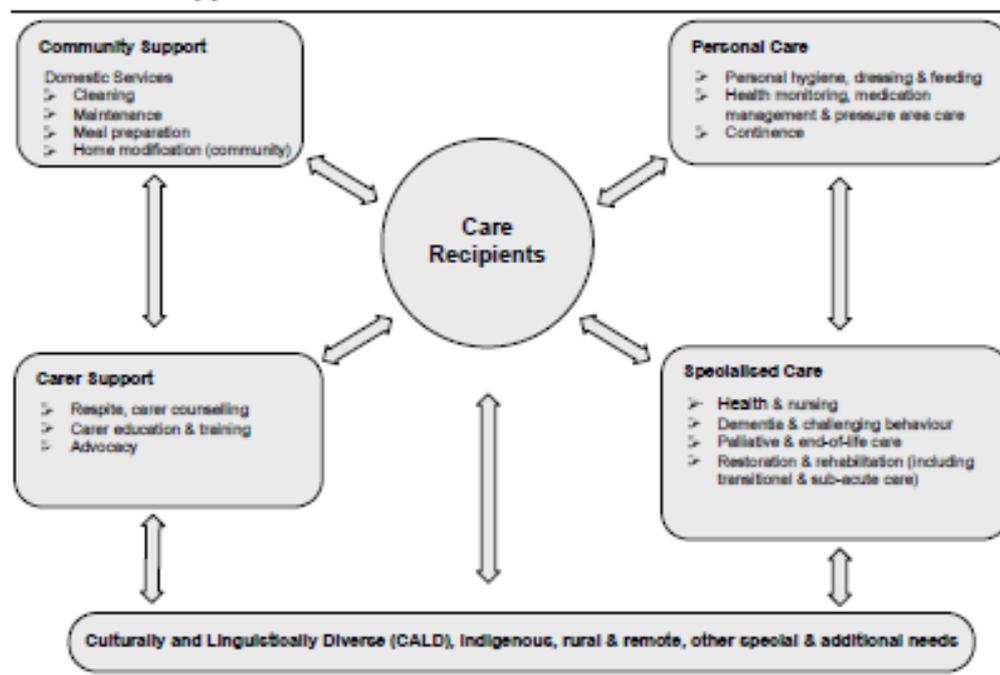
recommended the correction of the current administrative anomaly whereby the reporting basis for respite days is per calendar year to Centrelink (carers) and financial year to DoHA (residential aged care providers).

The PC considers there is an immediate need (i.e. more urgent than indicated in the National Carer Strategy) to develop additional supports for carers from the existing base of programs in the aged care system, including trials and evaluations of various respite options.

The rationale for supporting carers is taken from the 2011 OECD report on Long Term Care:

- Preferences of care recipients
- Mediating some of the negative economic, health and social consequences for carers
- Subsidising the formal care system

**Figure 9.1 Aged Care and Support: key elements in an integrated approach**



### Priorities for carer support

- Navigating the care system
- Ensuring carers have the skills to care
- Access to timely and appropriate respite and other support
- Carer participation in the workforce

The PC Disability Care and Support report recommends an amendment to the Fair Work Act permitting the right to request flexible work arrangement for parents of children with a disability over 18. The PC considers that carers of older people should also have this right, subject to **evidence** that they are providing a sufficiently high level of care.

## Advocacy

Carer advocacy is one of the designated roles of the proposed Carer Support Centres. The PC acknowledges the importance of individual advocacy in an aged care system with greater choice, especially for vulnerable consumers and special needs groups. Individual advocacy funding would continue on a block funding basis. The PC recommends more funds to expand the system of individual advocacy under the National Aged Care Advocacy Program and a new statutory national Community Visitors Program. They also consider that more funds for advocacy services will improve the ability of advocacy services to **inform** people about the benefits of assistive technologies.

There is only one mention of policy advocacy and no consideration of the need for funded systemic advocacy.

## Interfaces with disability care and health systems

Eligible people with a disability would have a choice on turning 65 of remaining in the NDIS (if implemented) or transferring to the aged care system. Where a person with a disability moves permanently into a residential aged care facility, they will be deemed to have transferred to the aged care system.

The report provides greater detail on provision of palliative care and suggests the provision of sub acute services in residential care. Funding for these services would be set by the pricing authority and be cost reflective but the report indicates that the funding would be lower than equivalent services in acute settings. The report also proposes the creation of a new re-ablement program although there isn't a lot of detail about that and how it would fit with existing rehabilitation/transition programs.

The PC recommends that regional aged care **planning and service delivery regions** should be aligned with **Medicare Locals** or Local Hospital networks.

## Paying for aged care

To give people options on how they pay their accommodation and care costs the PC recommends the development of two new schemes:

- ♦ The **Australian Age Pensioners Savings Account** will allow pensioners to establish an account with the Government (or its agent) with some or all of the proceeds of the sale of their principal residence. It would be exempt from the age pension income and assets test.
- ♦ The **Australian Aged Care Home Credit Scheme** would be a Government backed line of credit secured against the principal residence, or their share of that residence. The scheme would specify a minimum level of equity for the person's share of the home and the individual could draw progressively down to that minimum to fund their aged care costs. The outstanding balance would become repayable upon the death of the individual except where there is a protected person (e.g. partner, dependent child or carer).

The PC recommends a **lifetime stop-loss limit** on co-contributions towards approved community and residential aged care services to protect consumers against catastrophic costs.

## New regulator – the Australian Aged Care Commission

The PC has maintained its recommended separation of regulatory and compliance functions from policy advice and support, all currently undertaken by DoHA.

The new regulatory system would apply a risk based approach and would be based on:

- transparency (any action taken will be clear and known)
- proportionality (fit with the issue being addressed)
- consistency (the same for services anywhere in Australia)

The Commission would undertake the following functions:

- Accreditation/quality for community and residential aged care (approved provider status will be managed through accreditation)
- Determining regional quotas (and trading regulations) for supported residential aged care
- Monitoring prices and assessing costs
- Transparently recommending the level of prices, subsidies and indexation (Government will determine final figures)
- Complaints handling
- Data clearing house

Community care providers' quality assessment reports will be required to be published in line with requirements for residential care providers.

## Transition Plan

- Within 2 years:
  - Establish Commission and Gateway
  - Remove distinctions between high and low care
  - Introduce a temporary intermediate care level between CACPs and EACH
- Within 2-5 years:
  - Introduce new model of care assessments
  - Create new entitlement + block funded system
  - Implement recommendations related to carers
- Five years and beyond:
  - Remove all supply restrictions
  - Public review of progress towards:
    - Market driven consumer directed care
    - Quality standards
    - Financial sustainability
    - access for special needs groups
    - arrangement for supported residents
    - efficacy of re-ablement
    - workforce sustainability

## Government response

Government did not respond to the recommendations of the report. Minister Mark Butler outlined his intention to talk to consumers and the community to hear their views about the proposed reforms and to continue his structured discussions with the sector. COTA National has been funded to undertake this.

The report announced, and the Minister confirmed, the establishment of an **Ageing Expert Reference Group** to support the formal Government **Implementation Task Force** - to be chaired by the Department of Prime Minister and Cabinet.

## Carers Victoria Response

### Positives

- Recognition of need for comprehensive assessment of carer needs.
- 'Protected persons' e.g. carers when an older person releases capital from their home to pay for aged care services.
- Minimum standard of accommodation for supported residents improved.
- Some recommendations about flexible work for carers of older people.

### Negatives

- Gateway will only assess 'capacity' of carers. Comprehensive assessment through Carer Support Centres.
- Carer support seen as basic care, block funded (no entitlement) and unclear user pays arrangements.
- No focus on differing needs for different care relationships, situations, care trajectories, length of caring, etc.
- No recognition that greater emphasis on community care will have greater impact on family care.
- No mechanisms for families with multiple care responsibilities across aged care and disability systems, except through Carer Support Centres.
- No significant recommendations about reforming respite other than a trial and evaluation of flexible options including 'cashing out'.
- No recommendations about aged care services that enable workforce participation by family carers.
- Inadequate addressing 'special needs' groups and market failure.
- Focus on individual advocacy only, no funding recommended for systemic advocacy
- No recommendations for National Aged Care Advocacy program to be more family focused or scope for family carers to complain about their own treatment by aged care providers.
- Some muddling of information giving functions with individual advocacy functions.