



NEWS RELEASE

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NEW BLUEPRINT FOR AGED CARE

Australia's peak body of older Australians, COTA Australia (Council on the Ageing) has launched a new blueprint for the reform of aged care.

The blueprint calls for a fundamental redesign of aged care, not just extra funding.

Speaking today at the Aged and Community Services Association National Conference in Hobart, COTA Australia's Chief Executive Ian Yates said money alone would not create the aged care system that Australians now expected but which had long been denied them.

"Mr Yates said we need a system that:

- provides support and care primarily at home and in community
- gives older Australians in need of care a guaranteed, automatic entitlement
- provides choice and control over what support they receive, when and how, and results in greater independence
- has simple gateways into the system"

The blueprint is set out in COTA's submission to the Productivity Commission Inquiry into Care of Older Australians, which is being launched at a special session on "The Future of Aged Care – A Consumer Perspective" at the ACSA Conference at 2.00pm this afternoon.

COTA Australia represents more than 500,000 older Australians.

Mr Yates called for broad community and bi-partisan political support for radical change to aged care.

"COTA welcomes Prime Minister Julia Gillard's commitment to aged care reform as a second term priority and the appointment of Mark Butler, who has a long term interest in aged care, as Minister for Ageing," he said.

"We want to see a new Age Care Act and significant Budget initiatives in 2011 and expect all parties to cooperate to achieve this, rather than use older Australians as a political football.

"The Productivity Commission's report will be our last chance to get aged care right in Australia for the crucial next three decades when numbers really balloon out."

Executive Summary and full submission attached. For further information and comment contact:

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COTA AUSTRALIA

SUPPORT AND CARE OF OLDER AUSTRALIANS - NEW DIRECTIONS

EXECUTIVE SUMMARY

The need for substantive reform in support and care for older Australians has been well documented in the Productivity Commission's research report of 2008, the 2010 Intergenerational Report, and elsewhere.

In this blueprint we add to that case with a strong position on access to appropriate support and care as a basic right. Most of the submission then focuses on outlining what a new system would look like.

We are advocating a new aged care system based on the principles in the National Aged Care Alliance's *Leading the Way: A New Vision for the Support and Care of Older Australians*, which COTA played a key role in developing, utilising feedback from older people.

In line with those principles we are proposing fundamental change that puts individual people at the centre of the system and attaches funding to them rather than to service providers.

Individuals would have an entitlement to funding to meet their assessed needs and have more control over what type of services they use and who provides them. This in turn should lead to a more responsive system that meets older people's changing needs in a more flexible and timely way.

The first step in this is to ensure that people's needs are assessed appropriately and that people are aware of the support and care services that are available so they can exercise the right of choice.

To do this we are proposing the establishment of a network of "Gateways" that provide information, initial assessment and approval, and direct referral to lower level support and care services. Gateways will have the capacity to ensure there are regular reappraisals of people's needs and to refer them for further assessment if required.

For people with higher and more complex needs comprehensive assessments would be undertaken by an independent assessment service (Care Assessment Service) building on the model of the current Aged Care Assessment Teams but moving them away from state health department control.

The Gateway will have explicit responsibility for assisting individuals to access appropriate care, either in the community or where necessary in a residential facility. The assessment of needs will be translated into a level of funding to which people will have immediate entitlement.

The submission identifies a number of ways this funding could be allocated, including vouchers, allocations with providers, with a third party budget holder or some combination. All of these warrant more investigation. Individuals and carers must have the choice about how much control and responsibility they want and so there may need to be a range of options.

Older people consistently express their desire to remain living in their community for as long and with as much independence as possible. In order to achieve this, funding for community support and care needs to be substantially increased. Many people go into residential care because the level of funding and number of community care packages available does not currently support enough care at home.

We advocate that funding for accommodation and support and care should be separated and that government subsidies for support and care be the same, regardless of where the care is delivered. We are also calling for the level of subsidy for all services to more accurately reflect the cost of providing them and that there should be an independent evidenced-based process to determine those costs and subsidies and maintain their real value.

Individual people and their families would be responsible for their own accommodation costs, whether they are in their own home or in residential care - with a robust system of government assistance for people who are not able to do so. This should provide access to increased funding for accommodation and provide incentives for some more innovative approaches to older persons' housing.

We identify a number of special needs groups who currently have difficulty having their needs met. These include: people with dementia; people with lifelong physical or intellectual disabilities; people with mental health problems or psychiatric disabilities; lesbian, gay bisexual, transgender and inter sex people; people from culturally and linguistically diverse backgrounds and indigenous people. These groups often need more specialised care which would require additional funding, provided either as a grant to service providers who specialise in meeting those needs or an additional individual allocation. In addition there needs to be more education and training for workers to enable them to meet the specialised needs of some of these groups.

Informal carers are a crucial part of the service system and they need to be better recognised as part of people's chosen care teams. We are recommending the introduction of a separate carer assessment to identify their support needs and a separate allocation of funding for those needs to be met. Both carers and care recipients have identified the need for greater flexibility in both the type of respite and when it is delivered and we think this could best be delivered through a consumer directed care approach.

The funding of services is a critical issue and we have already mentioned the need to determine subsidy levels which are based on real cost determinations. Part of the cost of those services would be met by the users with a national fees system applied uniformly across all services as with the current resident charges for residential aged care.

We look at two possible ways the government component of the subsidy could be financed - the current approach through consolidated revenue and a social insurance scheme. The merits of each are discussed and we suggest that this needs more work.

The submission then briefly addresses two other issues; workforce and quality. The recruitment and retention of an appropriately skilled workforce is essential to ensure there is a sustainable quality care system into the future. This workforce needs to be appropriately remunerated to make aged care an attractive option for all levels of staff. In addition there needs to be more specialist education and training to equip people to work in a person-centred model so that they can meet individual's needs.

The movement to funding individuals and the separation of accommodation from support and care raise a number of issues for maintaining quality and standards of aged care. There would need to be a new quality regime that works consistently across all settings.

In the penultimate section of the submission, we discuss possible transitional arrangements. These centre on the need for an industry restructuring package as government investment moves from residential to community care and moves responsibility for accommodation back onto individuals.

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