



Ian Yates AM, Chief Executive, COTA Australia

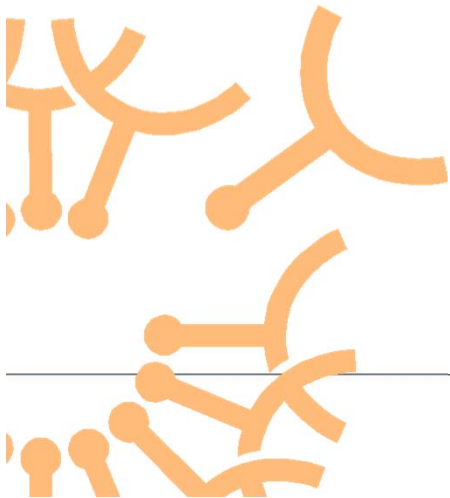
Regaining our rights – the future for aged care reform

COTA Australia National Policy Forum
National Press Club, Canberra, 23 July 2013



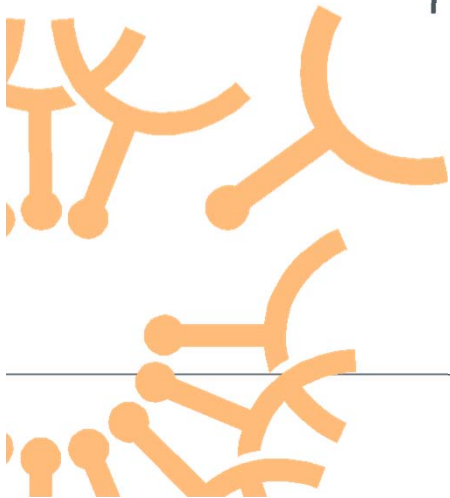
Regaining our rights – the future for aged care reform

- Over four years ago COTA began a journey, that went on to involve many others
- We had been participating in efforts to radically reform aged care for at least a decade
- We knew that the cacophony of voices from different interests had torpedoed previous efforts. A united position was needed.



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- We argued in the National Aged Care Alliance (NACA) for a new shared vision for aged care - embracing consumer, provider, union and professional interests.
- The NACA document “Leading the Way: Our Vision for Support and Care of Older Australians” was released in September 2009.



Every older Australian is able to live with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care

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- The ‘NACA Vision’ was and is that:

“Every older Australian is able to live with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care services as and when they need them.”



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- The NACA Vision argued for the funding for care and support services to be linked to each recipient, so that the recipient and their family can determine how and where they receive their care and support, including the option to control how their funding entitlement is used.
- Funding to be provided to individuals as an entitlement based on assessed needs, rather than being subject to quotas.



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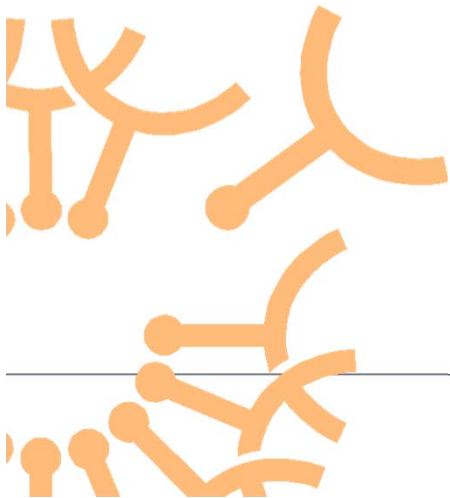
- We used the Vision to press the case for reform, then as the template for the Productivity Commission Inquiry, and as the underpinning for NACA members' submissions to the PC Review.
- The Vision contains a comprehensive and integrated set of proposals, many of which found their way into the PC Report and later into Living Longer Living Better.



Every older Australian is able to live with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care

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- We did not get the full NACA Vision, or all aspects of the later NACA Blueprint, out of government.
- However the LLLB package contains a number of measures designed to create a more consumer friendly aged care system.



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These include:

- The Aged Care Gateway to streamline access
- Nationally consistent, strength based assessment
- Major expansion of in-home support and care
- Choice of payment method for accommodation
- Nationally consistent and equitable fees and charges, with safeguards and safety nets



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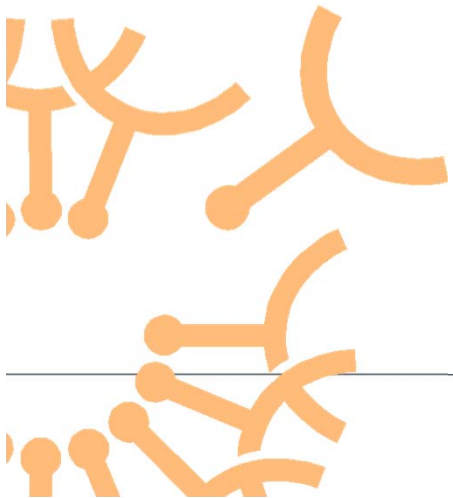
However of all the LLLB changes the mainstreaming of Consumer Directed Care (CDC) is the most significant.

- Its not perfect but its a dramatic shift
- **Not a new set of rules or a different template**
- **Its a profound cultural shift – a new paradigm for aged support and care**



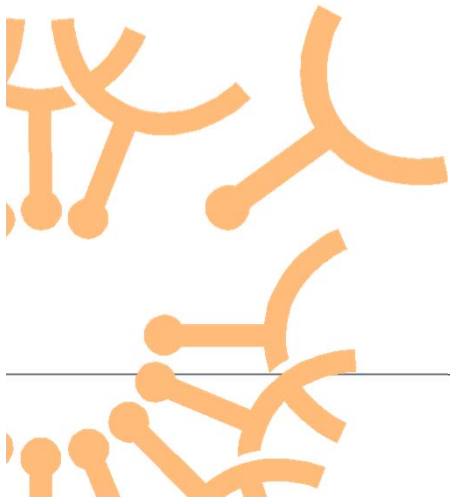
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- It is about the fact that most people have managed their lives all their life and want to go on doing so, despite challenges they face
- And ... that actually most people can continue do that if the system allows and enables them



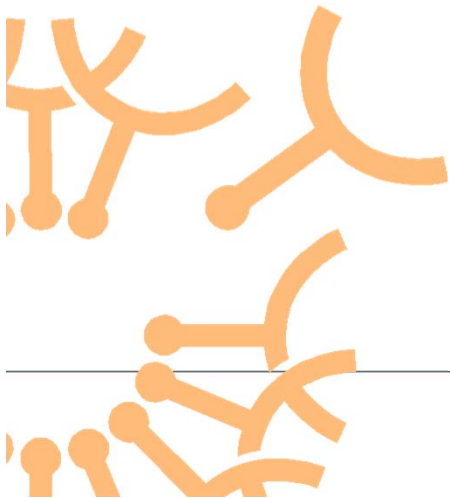
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- We didn't actually ask for CDC !
- We wanted what we called “entitlement” that had two parts:
 1. no more rationing – once assessed you get access
 2. the consumer gets the control of the resources (the package, the bed licence)



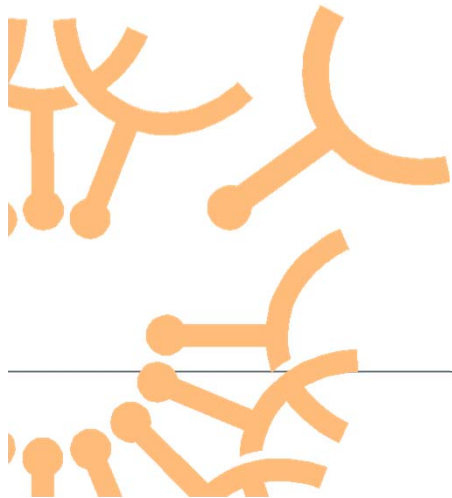
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- We asked for it; the PC recommended it; NACA supported it;
- The government thought providers and sector weren't ready for it



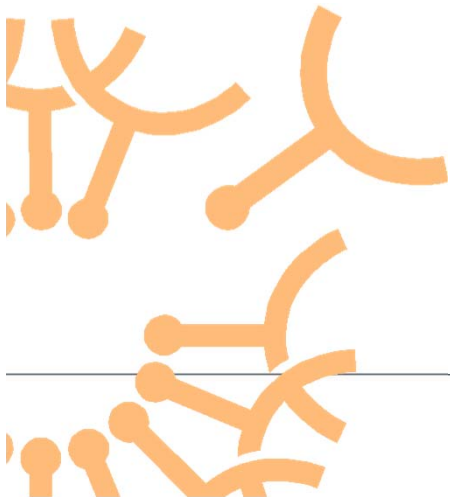
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- Our aged care system developed as a provider -anchored system - increasingly regulated
- Providers get the beds, the packages, the dollars
- Providers and government set the menu
- The consumer fits in as best they can in a supply constrained system



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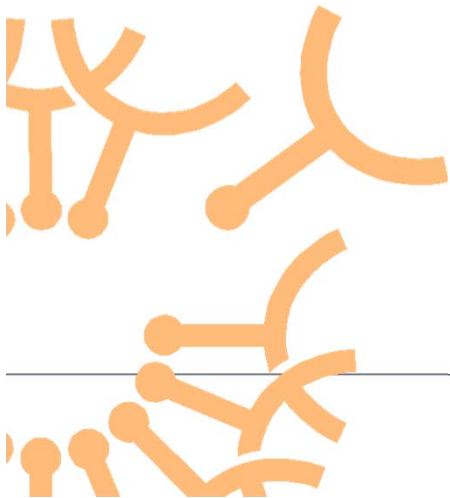
- CDC does not turn that on its head, compared to an entitlement based system
- **But it takes a big step forward**
- Consumers get service and financial information, right to choice, greater control (within boundaries), the freedom to negotiate



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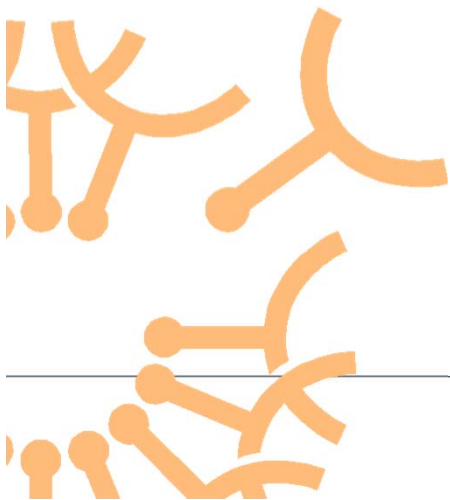
What **DO** consumers want ???

- To have **as much control** as possible
- To make a **contribution**
- To exercise **freedom** and **choice** and **experience dignity**



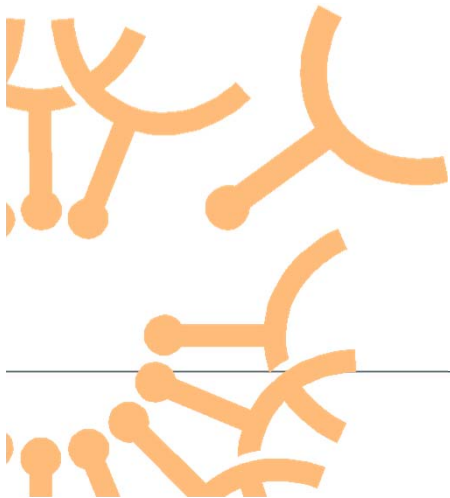
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- To think of things and ask for things they hadn't thought of before
- To be in an interdependent relationship
- To continue to have the chance to dream, to try, to make mistakes, to fail even, and to succeed.
- To not die wondering ...



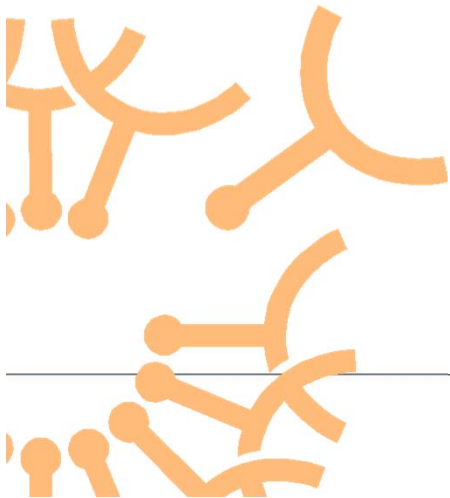
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- For providers implementing CDC will not primarily be a practical issue – although many practical issues are being raised
- BUT they are not the key “how” questions – you have to address the culture issues first



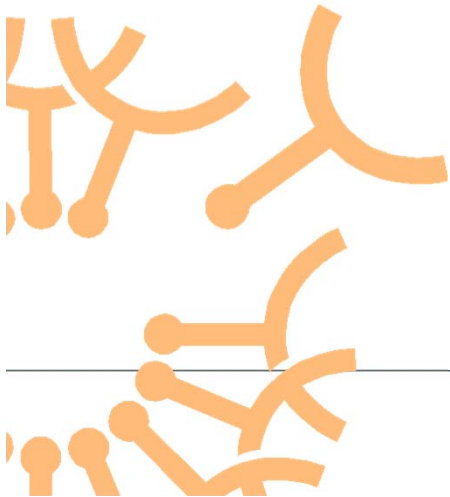
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- Recognise the legitimacy and validity of being the provider and having a provider's interests
- NOT the consumer's advocate. Consumer's interests are different. Have to be ..
- They may overlap but they are not the same



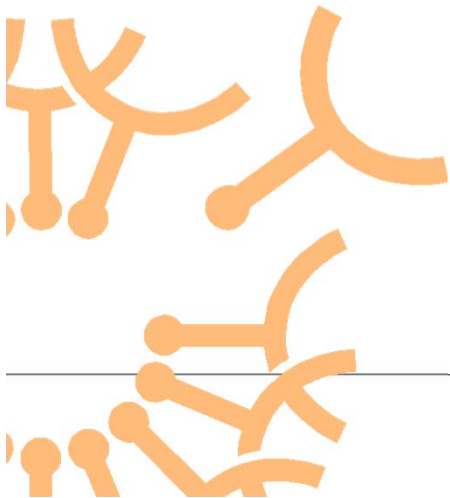
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- So providers will need to find ways to talk with consumers separate from within the service relationship
- Consumers need their own space; their own ground; their own language; their own dreams ...
 - THEN there can be the possibility of real dialogue



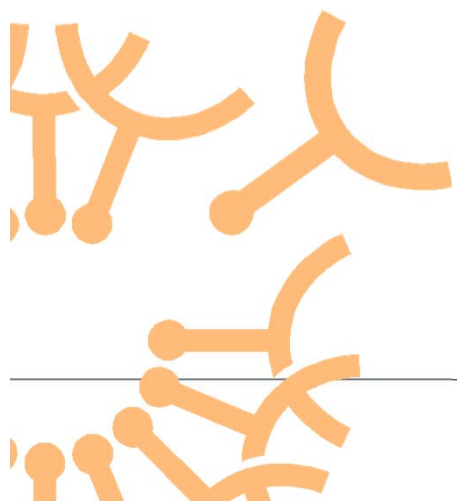
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- CDC is NOT = 'person centred care' ... In fact that can be antithetical to CDC
- Likewise CDC is not the consumer becoming the employer (can be but not usual and not what its about)
 - ITS about CONTROL and RIGHTS



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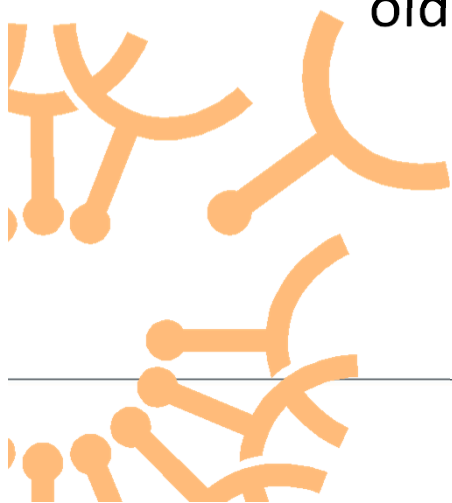
- Let's NOT talk about the people that “CDC won't help” or who “won't be able to take advantage of it”
- We did that in disability for a century and then we found out they were people with capacity
- Let's take and create every opportunity we can find to make it work and to try even when it won't initially ...



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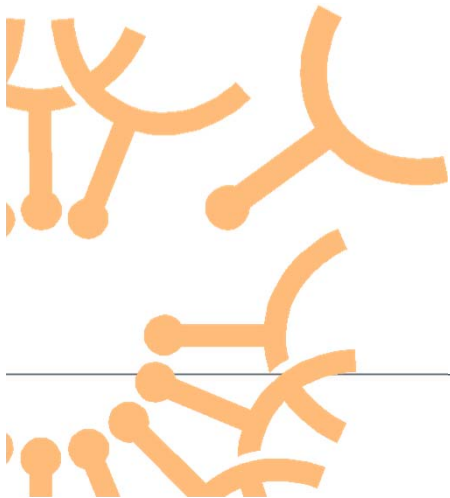
COTA has won an ACSIHAG grant for the “Controlling my own life – making the most of CDC” project aimed at consumers. Its objectives are:

- ❖ Enable and support older people to maintain control of their own life by making the most of CDC
- ❖ Develop and deliver information and support for older people, including self and peer strategies, materials and a train the trainer module;



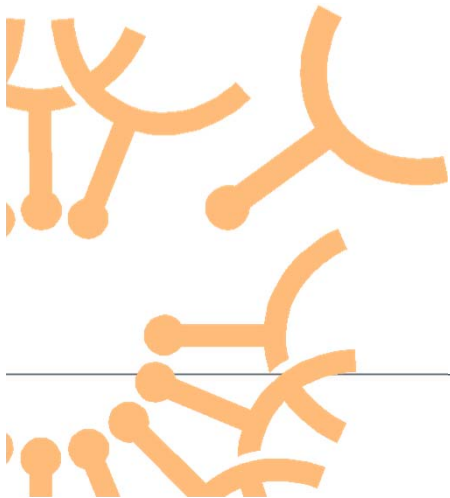
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- ❖ Undertake action research with existing consumer directed care package clients to “ground” the materials developed in actual experience; and
- ❖ Ensure that the consumer benefits fully from Government’s aged care reform agenda.



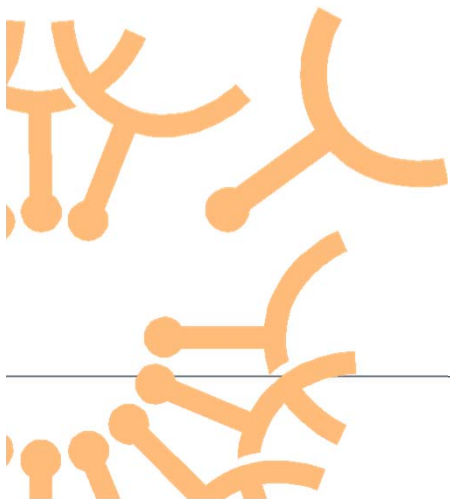
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- CDC is a first and significant step toward a vastly different aged care system
- In which much of the genuine “red tape” regulatory regime of today would be swept away, while maintaining consumer protections
 - And there is opportunity for both consumers and providers



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- But CDC does contain its own contradiction – the package (later the bed licence) still goes to the provider, who is accountable for it to government.
- This will limit the degree to which consumers can exercise full rights and control over their support and care.
 - We need to move beyond this to full entitlement as soon as possible.



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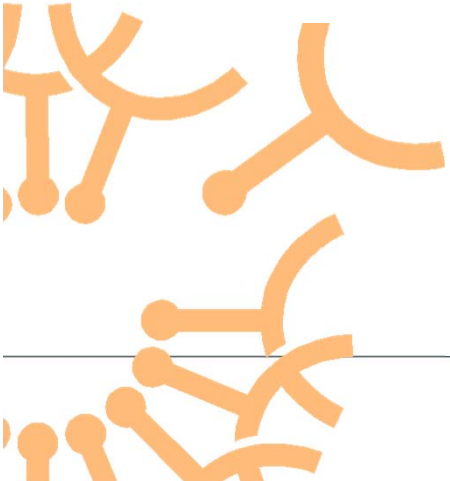
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END



**THE AGED CARE
LOTTERY**





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