

'Keeping the Dream Alive-

**Driving community care
in a different direction'**

Prof Michael Fine

Hon. Professor,
Social Science, Macquarie University
michael.fine@mq.edu.au



Overview

BIG TOPIC – SHORT PRESENTATION



MACQUARIE
University

Century
Ageing Technology
and Transport
Finance
Now  21st
Future
Dreams Care Need Staff
Disability
Governance
Volunteers



Overview



1. Focus: Age care and transport, now and in the foreseeable future.
2. Challenge: Dreams of model community transport system as a core building block of future aged care in Australia
3. Aged Care Needs – Transport key
4. Aged Care Provisions – Now and Planned
5. My dream of the future of aged care
6. Working to keeping the dream alive

2. Challenge

Dreams of model community transport system as a core building block of future aged care in Australia



Jetsons?

The future is a choice,
shaped by history, limited by laws,
economics, institutions, politics,
IMAGINATION, courage,
leadership, chance



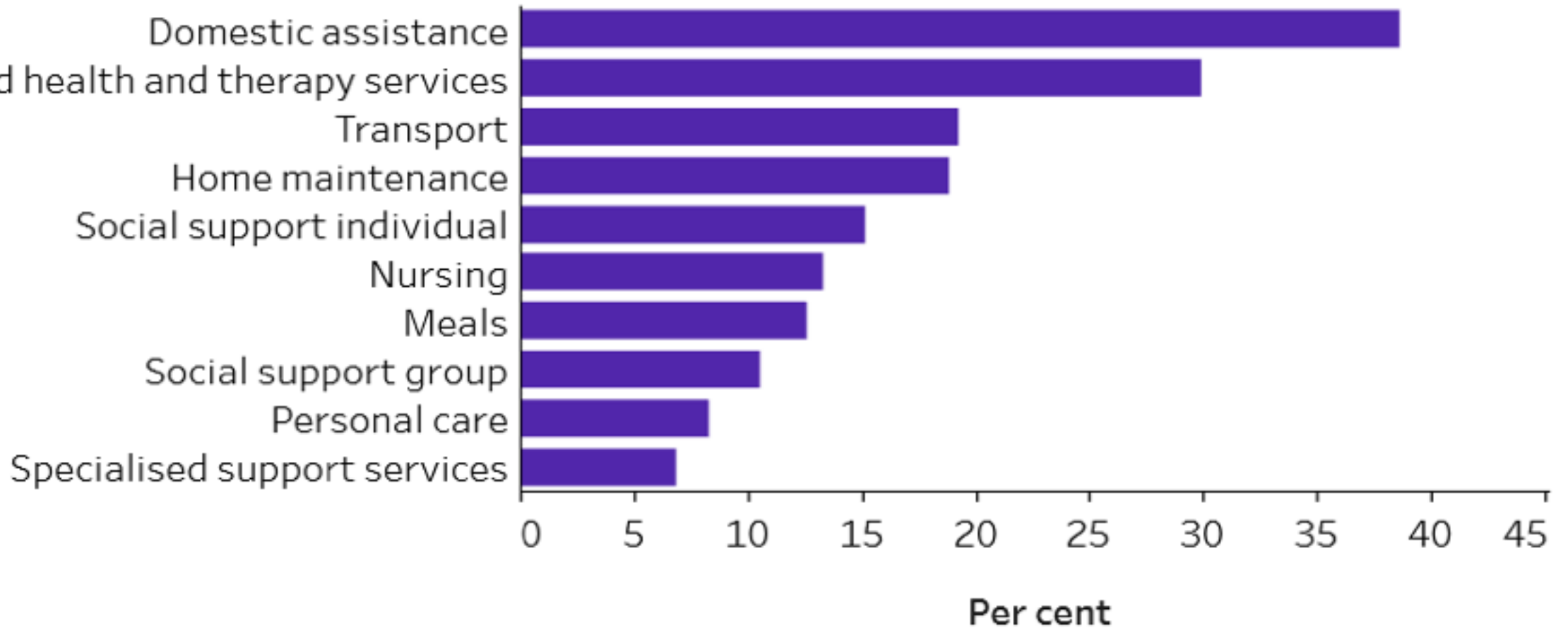
Flintstones?

3. Needs (Demand) - Hierarchy of Needs.

Needs + Availability of Provision shapes Patterns of Service Use



Proportion of Service Users of Top Ten Home Support Services, Aust: 2022-23

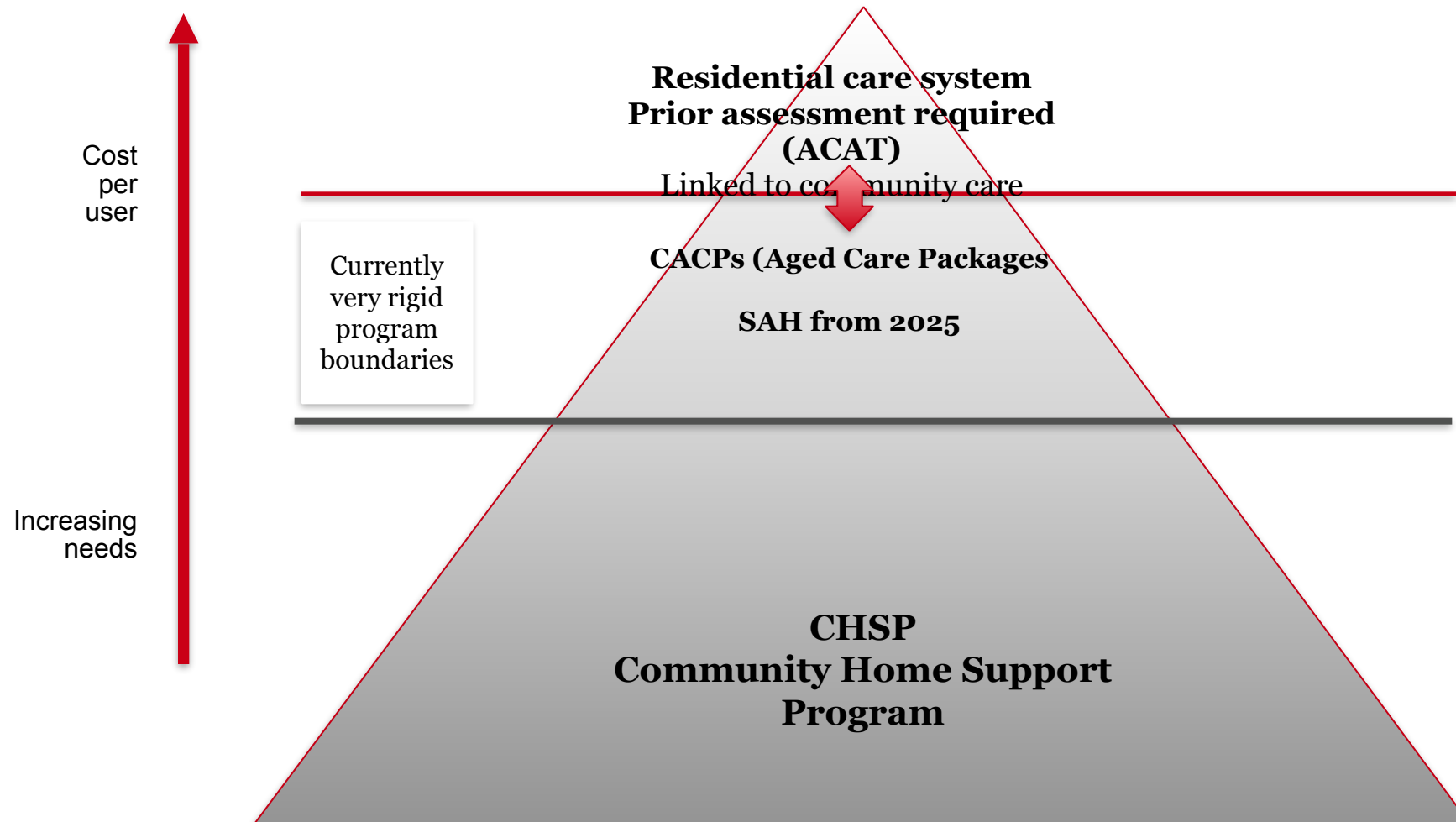


Source: AIHW: GEN https://www.gen-agedcaredata.gov.au/topics/people-s-care-needs-in-aged-care#Care_needs_in_the_community

4. Provisions ('Supply')

Hierarchy of Age Care Provision

Current 3-tiered system of support and care



Hierarchy of Needs in Aged Care

Bigger Demographic Picture

Ongoing 24hr Care

Complex Care at home

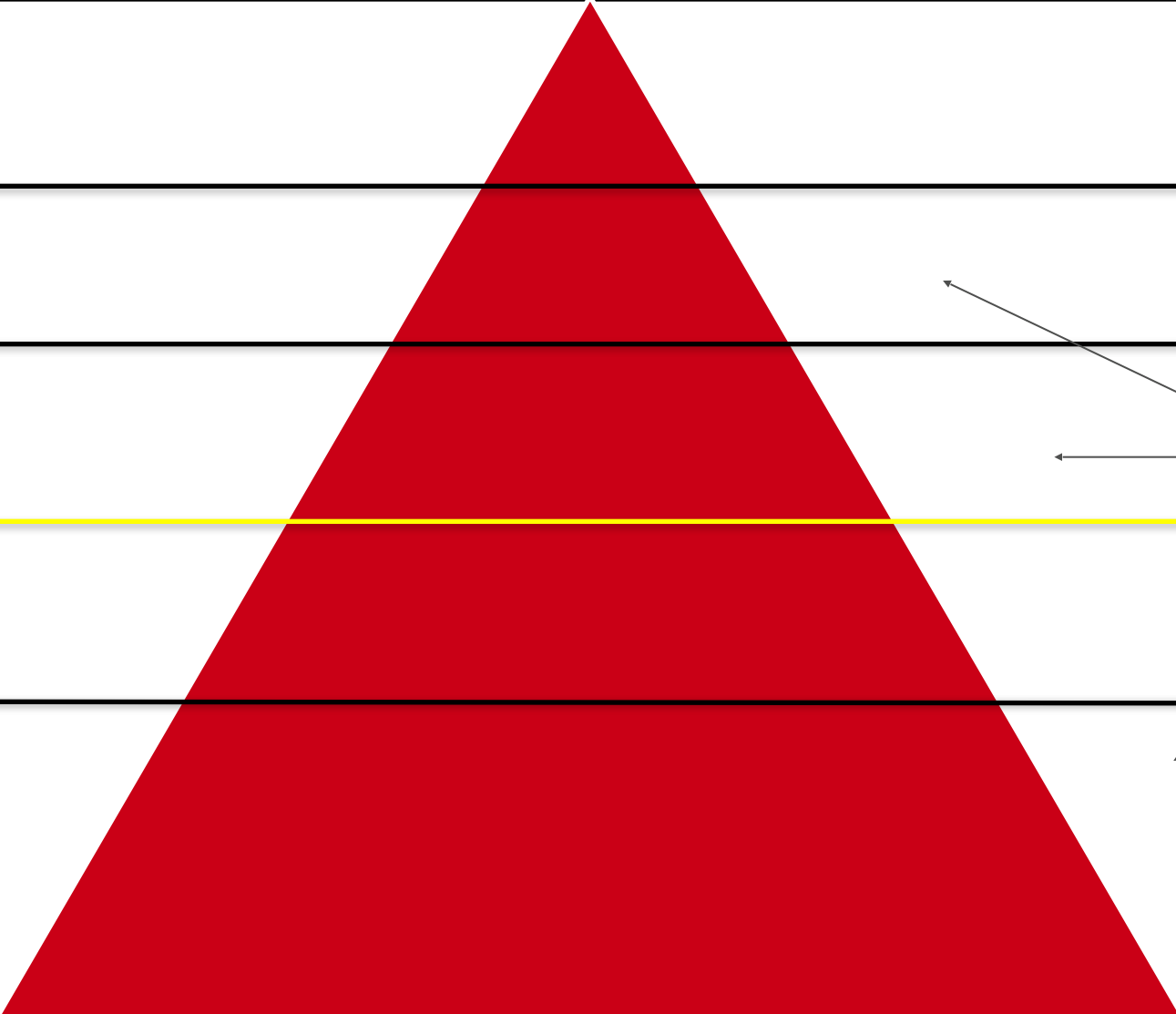
Social Support at home

Vulnerable: Mobility Limited

Losing Social Connections + largely
ad hoc help

Self-Care – 'Independent'

local market, informal & household
networks

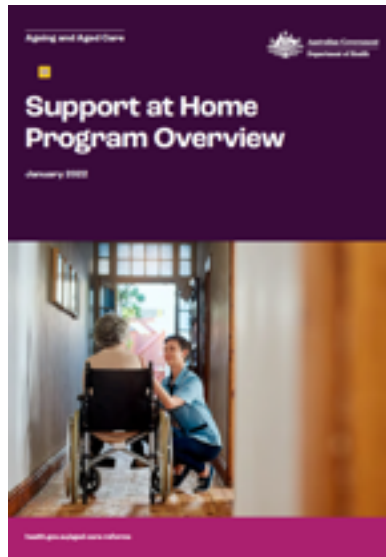


Basic services
+
social
support req.

Need for
Prevention and
strengthening of
informal support

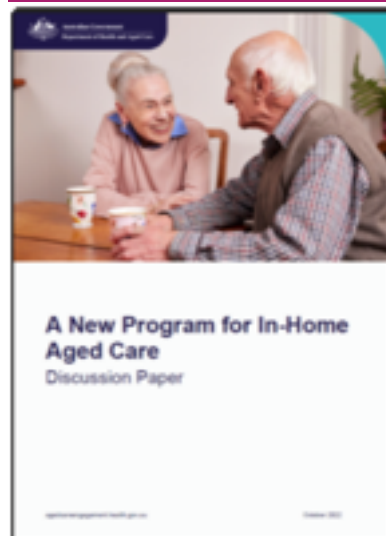
Reforming these Provisions: SAH

Support at Home Program



Outline of plans
for SAH

January 2022

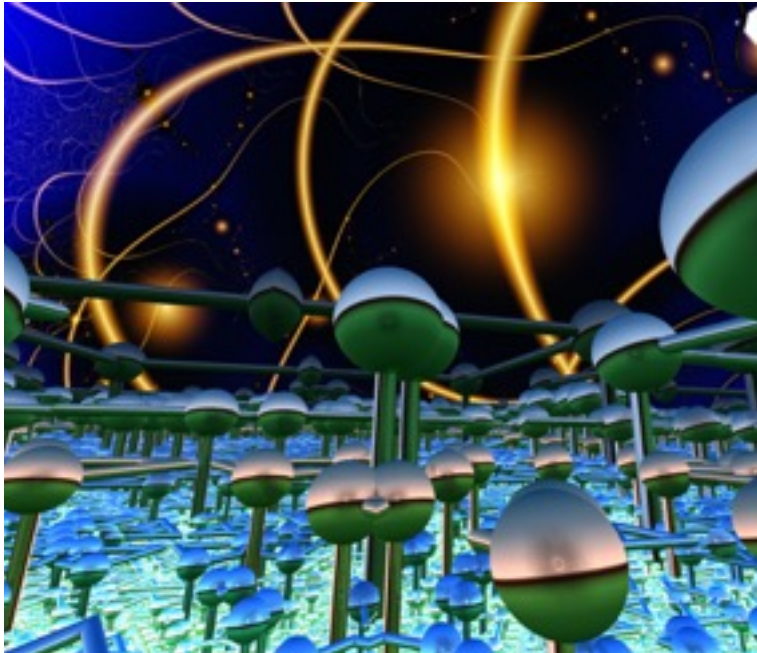


October 2022

Developments before/after 2022 Election

- Plans for new integrated SAH program
- ‘Integration’ of CHSP and HCP
Planned for introduction in 2017, then 2018; 2019; 2023; 2024; 2025, 2027?
- CHSP not dead yet, but on life support
- Federal Government to consult and rethink the new program, new introduction date of July 2027

Key features of the Indicative SAH Model and my main concerns



1. Integration

Integrates CHSP and HCP to produce one program.

This looks like HCP to me, with some block funding sprinkled round in areas of thin markets

2. Funding

Individualised, fee-for-service funding model seems agreed, yet is so obviously constrictive and typically expensive.

Individualised funding does not promote social care. e.g. Day care and other health and activity centres, shared transport, creative ageing activities, exercise classes, etc. There is a need to fight social isolation and a proven means to build social capital through other approaches.

Key features of the Indicative SAH Model and my main concerns

3. Assessment procedures cumbersome, unproven, not transparent

Problematic, inflexible, costly barrier to entry to basic services.

4. Priorities seem to be placed on HIGH NEED Clients
Prevention and simple concerns overlooked, leading to escalating demand for more costly care options.

Proposed system lacks prevention mechanisms,
support for basic social needs of older service users.



5. What is my dream for aged care?

-
1. The Commonwealth develop a comprehensive Support at Home Aged Care (SAH) program which provides real choice to those who need care and support: It will have two service delivery options, not one as currently proposed. The same rate and quantum of services would be the same in the two options, the only difference is in how each option is managed and funded.
 2. Having been properly assessed, the older person would be given two options:
 - a. The Grant funding option. The person might be required to make a financial contribution but would not need to manage within a quarterly budget and market model.
 - b. The Personalised funding option. As per the current proposals for SAH, the person will be allocated their own budget to spend each quarter and will be allowed to carry over \$1000 each quarter if it is not all spent.



My Dream (Continued)

-
3. New public health measures and basic support services be fostered to help older people at risk of being isolated.

Health and activity centres;
promotion of early intervention measures to fight social isolation;
Promote creative ageing and intergenerational social initiatives;
Ensure availability of affordable housing.

4. Abolish barriers to using essential care and support services at all levels.



6. Working to keep the dream alive

We all dream of a better world. But we have to work hard to make dreams come true. But neither hard work nor is good policy evidence and research enough.

If we stay silent, no one will hear us.

There is a lot to do. We know the deadline for CHSP. 2027! The time to be heard is now and the next year.

The Aged Care Taskforce provided expert advice to Government through the Minister for Aged Care. Aged Care Taskforce, however, lacks any voices from the CHSP sector.

We need to know what we want, and make it clear to our national leaders, our local MPs and press. We need to become visible and make our voice heard for our communities members and clients. Now and in the future.

