Opponents praise, criticise aged care on election panel. By Bina Brown

Better advocacy services for older Australians is an area of personal concern and one where improvements can be made, the minister for health and ageing senator Jacinta Collins has said.

Speaking as part of the election panel at the recent COTA Australia National Policy Forum, Collins encouraged the industry to suggest changes to how the aged-care system deals with concerns about the treatment of residents, including where care plans are ignored.

“Characteristics on how we improve what I think is a fairly strong and resilient system, to better identify better advocacy services for people so we don’t see conditions we should not tolerate in care for aged Australians,” Collins said. “I intend to spend a bit more time looking at existing schemes but I would like to see a more proactive element to advocacy within the system, particularly as we have more ageing Australians on their own.”

The former social worker and carer for her elderly parents said that where the system might work for people with families, the real concern was for those without relatives to advocate for them.

“Any feedback on how to strengthen our current system would be gratefully received,” she said.

Collins said that whilst the accreditation and systems outlined in the government’s Living Longer Living Better reform package were “reasonably robust” it was important to increase the investment and support for people needing care as the population continued to age, so further changes could be expected.

She said that as well as moving to eliminate scaring in the aged-care system, the government would focus on fostering diversity within it.

The shadow minister for seniors, Bronwyn Bishop, said that only when people stopped “obsessively categorising” people according to age or sex or work would Australia be a truly inclusive society.

“As I set down very firmly is I want it to be just as offensive to be ageist as it is to be sexist,” she said.

Bishop said it was important to stop using ‘aged’ as a broad brush term, particularly when it came to talking about care.

She said that although the Productivity Commission report Caring for Older Australians implied that everyone aged over 65 needed help, in reality only the ‘frail aged’ needed assistance.

“Only 8 per cent of people aged over 70 will ever need residential aged care,” she said. “Another 12 per cent will need some sort of care at home and the other 80 per cent will have a damn good time until they fall off the perch.”

She added that if the Coalition won the next election, she would become a cabinet minister for seniors and a voice for the 40 per cent of the population aged 50 and above.

She said there was a range of concerns for Australians in that age group, including employment issues, from staying in the workplace longer to not having to meet discrimination when trying to find work; superannuation; private health insurance and its impact; cost of living pressures; social issues and the roles senior Australians continue to play within a household.

Bishop said she also wanted to “get rid of the doom and gloom language” associated with the country’s ageing population and amend the laws that continue to discriminate against people aged 65 and above.

“Growing longer is something to be celebrated rather than lampooned,” she said. “It is a great cause of celebration and joy that we all live longer and longer lives. The concept of seniors is not one of ageing or aged. It is not one of lamponing people and putting them all in the same category. It is about adding aspirations for people, to value their contribution and see they are able to keep adding value and most of all to have their voice heard.”

The Greens spokesperson for ageing, Rachel Siewert, said key areas of concern for the aged remained exclusion from the workforce, the low level of Newstart allowance and extending the National Disability Insurance Scheme to people aged 65 and above.
Healthcare funding crisis looms

Official warns that spending will engulf whole state budgets in two decades.
By John Mitchell and Amie Larter

National media is too consumed with refugee boats and carbon taxes – when there are bigger issues at hand. That’s the view of Community Services and Health Industry Council (CSHIC) CEO Rod Cooke, who points to predictions that within 20 years under current policy, “every state government’s entire budget would be spent on health and care”.

Cooke says that means healthcare deserves greater attention. “We think it is an election issue, but the elected officials haven’t woken up to the fact,” he said. He added that both major parties were focused on issues that “aren’t as pervasive as health and care. It is a crisis that we know about now, but nobody’s doing anything”.

Cooke, who occupies a position between the education and health sectors, says Australia is continually “reinforcing the current paradigm of the medical model that’s sending us broke”. In order to change, he urges a move from cure to prevention, with a better focus on wellness.

“It’s about shifting to a consumer-led model of care, where consumers determine what care they get and where and how,” Cooke explained. “It’s about delivery in the home and community, which is where people want it to be done, not in really expensive hospitals with really expensive super medical specialists.”

Other big-ticket items on the agenda should be the ageing population and workforce, Cooke said.

The health workforce is facing what CSHIC describes as a “double whammy”. It’s part of the fastest-growing and largest part of the Australian workforce; however, there are already shortages in it and these are likely to get worse with the ageing of that workforce.

“The industry needs 800,000 aged-care workers over the next 20 years, as well as an extra 120,000 to 125,000 disability workers over the next three to five years and I don’t know where they are coming from because our unemployment rate is so low,” he said.

“Even the number of long-term unemployed isn’t enough; even if we get everyone of them a job there’s not enough to go around.”

Cooke considers the shortage more of a vocational education and training issue than a matter of higher education. He questions the high levels of funding for doctors – when most of the work is done by people without degrees – and is calling for a national promotional campaign to attract more people to VET programs.