

**NOTES FOR SENATE FINANCE AND PUBLIC ADMINISTRATION COMMITTEE  
ENQUIRY INTO RESIDENTIAL AND COMMUNITY  
AGED CARE IN AUSTRALIA.**

**Introductions**

- Harold Milham, carer for his wife.
- Kaye Pritchard, carer for her husband.
- Glenn Rees, National Executive Director, Alzheimer's Australia.
- Michelle McGrath, Executive Director, Alzheimer's Australia ACT.

**Presentation (Harold)**

- Thank you for the opportunity to appear at this hearing. I am speaking on behalf of Alzheimer's Australia as a family carer, member of the Alzheimer's Australia National Consumer Committee and former Board Member of Alzheimer's Australia ACT.
- **The essential point is this. We do not believe the funding for aged care provides a sustainable basis for delivering quality care but we do not want a response which bandaids the system financially and ignores the need for reform.**
- The approach to reform proposed by the National Health and Hospitals Reform Commission has many elements that are in our submission to your Committee. We support the reform directions developed by the Commission for increasing choice in aged care by:
  - ~ Relating the planning ratio to people rather than places, thus breaking the link between accommodation and care and providing choice for consumers through a mix of accommodation and care options.
  - ~ Basing the ratio on 85 plus rather than 70 plus to better reflect the population group cared for. .
  - ~ Developing a national aged care program to provide for the more effective integration of aged care services.
  - ~ The adoption of consumer directed models of care.
- It follows that **we hope your Committee will support the reform directions proposed by the Commission.** I would like to stress five points in our submission.
- First, the need to **increase funding for community care**, particularly at the high care end. There are only 6,000 Extended Aged Care at Home packages for those that require high care in the community including 2,000 for people with dementia. Nor is community care structured to enable a flexible response so that care packages can respond to a range of needs and not just low and high needs.
- Secondly, it is not just the level of funding that is critical, but **the way services are provided** if outcomes are to be improved. Carers and people with dementia should if they wish have control over their lives through models of consumer directed care that give consumers the power to determine what services they

want, when they want them, where they want them on the basis of either cash or an individual budget managed by an approved provider.

- Thirdly, the **importance of respite care**. The delivery of respite care is sub-optimal because although demand is high, the take up of existing supply is lower. Flexible respite is the key and the concept needs to be broadened beyond a short break to recognising the importance of activities and social engagement for the person with dementia.
- Fourthly, if consumers are to be given choice, it is important they are well informed. Aged Care Assessment Teams need to be resourced, not only for their gate keeping role, but to ensure they are positioned to assist older people and people with dementia to plan their future care.
- Lastly, the problem of accessing special dementia care for those with the Behavioural and Psychological Symptoms of Dementia. We believe there is a need for about 20,000 such places in Australia and that there are probably less than half that number at the current time.