

THE AGE

Aged care's new front line: our own homes

From untrained and unfamiliar staff to high costs, poor transparency and confusion, the dream of ageing at home is, for some, turning into a nightmare under a privatised, partly for-profit system.

By Farrah Tomazin and Michael Bachelard

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For Peter Roxburgh, the last straw in dealing with Australia's privatised home-care system for the elderly was a simple, \$100 toilet frame.

His mother, Joyce, is 89, has severe dementia, and lives at home, where he cares for her. The Commonwealth government, through its Home Care Packages scheme, gives her almost \$33,000 a year to spend with an aged care provider of her choice.



Peter Roxburgh in his Buderim home where he cares for his mother, Joyce Roxburgh, who suffers from dementia and severe anxiety.

CREDIT: PAUL HARRIS

The packages allow people to stay in their homes longer, delaying or avoiding the move to residential care.

So after a visit to hospital a few weeks ago, where Joyce was told by doctors that she needed the toilet frame, Peter asked her provider, Blue Care, if she could pay for it using money from her package.

But, as a damning new report, commissioned by Health Minister Ken Wyatt and obtained by *The Age* and *Sydney Morning Herald* shows, it's not always that simple.

People interviewed say the packages - which provide a finite amount of money to be used on everything from social outings, to help with cooking, to a person who showers and toilets you - are, for some, a "godsend".

But they are also often confusing, expensive and easy for providers to abuse. They are administered by the provider, and many people complain that they lack financial transparency, and people are not given basic explanations about what they are entitled to. Staff sent to people's homes to do the most intimate personal tasks are often young, under-trained, and have no aged care qualifications beyond a police check.

In Peter's case, Blue Care, a not-for-profit provider run by Uniting Care, told him they would have to send out an occupational therapist to assess what kind of aid his mother really needed, even though the hospital had already told him what to buy. Then they said they would purchase the aid at what he says was an inflated cost.

"We would have had to pay for the occupational therapist to come out at a cost of \$300-plus, which they claimed was a requirement, and then

pay about \$290 for the chair,” he said. Almost \$600 for a \$100 piece of equipment.

“No wonder these packages get you so little in actual care. It’s disgusting.”

Blue Care rejected the claim, and, in relation to its fees, said: “As a not-for-profit provider we work to ensure our fees remain reasonable in comparison to the market and in line with government recommended price guidelines.”

‘Commodification of the elderly’

The aged care royal commission will soon turn its attention from the treatment of elderly people in residential care to home care packages - a growing service that will cost taxpayers \$2 billion this year.

Researcher Dr Sarah Russell, who wrote the report for Mr Wyatt, said stories like Mr Roxburgh's were emblematic of an emerging crisis.

“If you're an old person on your own, with no family to help you, I seriously can't understand how you could manage these packages, particularly when someone is taking 50 per cent of the total funding in fees,” Dr Russell said.

“We have to get the unscrupulous providers out of the sector.”

Dr Russell’s research found many participants were not able to make “head or tail” of their financial statements, and even those with business and accounting experience described the system as “bamboozling.”

Particularly troubling was what Dr Russell described as the “commodification of the elderly” - providers charging exorbitant fees, in some cases hundreds of dollars more than the actual services they were receiving, and making big profits.

In one case highlighted by the report, Wesley Mission charged a client about \$607 in “case management” and “administration” fees to take a woman to the GP for a routine check, a service valued at \$130.

Australian Unity charged another person more than \$600 per month for 18 months worth of “case management”, even though they did not have a case manager through that period.

Neither organisation responded when contacted.

Aged Care Minister Ken Wyatt told *The Age* and *Herald* he was "concerned with the practice of some providers charging high levels of case management and administration costs," and expected these to be kept to a minimum. Providers were soon to be required to put pricing information online, he said.

Market-driven reforms

The home care system underwent a radical change two years ago and became, in the words of the Federal government, “market-based” and “consumer driven”. The elderly person now chooses their provider and, in theory, directs their own care. The number of licenced private providers exploded - there are now 869 competing for business - and profits grew in one year alone from \$142 million to \$185 million.

The sales effort increased. Some providers come with agents and brokers who doorknock the homes of elderly people offering to act on

their behalf, or offering “free packages” that turn out to be inferior products.

The amount of money available to those assessed eligible for a package range from \$8248 in government subsidies per year for the lowest level, to \$50,148 per year for a Level 4 package.

The demand too is high. More than 91,000 older people benefit, but another 127,000 are still waiting to be assigned a package, with some waiting more than a year. But older people and their families say the system is opaque, and navigating it is confusing.

NSW consultant Danielle Robertson has had about 33 years of experience in the sector, and even she struggled with the system.

Her sick father had to be assessed twice by a young registered nurse who seemed to have no experience in aged care at all, she said.

The first time, the nurse did not have all the information from government website My Aged Care - including the fact that Robertson’s father had dementia. The nurse assessed him wrongly for cardiac issues and had to start the whole process again.

Each time Robertson phoned My Aged Care, she got a different answer. She was placed for extended periods on hold or was given incorrect information.

Then her father died.



Aged Care consultant Danielle Robertson with her father Leon.
CREDIT: MICHAEL REBIFFE

“My poor old dad entered respite and then was in permanent care for two weeks before he died,” Ms Robertson said.

“He passed away before his home care funding was released.”

Party girl to dependent

Lynda Henderson is sitting at home in the Illawarra region of NSW and, reminiscing about rock'n'roll.

Her friend, Veda Meneghetti, was the lead vocalist of an '80s band, the Party Girls, the only all-female group to open a leg of Live Aid, the global concert in aid of Africa's famine.

But that was before Meneghetti's early-onset dementia took hold. She now has a Level 4 home care package, with Henderson as her primary supporter.

Asked about their experience with in-home aged care, Henderson's reaction is mixed. Being able to stay at home was a much better

alternative than the “scary” prospect of being put into a nursing home. But they had also had unqualified people “come in the door with no experience, no first aid, and no buddy”.



Lynda Henderson, left, who cares for Veda Meneghetti, who has early onset dementia, at home.
CREDIT: SYLVIA LIBER

Once, on a day when Veda had an urgent medical appointment, the provider was unable to find any staff to assist her, so they sent in a woman who had not even done induction training.

"She told us she was sometimes called on by the provider when they can't get anyone else. It's appalling," Henderson says.

“Home care is the ideal situation for people to remain living in the community, in their homes, the way they want to - but there has to be more support.”

Minister Ken Wyatt said that, despite "a period of transition", more than 20,000 extra people had been able to get packages in the past 12 months, and the process for getting permission to be a provider was robust.

"Recent reforms are providing senior Australians and their families with greater choice about the care they receive and who delivers it," he said.

Pat Sparrow, who runs Aged and Community Services Australia, the organisation representing non-profit aged care providers, conceded that there had been "teething challenges" but that, "Generally ... giving people a greater say in their care is a good thing".

And Sean Rooney, the chief executive of Leading Age Services Australia, which also represents providers, said the deregulation of the system had meant organisations had to do things differently, while funding was tight.

"Providers ... are under financial pressure as the funding provided is not keeping pace with costs," he said.

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