

January 8, 2016

The Secretariat
Senate Select Committee Inquiry on Aged Care Sector Workforce
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Secretariat

Re: **Senate Committee Inquiry – Future of Australia's aged care sector workforce**

Thank you for providing CRANAplus the opportunity to submit a submission to the Senate Committee concerning the future of Australia's aged care sector workforce. CRANAplus has provided education, support and professional services for over 30 years to a multi-disciplinary health workforce, providing healthcare services in remote and isolated areas of Australia.

The Submission will address the Terms of Reference (k): *the particular aged care workforce challenges in regional towns and remote communities*; the discussion will be relevant to the context of remote and isolated workforce.

As you maybe aware CRANAplus has extensive experience and expertise in workforce issues in the remote and isolated context of practice. In 2015, we developed an Older Persons Position Paper, which endeavors to articulate our stance, and considerations to meet the challenges experienced by our workforce in delivering safe, quality care to elder persons residing or visiting remote locations.

Please find attached the CRANAplus Position Paper: Older Person. We would be very keen to be further consulted on this matter if the opportunity arises.

Yours sincerely

Christopher Cliffe

Chief Executive Officer - CRANAplus
Chair – Coalition of National Nursing Organisations

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CRANAplus Position Paper: Older Persons

INTRODUCTION

Healthy ageing is integral to maintaining quality of life for older persons, and this is no less important for those living in remote and isolated areas across Australia. There are four pillars that underpin Active Ageing: Health; Life Long Learning; Participation; and Security. These elements are essential for all remote health professionals to integrate into their professional practices when dealing with older persons.

Healthy ageing is a term often used interchangeably with terms such as active, successful, positive or productive ageing. The World Health Organisation defines active ageing as 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' allowing people to 'realise their potential for physical, social and mental well-being throughout the life course, while providing them with adequate protection, security and care when they need.'¹

Demographics

According to the Australian Bureau of Statistics figures people aged 65 and over constitute Australia's fastest growing age group. The older population in remote and isolated areas of Australia has its own unique characteristics, with a high representation of Aboriginal and Torres Strait Islanders and the 'grey nomads'.

The 'grey nomads' are known for being a highly mobile group of older Australians touring remote and isolated areas for extended periods of time who have complex health needs, often requiring management in remote locations. Grey nomads are isolated from their normal support structures and health systems, with relatively rudimentary health literacy.

The Aboriginal and Torres Strait Islander population is 3% of the total Australian population, 26% of those live in remote and very remote areas. This equates to approximately 63% of the total remote and very remote populations, recognising variations do exist across the jurisdictions.²

Whilst there have been some improvements in the gap between the life expectancy of Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander populations, there still remains a 10 year gap.³

Generally, for all older persons who permanently reside in remote and isolated areas, there is limited access to specific services, such as allied health and

¹ World Health Organisation: Ageing and Life Course: *What is 'Active Ageing'*: website: http://www.who.int/ageing/active_ageing/en/ Accessed 20/11/14

² Ninti One: Cooperative Research Centre- Remote Economic Participation: website: <http://crc-rep.com/about-remote-australia>: Accessed 25/3/15

³ Closing the Gap: Progress and Priorities Report 2015: Closing the Gap Campaign Steering Committee

specialist services. Relocation is a reality, in order to access residential services, leading to significant social, emotional, cultural and financial implications for the elderly, their families and the wider community.

For the purpose of this Position Paper, CRANAplus accepts the chronological age of 65 years and over, as being an 'older person' for non Aboriginal Australians and 55 years for Aboriginal and Torres Strait Islander Australians. It is important to note that Aboriginal and Torres Strait Islanders are subjected to a higher burden of disease with subsequent consequences of chronic disease at a younger age.

A significant example is dementia having a higher incidence, being 5 times the rate, compared to the general population, and presents at an earlier age.⁴ Hence these principles may apply to individuals irrespective of chronological age.

CRANAplus believes that:

- Ageing is to be viewed in a holistic way whereby the experience of ageing is more than just a health related experience; it is health and wellbeing enjoyed by the older persons who actively participate socially and economically in their communities for the full length of their lives.
- Myths, biases, and stereotypes associated with ageing, need to be dispelled and replaced with the recognition that active and positive ageing is part of the life span.
- Remote older persons hold a wealth of knowledge and experiences, as well as a strong sense of community.
- The adoption of 'age-friendly principles and practices' should underpin the practice of remote health care professional practices.
- 'consumer centred' primary health care needs to focus on:
 - consumer choice and control (self-determination)
 - individual and collective rights
 - respectful and balanced partnerships
 - participation
 - wellness
 - re-ablement – learning and relearning the skills necessary for daily living
 - Cultural engagement
- Older persons living in remote and isolated areas need accessible care, treatment and support as well as a supportive environment during decline and 'end of life'.
- Older Persons services for remote Aboriginal and Torres Strait Islander people must be culturally safe, sustainable, easily accessible and without exception, supported and visited by all other resident or transient service providers.
- Remote health professionals are:
 - Responsible for advocating and empowering older people with their health choices and self – determination.

⁴ Arkles RS, Jackson Pulver LR, Robertson H, Draper B, Chalkley S and Broe GA. *Ageing, Cognition and Dementia in Australian Aboriginal and Torres Strait Islander Peoples*: Neuroscience Research Australia and Muru Marri Indigenous Health Unit, University of New South Wales. June 2010.

- Vital in ensuring 'quality of life' by providing appropriate information, communication and engagement with the older person, their carer and/ or families regarding:
 - Prevention of the onset of conditions
 - Early identification of conditions through screening
 - Early interventions of conditions to minimise 'acute' episodes
 - Self management of complex and chronic conditions
 - Appropriate clinical management of chronic conditions including dementia
 - Access to specialist health, medical and support networks
- Responsible in providing appropriate information and communicating to inform, provide choices regardless of the setting, whether they are living independently, residential, or acute care in maintaining their quality of life.
- Available transport and transport assistance is vital for older people to access appropriate services for maintaining independence and for being connected to community activities.
- Smart use of technology including Telehealth needs to be freely available to enable connectivity and better access to services.

CRANAplus recommends

- Remote health services designate a local employee with the responsibility of the 'older person's' portfolio to champion
- Remote health services adopt and implements 'age-friendly principles and practices' using either:
 - WHO Age- friendly Primary Health Care Toolkit
 - Victorian Best Care for Older People Everywhere Toolkit
- Remote health services develop a 'zero tolerance' approach to ageism and actively address biases and stereotypes in the workplace and the community.
- Significant resources be invested in the remote sector for the development of innovative primary health care programs that support active ageing and quality of life for the older persons.
- Remote health professionals are educated and trained to enable 'best practice' care for the older persons living in remote and isolated communities.
- Improved access to allied health services, such as, mobility aids and Occupational Therapy type changes to homes, yards, and public spaces to assist the older persons quality of life.
- Remote health services develop capacity to deal with acute exacerbations of chronic conditions including provision of appropriate education, infrastructure and equipment

CRANAplus resolves to

- Promote awareness of the challenges in accessing appropriate services to support older persons.
- Promote 'zero tolerance' to ageism in remote healthcare settings.
- Facilitate positive engagement with the elderly, and their carers, through the promotion of Professional Standards and Clinical Governance in remote healthcare settings.

- Actively participate in consultative processes with government and non-government organisations about current trends, emerging issues and future policy development.
- Advocate for innovative primary health care that support the older person in remote locations.
- Promote the importance of remote health practitioners having the appropriate preparation and ongoing education for their practice, in the management of complex chronic health conditions including acute exacerbations and stages of ageing.
- Partner with mainstream Aged Care organisations to ensure the older person in remote and isolated locations are not forgotten.

REFERENCES/ RESOURCES

The age-friendly principles and practices

Principle 1

Health treatment and care delivered to older people will be based on strong evidence and have a focus on maintaining, improving and preventing deterioration in their health and quality of life

Principle 2

Health services will recognise and address older people's complex needs

Principle 3

Health treatment and care are respectful and recognise individual differences and specific needs, such as cultural, religious and sexual differences

Principle 4

Health treatment and care are delivered in a coordinated and timely manner across care settings.

Principle 5

Unnecessary admission to hospital and extended hospital stays of the frail elderly are avoided.

Principle 6

The care of older people is a primary focus for all health services.

Principle 7

Where safe and cost-effective to do so, older people receive health treatment and care in a setting that best meets their needs and preferences

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