INQUIRY INTO AGEING DARWIN 3rd February 2004



Presented by

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Submission No. 180

Brief background of Frontier Services:

Formerly the Australian Inland Mission, Frontier Services was established in 1912 by Rev. John Flynn- the legendary "Flynn of the Inland. He had a vision to bring health care and other services to the isolated people of inland Australia, and to establish a "mantle of safety" so they could live in peace and security amidst the hardships of outback life.

Flynn's vision for outback people continues today through Frontier Services. It is still the welcome visitor, the friend, the counsellor and advocate for bush people. With more than 400 staff in over 65 programmes our operations cover 7.5 million square kilometres - about 85% of the continent.

Every year Frontier Services provides care, support and friendship to tens of thousands of people in outback Australia.

Today.

For those living in the outback, the frailty of age or disadvantage of disability is often made worse by distance from services and family.

Frontier Services provides a range of Home and Community Care services in WA, Western Queensland, SA and the NT as well as Community Care packages in WA and the NT. Our staff make hundreds of visits to the elderly and to people with disabilities ensuring these people can live for as long as possible in their own homes

In the NT, Frontier Services is the largest provider of residential aged care.

Terrace Gardens

Old Timers

Flynn Lodge

Pulkapulkka Kari

Rocky Ridge

Tracy Aged Care

The Juninga Centre (managers)

We also provide a number of respite, community based care and referral services.

Commonwealth Carelink

Territory Older Persons Support Service

Respite Options for Senior Territorians

Carer Respite Centre

Fred McKay Day Therapy Centre

HACC Transport

Frontier Services Community Care Darwin & Alice Springs (CACP)

As a leader in the field Frontier Services is often called in to provide expert advice and support to other service providers.

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Current Issues. (No set priority order)

1. Access to services.

Remote issues, lack of infrastructure in/on communities.

Policy reflects majority of eastern seaboard dwellers without acknowledging those living in inland Australia without the resources or advantages of accessing mainstream services, such as allied health, dental, volunteers, suitably qualified staff.

2. Residential care funding.

Inadequate recurrent funding has resulted in a crisis within the industry. Staffing issues are strongly related to inability to provide quality, individualized care. Accreditation principles are needed but current system does not truly reflect what is happening at the service delivery stage.

3. The new class of poverty in residential care.

The amount of monies left with resident after paying fees is inadequate to enhance quality of life. Community and family obligations are important to many older Australians yet they have inadequate funds to participate in community life.

4. Tyranny of distance.

Travel times & costs restrict ability to access family support and community contacts. Freight, maintenance & repairs, equipment supply and life expectancy are all additional costs that are difficult to quantify.

Recruitment & retention of staff, airfare, accommodation and pay rates are all factors for the NT. There is no local agency to send staff in if someone rings in sick in towns like Katherine & Tennant Creek.

5. Respect for culture.

Frequently overlooked as of prime importance in delivering services to indigenous people & communities.

Sorry business, family responsibilities, skin groups and fear of pay back are all added considerations when attempting to recruit suitable indigenous staff. Limited access to cultural awareness programmes and the high cost of these programmes means that staff frequently have insufficient information to deliver truly appropriate care & support.

6. Size Does Matter.

Many of our services are located in small communities and we struggle to maintain them. If Frontier Services withdrew from these regions there are no alternatives. We sustain losses of up to \$300,000 per annum and are fearful as to how we can move into the future and provide safe and sustainable services with an increasing deficit.

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Future Issues.

Ageing population.

Increasing numbers of people being cared for in their homes for a much longer period. This will impact in the increased severity of the clients' condition, behaviours and complex health needs when being admitted to residential aged care. Yet we are downgrading the skills mix of staff in these services due to lack of funding and also lack of suitably qualified staff.

◆ Increase in Dementia related disorders.

There will be a need for more specialised units for the disturbed elderly with access to infrastructure to provide professional support.

Dementia has been identified as an epidemic that will impact greatly on the economy. There are expected increases in the NT dementia numbers as a result of cannabis use, head injuries, diabetes and vascular disease. The additional unknown impact of petrol sniffing, alcohol abuse and the increased lifespan of those clients currently cared for by the disability sector remain a real concern.

Cultural Diversity

Projected increases in the NT aged population as more people now choose to retire here and families bring elderly relatives to the NT, especially from NESB countries to be closer to them.

Lack of qualified staff.

The impact of an international shortage of registered nurses and other allied health professionals is felt more acutely in remote and regional areas such as the NT. The lack of community infrastructure, real wages, poor/no housing, and extremes of temperature have valid cost implications for recruiting and retaining appropriate staff to provide the quality care that is the right of aged Australians.

Increased expectations on not for profit sector.

There has been an increased expectation that the not-for-profit sector will supplement the viability of remote, rural and regional areas of Australia. This is not sustainable.