

SUBMISSION TO SENATE COMMITTEE ENQUIRY – REGIONAL INEQUALITY IN AUSTRALIA

Senate Standing Committees on Economics
PO Box 6100
Parliament House
Canberra ACT 2600

economics.sen@aph.gov.au

seniorclerk.committees.sen@aph.gov.au

Dear Senate Standing Committee on Economics

Re: Submission - Enquiry into Regional Inequality in Australia – Re-adopted Enquiry

Thanks for the opportunity to make a submission to this important enquiry conducted under the realms of the 46th Government in Australia by your Standing Senate Committee for Economics. Thanks for reviewing and acting upon the documented evidence provided below which points to government produced policies promoting inequality of poorer working class background Australians via their newly instigated Aged Care Services parameters [REDACTED] which often affects the most - the rural population of country Australia.

INTRODUCTORY COMMENTS

I would like to start this submission on the regional inequality in this country by introducing the concept of Human Rights as presented in a former submission no 33 made to your enquiry by the Australian Human Rights Commission, as an introduction prefacing a discussion of how current Aged Care determinations are reducing the equality of all Australians in the lower social and economic realms (with hardly an effect on the upper classes in this country). At the moment, this effect is felt equally across rural and urban communities alike, but concurrently the move is to worsen the status of rural residents markedly by introducing the same architecturally massive aged care edifices into all country areas as well, meaning the sale of the family home (used to fund these massive architectural monstrosities but with low quality provision of care in terms of economic, social, cultural, and voting rights in addition to health service provisions – minimal or reduced to medications only) for country residents their family home sale – will be insufficient to cover the costs of their needed care, given the current inequity in real estate values between country towns versus inner city urban areas.

A one rule fits all approach to this enforced sale of family home effectively discriminates against all future generations in this demography.

AUSTRALIAN HUMAN RIGHTS LAWS - PROVIDING CONTEXT FOR STATEMENTS AND FURTHER DISCUSSION

Australia is a party to seven core international human rights instruments.

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- a) International Convention on the Elimination of all Forms of Racial Discrimination
- b) International Covenant on Economic, Social and Cultural Rights
- c) International Covenant on Civil and Political Rights
- d) Convention on the Elimination of All Forms of Discrimination Against Women
- e) Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- f) Convention on the Rights of the Child
- g) Convention on the Rights of Persons with Disabilities

Copied from: Regional Inequality in Australia Submission 33 Australian Human Rights Commission, (30 April 2018) page 3

For example. Human rights can be characterised in terms of civil and political rights and economic, social and cultural rights. And rights to good quality health.

i. Civil and political rights include, for example, the right to equality before the law; freedom from arbitrary arrest and detention; freedom from arbitrary interference with privacy, family, home or correspondence; freedom of thought, conscience and religion; peaceful assembly; and the right to vote.

ii. Social, economic and cultural rights include, for example, the right to an adequate standard of living (which requires, at a minimum, adequate food and nutrition, clothing, housing and necessary care and support such as health and medical services), the right to work, the right to social security and the right to take part in cultural rights.^{6 10}. Importantly, the nature of Australia's obligations with respect to human rights

Copied from: Regional Inequality in Australia Submission 33 Australian Human Rights Commission The indicators of, and impact of, regional inequality in Australia, Senate Inquiry (30 April 2018) pages 3-4

Australians first and only Human Rights Surveys/Consultations Australia wide was made in 2009 led by Father Frank J Brennan as its head. In its report its major indicator of disadvantage for rural Australia was: 'in the case of health or other basic services, the gap between metropolitan and rural and remote areas is a reality for many [most] who live outside our cities' with some 'inequalities in delivery across each Australian state'. The State Governments contributed to this inequality by their rates of funding standards and individual policies... separately from the Commonwealth services delivered. Other items following this first one in the final summations of Father F J Brennan's surveyed report are not relevant anywhere, apart from item i.

The Australian Rights Commissions submission also notes that UN studies also reflect on this unique inequality of services provided to rural and regional areas cf urban regions via their periodic review processing. This disadvantages rural and regional residents in terms of social and cultural isolation and deprivations often co-indicated by abysmally weak public

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transport options outside the major cities, contributing to endemic isolationist policies. However, this can be mollified in certain areas by sense of belonging within rural communities and personal and private support life support mechanisms (outside of regulations) and developed out of this sense of community - which most urban societies lack the experience of. But this form of denial of inequity of services is compounded in the Northern Territory, Western Australia and Queensland for any person of Aboriginal heritage – where the inadequacy of service delivery can be termed as - unofficially as “dire neglect”.

MAIN ISSUES AND BODY OF ARGUMENT

The failure of all governments to empower indigenous communities with inclusion in decision making affecting all their lives also pertains to all aged sectors of the population wishing for “aging in place” in Australia – with huge waits in queues in order to access anything of value. This Aged Care Services system so complex and vast a myriad of funding guidelines, service provisions and accommodations, it is hard to fathom how on earth any decent Australian with complex health needs, would be able to successfully navigate it alone, when in nearly every case, major partnership losses, grief and functional loss also pertain – to this aging sector of Australia. It gives an indication of major weakness in that community inputs and consultations has necessarily been so weak as to verge on the non-existent. This has meant that successive Australian governments have effectively set up a peculiarly Australian way of addressing aging in this country that has been accomplished by STEALTH and fait accompli with the denial of all or most of the basic human rights to this ageing part of the Australian population (excepting the rich of course, who have no troubles in funding their own private forms of services) thus increasing a growing inequity between the two co-existent streams living in Australia, the working well off and the working poor, after retirement and as they age. [REDACTED]

[REDACTED]

[REDACTED]

It does reduce the quality of life status of our ageing population in the following manner:

1. Rendering voting for anyone past 80 incidental rather than mainstream. Thus disqualifying aged citizens from contributing to any forms of governments elected – in the main – by failure to enforce their voting needs or rights – which in all other age groups and eras governments were obliged to do.
2. Forcing elderly residents to sacrifice their homes in order to enter disputably comfortable places of care, ie regulated mainstream Aged Care facilities. This in turn disinherits most Australians both now and in the future, from access to any forms of inherited wealth. However, the effects of this policy framework are felt most both upstream and downstream in rural communities (ie loss of farming property ownership potentially, in enforced sale of farms and often to overseas alternatives). But more widely by inherent losses to disadvantaged Aussies who traditionally supported their entire network of descendants with small sums of money that enhanced quality of life for their dependents in their remaining years – having lost the wiser supportive inputs of their antecedents (on death). ie this applies to vast segments of Australians but not in the same category of either politicians, or public

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servants, executives and their business owners, who can well afford the basics of any form of Aging in place without resorting to the forced sale of their family home (and thus entitling their own descendants – to vast privileges now denied to lower socio economic portions of the Australian community. THIS EQUATES TO DISINHERITANCE – AND DELIBERATE GENERATIONAL DISEMPOWERMENT – OF THIS DEMOGRAPHY – AND BY STEALTH ([REDACTED]

[REDACTED] Its intention was not discernable until after the latest Royal Commission into Aged care which appeared to be going to address all the human rights and quality issues so oft complained of, but – as per usual – the current Minister for Aged Care - maintains a zipped lip – appearing to do something but in effect doing nothing at all – to address the majority of concerns raised in this most recent Royal Commission. The fact that Ministers in Aging change at the rate of knots doesn't help matters at all, either. Indeed in light of the realities occasioned – it certainly appeared that a failure by successive Ministers for Ageing to accept that type of pre-determined status quo, meant harassing that Minister out of that job – [REDACTED]

In terms of this unfolding nightmare – it now is evident that this enforced sale of family homes in order to receive adequate care in the final journey stages of life (ie last year or so) affects all poorer Australians across the country irrespective of if they are living in rural or urban areas. However, this again needs qualification, for homes in rural towns, nearly always sell for far reduced price range than those in inner city areas. This may explain the situation where some Aged Care facilities in rural areas, are less severe on costs and seem to be more community oriented in their service delivery patterns. Ie they provide the same thing at a lesser price than the inner-city Aged Care facilities. However already this is changing and newly arising Aged Care Facilities in country areas, are all moving into the architecturally designed and fantastic edifices that look like they will be capable of delivering expert care but in fact, seem to be operating at a loss, and fail abysmally in all areas of Human Rights vis a vis elderly Australians. Ie they are architecturally superior but totally inadequate and inferior and the cost to our elderly is loss of rights across the board, disempowerment financially reducing their ability and confidence to have a say, reducing their life span via implementation of health regimens that rely on medications only to address all health concerns and fail to meet necessary standards in terms of social and cultural outlets, physical activities and intellectual stimulation (here again lip service applies in most areas in most cases) – all quality of life issues needed throughout the lifespan, and not to be eliminated simply because old age has set in. In this case, also, women are the predominant losers, because women predominantly make up the body of residents in most Aged Care Facilities. And women in this age demographic are more likely to rely on the financial wealth of former supporting husbands (lost to illness and subsequent death) and even less likely to protest about their lack of human needs being addressed. This is a fixed one rule fits all mentality and approach – addressing all Aged Care residents across the

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country – but supremely disadvantaging not only them, but also their descendants, by the funding of these architectural monsters by the sales of family homes in which the poor are most affected while the wealthier are not. It discriminates on the grounds of wealth, as does the US Health system (partly remedied when Barak Obama was President but not fully)

It is an artificial discrimination against lower class working Australians formulated deliberately [REDACTED] with the continuing intent to supremely and supinely disadvantage that particular economic demographic promoting their own precepted rights [REDACTED] at the expense of the mainstream (who might now rightly see themselves as mere slave labor or labor fodder – their rights reduced to lip service and nothing more)

Here is but one eg. One of us has been in public hospital for 5 weeks, bed prone for 3, followed up by a period of 4-5 weeks in Transitional Care. We were fore-warned that in the Governments provided Transitional Care Programs the efficacy or wellness of the resident and their survival was dependent entirely on their innate abilities to recover, as no further Allied Health Services would be provided during their Transitional Care stay. This meant that one of us, who had reduced mobility and muscle strength due to being bed prone for several weeks and receiving physio only in the last week or two prior to discharge and no further physio needed post this point (apparently and unless funded privately at greater expense to family). Although the facility itself had contracted its physiotherapy needs out to a small team – invariably they only did assessments and failed to provide any additional one to one supports ever (greatly needed by a person with reduced muscle strength and mobility after lengthy hospitalisation). In turn this affects the persons ability to recover, and further promotes the likelihood of the person to need permanent care provision necessitating sale of family home and a complexity of Aged Care services delivery – and also promotes a descent into premature death. This “set up” serves to bamboozle the uninitiated having limited to no experience of what lies in store. And barely able to ascertain any form of quality and where it may exist, in the time required to do so.

Another problem facing anyone needing Aged Care Residential services is the fact that most Carers now are from foreign backgrounds and have limited insight into the former lives of aging residents ie it culturally disadvantaged aged Aussies who were born and grew up and worked and raised families here under very different cultural and social set ups and norms to their current carers.

Eg in one Aged Care facility viewed as a potential permanent care place in country Victoria, the head nurse was a man from a uniquely different [REDACTED] background – whose culture traditionally favoured men over women to the extent that in any marriage separation children born of the marriage were invariably allocated to the male parent’s family’s charge and care and seldom if ever to their mothers care. How can a person born in this set up possibly provide the quality of comprehension and care needed by any Australian elderly person wishing to spend their remaining years with the respect, dignity and understanding they have spent a lifetime of endeavours towards earning and then have the indignity or loss of financial integrity to even demand a better quality lifestyle or pattern of services?

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Further on investigation it became apparent that a particular [REDACTED] [REDACTED] was instrumental in this man obtaining his head nurse position in this particular country Aged Care Service, and that he probably was not qualified for the role he was undertaking.

Worse, it was found during a guided tour of the premises, that a private room had been set apart from the body of rooms, for when the odd patient became closer to dying. In other words, deaths did take place in this Aging facility – without the regulations in place which should have been more properly provided in either a Hospice or Hospital setting. How do these Aged Care Services get away with this? It is a recipe for pre-determined disaster – when an unqualified or partially qualified nursing practitioner – is allowed to supervise the last dying moments of an elderly patient/resident, and which it seems the regulations permit. [REDACTED]

[REDACTED] How can this Australian society have descended to this monstrous failure in Human Rights and Community Ethical standards?

It is not as if most carers and immigrants from elsewhere are going to be uncaring or inhospitable to the care needs of recipients in their new country. Most are probably pretty nice people raised in familial settings similar to our own, even though vast cultural political and social set ups prevail in their former countries. But they themselves see the inequality in their wages and their required drudgery type of work duties, and it tends to point them in the direction of race hate or race dissatisfaction as they observe their supervisors and management to have very separate roles and conditions of pay to what they do. If they also come to view themselves as a form of slave labor forced to look after the unwanted remnants of Aussie society – and this is all because – they too are participating in services that repeatedly fail to address the human rights needs of elderly in Australia.

The system is open to rorts, political interference to knock people on the heads by requesting premature life ending services (by political power brokers – as with the situation just described above) in the form of toxic life threatening medical procedure and/or debilitating pharmaceuticals be given to their historical political opponents or enemies to their secure their absolute power control needs [REDACTED]

CONCLUSIONS

That is the Australian Aged Care Services system and model has become such a nightmare of complexion that it is intended to confuse everyone out of their cotton picking minds and render disempowerment of all concerned probable. Anyone undergoing the burden of this nightmare will also potentially be undergoing the possible loss of a supreme carer/provider/nurturer and thus have other nightmarish qualities to deal with (of their own) in addition to those facing their aged parent's requirements (and the immanent loss of that loved person) the one person whom in the past supported them and assisted them over the many milestones engendered by most more recent far right governments – which

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all served to mainstream similar disempowerment and loss of entitlements whilst paying lip services to all aspects of other people’s human rights – not their own privileged rights (which will never be diminished while this set up prevails). As opposed to the families of lower social and economic status whose disempowerment will be compounded in the extremes laying in wait for same. [REDACTED]

[REDACTED]

Thanks for reviewing this and determining any changes needed and how to implement them.

Eclectic Consumers Collective

[REDACTED]