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Committee Secretary
Community Affairs Committee
Department of the Senate
Parliament House
CANBERRA ACT 2600



Inquiry Into Aged Care

I refer to your invitation for written submissions to the Inquiry into Aged Care, dated 23 March 2005.

Legacy's response to the invitation, prepared by our Perth Office, is attached.

In making this submission, it is noted that Legacy is an Australia wide organisation looking after the welfare of widows, children and disabled dependants of deceased veterans. Currently there are more than 132,000 widows, 760 children and 1150 disabled dependants of deceased veterans enrolled in Legacy. More than 60% of the widows are over 80 years of age.

Yours sincerely

G P A Riches
Chairman

Encl. 1. Legacy's Response to the Inquiry into Aged Care

INQUIRY INTO AGED CARE

(c) Young people being accommodated in residential aged care facilities

Residential Aged Care is not the best place for younger people with disabilities as the culture is vastly different and inappropriate. It cannot provide younger people with support to develop, build relationships and participate in life. The impact on younger people who live in aged care facilities is devastating.

The problems these younger people face are compounded by the extreme disabilities and varying levels of cognitive deficiencies they suffer. Many are left all day with little option for age appropriate socialisation and few opportunities to create and pursue activities of interest. Overworked staff in nursing homes become the sole source of socialisation due to further problems of lack of transport to enable these younger people to participate in the community.

The lack of an effective system of long term case management leads to further crises for younger people in nursing homes. There are also significant cost implications in the accommodation of younger people in aged care facilities, as they could spend years occupying beds needed for older people. As a result many older people have to wait to enter residential care due to the fact that there are younger people already in the system.

Special needs such as dementia, mental illness or specific conditions

Clients with special needs who have complex care needs and those who live in rural and remote areas often experience more difficulty accessing services than others. While these people are, in principle, able to access services in the same way as everyone else, their remoteness means that they may experience extra difficulties in gaining entry to a service, either community or residential, or having their needs met appropriately once they are receiving a service.

The level of individuals entering residential care is increasing as people are coming in at a later age, with higher and more complex needs. The funding, even at the top rate, does not adequately address and financially support the level of care required.

(d) Adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly

Governments encourage living at home instead of moving to residential care, and the provision of informal care by families. Community care is an essential and effective way to help people live in their own homes. However, the system in Australia is not meeting all the needs of Australians who currently require it. There are inadequate levels of service provision; it is fragmented; services are often difficult to access and they are unevenly distributed across the country.

The ageing population and the rapid growth in numbers of people needing community care will place increased pressure on unpaid carers and the formal service system, neither of which can currently deliver enough community based care to meet existing demand. Funding for community care services needs to be increased to ensure that services are available at appropriate levels when and where needed.

(e) *The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community*

Quality health care and aged care need to be integrally linked. Governments need to act urgently to introduce policies to achieve a system of services where access is determined by the needs of the people. Older people require policies and strategies for the integration of primary care, community care, health promotion and illness prevention, rehabilitation, acute care and residential care.

Older people are often forced to remain in hospital once they are well enough to leave due to a lack of availability of appropriate residential or community care. More residential homes and services are required to enable older Australians to leave hospital safely and securely.

By way of contrast in the acute care sector, due to a lack of resources older people are sometimes forced to leave hospital before they are fit enough and/or without appropriate discharge plans. People return home with wounds which still require medical care and dressings, and no support is in place for meals and personal care. These situations place pressure and stress on the older person, their families and service providers. Poor discharge planning contributes to rehospitalisation and premature admission to residential care.

Acute hospitals need to modify their practices to provide for the care needs of frail older people and governments need to agree on how to manage the care requirements of older people who require a level of care that lies between current hospital and residential aged care provision – transitional or interim care.

Finally, it should be noted that notwithstanding the points made above, the Department of Veterans' Affairs endeavours to look after the welfare of the veteran community through such programs as those relating to "Planning your Discharge from Hospital".

Nevertheless, the fact remains that the above points show that there are serious gaps and more will have to be done.