

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE
INQUIRY INTO AGED CARE
SUBMISSION

INTRODUCTION

The Patricia Gladwell Aged Care home welcomes the opportunity to respond to the Senate Inquiry into Aged Care. We wish to state that we believe that within the scheme of health delivery, the provision of good quality aged care services should remain high on the government's priorities.

SCOPE OF THE INQUIRY.

The Terms of Reference for the Inquiry encompasses five broad issues which do not necessary address the problems facing the Aged Care Sector immediately.

We have all acknowledged that there is a current shortage of appropriately qualified aged care workers at all levels. As long as there is a divide between the acute care and the aged care sector, both sectors will continue to compete, in favour of the acute care sector, for the same diminishing pool of professional workers, particularly, the Division 1 & 2 Registered nurses.

There needs to be better promotion of aged care to attract nurses into this field.

Unfortunately, there are still many nurses whose attitude remains that to work in aged care is "the end of the line" in their nursing career.

Government has much responsibility in ensuring that there is equality of remuneration as well as other opportunities for all nurses and other professionals, regardless of whether they work in the acute care or aged care sector.

The suggestion of employing more personal care attendants in aged care to address the nursing shortage, could be seen by many as being discriminatory. It can also be taken as an affront to our senior citizens who had contributed to society all their lives, and now when they are in need of care they are provided with carers with lesser training.

It has been argued for many years, and I am sure that it will continue for many more years, that accommodating young people with disabilities in aged care facilities is inappropriate. Young people, regardless of whether they are physically disabled or mentally disadvantaged, require activities and care as similar as possible to other young people in the community. For many of them, they still have a lifetime ahead of them, and their emotional needs are still developing. Hence, their demands and needs are very different to those of the aged. It is therefore, inappropriate and unrealistic to expect aged care providers to provide the same level of high quality care for both psychogeriatric and other aged clients in the same facility as the younger clients with disabilities. One or both groups will be disadvantaged.

If we are really serious in maintaining the quality of life for both groups of clients, we should extend the project run by the M. S. Society Victoria, here in Melbourne. This project runs a community house which provides a home to three women with multiple sclerosis and staff to care for them, this needs to be evaluated and costed as soon as information is available. May be worth looking into providing young disabled specific nursing homes. Figures collected by the National Alliance for Young people in Nursing Homes show that 6281 people under the age of 65 are living in nursing homes around Australia.

The Home and Community Care programs go some way in meeting some of the needs of the elderly in the community. However, there are still insufficient programs to reach those in isolated areas, regions and those from Non-English Speaking Backgrounds. There is also much confusion still as to which layer of government is responsible to provide what HACC services. It is also unclear as to what proportion of the HACC funds are used for client service and what is being spent on infrastructure maintenance.

The Workforce Report released recently, ("The Care of Older Australians : A picture of the residential aged care workforce"), may indicate at a glance, that the Aged Care Industry workforce is not too bad. However, if you are the Manager of an aged care facility seeking to replace a shift at short notice, you will disagree. Superficially, there is some perception that some of this Survey's findings indicate a reduction in the use of agency staff, which is a good sign. However, if one was to probe deeper as to the real reason, one will find that in most instances, many shifts are not replaced by agency staff because of the cost. This often results into shifts not being replaced at all, ending with a shortage of staff and resident's care in danger of being compromised.

This Report also cited that only 13% nurses and 19% other staff surveyed, complained of staff shortage, as being a positive indication that aged care is not in crisis. I put to you that if 19% of the aged care workforce complained of under staffing, we should be worried.

The system as it stands does not have the capacity to allow for a smooth transition of our elderly patients from acute hospital settings to aged care settings, or back to the community. We already know that currently, there are insufficient beds to cope with the rapidly increasing numbers of older people requiring high level residential care. The government's policy of "encouraging" older people to remain in their own homes have further exacerbated this situation. There is a general lack of appreciation that when an older person suffers an a medical episode requiring acute hospital intervention, the chances of them being able to return to their own homes are low. Most of them will require admission into an aged care facility. With the still to be resolved shortage of residential aged care beds, particularly for high care, these people are literally left stranded. Our current transitional arrangements need to be moved forward much more quickly than what is actually happening.

The Aged Care Standards and Accreditation Agency has always been associated with funding. More public relations work will be needed for the Agency to be recognised as a provider of information, education and training to aged care facilities. There is also a need for clarification as to what level of information is being provided directly by the Commonwealth Department of Health and Ageing, and that being provided by the Agency. Many professional carers in aged care facilities resent the amount of time they are required to spend on administration and documentation. They believe that much of this time could be better spent providing direct care to their residents.

GENERAL COMMENTS.

The government's proposal to reweigh the balance within the provision ratio to double the number of places offered in the community to 20 places for every 1,00 people aged 20 years or over is welcomed. However, this must be supported by the appropriate level of improvement to the system's infrastructure to manage this increase.

It is disappointing that there will be no change in the proportion of places offered for high level care. There is a need to consider where the older person from their own home or from a low care facility will go when they require high care. Many will have to wait in competition for someone to die in a nursing home to vacate a high care bed.

The proposed model to replace the existing RCS system should be considered with caution. There are many residents who do not fit neatly into high or medium care category. These residents must not be allowed to fall into the gap and receive inappropriate levels of care.

We believe that the Inquiry should also look into the following areas :-

- Town Planning – Why does it still take so long for Town Planning to approve Plans for residential aged care facilities.
- Do Local Government Town Planners communicate with the Commonwealth Department of health & Ageing Planners
- New Service Providers – Why is there not one specific department /organisation who can respond to queries from new providers, and also provide them with some guidance through the whole process.

In conclusion, we would like to commend the Commonwealth government on initiating this Inquiry, and hope that during the next 3-4 years when the current proposals, including those in the 2004 Budget, are being brought to reality, those of our senior citizens requiring assistance and care are still adequately being cared for, and that at the end of the day, the Australian health care system is not being driven by cost only.