COUNTRY WOMEN'S ASSOCIATION OF NEW SOUTH WALES

SUBMISSION:
"Caring for Older Australians"

To: Inquiry into Caring for Older Australians
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From: Social Issues Committee
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CARING FOR OLDER AUSTRALIANS

We thank the Australian Government Productivity Commission for the opportunity to express our views and recommendations on the Inquiry into Caring for Older Australians.

With regards to the "special needs groups", this committee does not have the expertise to discuss Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and accordingly has concentrated on those living in rural and remote locations.

Australia's Aged Care Services, while consuming millions of dollars of taxpayers' money, is fractured, inequitable (with regard to location) and under-resourced, with an alarming increase in dependence on non-government organisations to provide voluntary services, nursing homes etc.

Our main concern is that there should be a big picture attitude taken for aged care. As with so many government funded and run schemes, there seem to be a great waste of resources, duplication of administration and, in some cases, simply a lack of understanding of the schemes that are being controlled.

One hopes that with new funding arrangements of health schemes in general, announced by the Federal Government, some of the waste and duplication and, most importantly, buck passing will be eliminated.

At the moment, the Commonwealth proposes to take funding and regulatory responsibility for aged care services and for those with a disability in those services, promising a seamless move from basic help at home through to residential care. 2015 has been mooted as the time when the Commonwealth will take complete control – in most states. However, until 2015 there will still be the usual overlap of services provided by different federal, state and local governments, hospital, social and volunteer programmes.

Availability, accessibility and affordability of care are three very important factors for older people. A huge amount of funding is spent on administration and advertising services available to the community, but this information is not easy to access. Older people do not know how to access services. There seem to be so many different agencies, controlled by so many different bodies, some privately run, some through church based agencies, and some through agencies like HAAC. Often, hospital based social workers are not able to provide specific information.

Over $38 million over the next three years has been provided for administration by the Australian Government to provide one-stop shops for access to care. This access to assistance is urgently needed now – not in three years time. It is all very well to say that there is an Aged Care Page in the front of the White Pages telephone directory, but the sections listed (descriptions thereof), the email addresses and the dreaded 1800 number to ring and wait and wait and wait would make a younger person give up, let alone an elderly person.

Many factors have contributed to the now fragile lifestyle of many aged people. Most families, in spite of various and varied reports of elder abuse by families, in the main do their best to look after aged parents. However many families are scattered these days due to broken marriages, second marriages, adult children hundreds of miles away both

interstate and overseas. If the adult children do not live nearby, they have to put their faith in neighbours/friends. Often, it is only after a critical incident that they come to the attention of and are assessed by the Aged Care Assessment Team (sometimes there is a wait-time of three months to be assessed by ACAT), and benefit by Vitalcall, Telecross, home modifications, meals on wheels, housework/laundry done, community bus, shopping done. This is for a few hours a day/week, and the families worry about "what happens when there is no-one with them at night time?", and most put a lot of faith in Vitalcall.

These informal carers (family/friends) do a fantastic job keeping the aged in their own homes, where they want to be. When the aged become more dependent/frail more help is needed and formal carers are introduced. Sometimes this is 24x7 and sometimes just for a few hours a day, at night time and in the morning. By the time the aged person reaches this stage, it is usually too late for that person to start thinking about retirement homes as they could not manage a self-care cottage and could not afford to buy into low care facilities.

Seeing how much money is saved by the government by supplying formal carers to keep the aged out of the non-existent affordable nursing homes, one would assume that the authorities would ensure that these formal carers were well trained in aged care, medication delivery etc. But, sadly, this is not so, as a member of this committee states "some carers are little more than highly paid baby sitters with little or no experience. This is particularly dangerous where the patient is on medication (sometimes morphine or other restricted drugs) and there is also the possibility of abuse of the patient." There have been reported cases where carers were visitors to Australia on holiday visas and had no experience in caring for older people, they were quite unprepared for changing pads and administering medication to dementia patients. Our older people deserve better than this!!

Formal carers must be required to undergo rigorous training to fit them for this time/patience/energy consuming career. They must be accredited before being contracted out in this most important work. It is presumed that these contracted casual workers are covered by insurance and even more importantly, are those being cared for by unqualified workers also covered for insurance? Changing babies' nappies is so very different to changing pads for the aged, and where babies can be settled in a cot, dementia patients need 24x7 vigilant care.

The aged care system does not interface well with the wider health and social services sector. Health and residential respite institutions have no comprehension of the time lines for community care providers to establish or restore services to people discharged from hospital or returning to their homes from respite. A member of this committee states that in the Bega Valley it is not uncommon for someone who has been in hospital in Canberra (300 kms away) to be discharged Friday afternoon and delivered home by ambulance. By the time community services are notified, the person is on the way home. Often he (she) lives on their own, has no food in the house, because of hospitalisation, and on Friday afternoon services are not likely to be restored until after the week-end on the Monday. Community care providers (paid staff or volunteers) do not work 24x7 like health institutions and need prior notification/planning to establish or restore services.

HACC services has a "one shoe fits all" policy in regard to funding, and it is unworkable. If the cost to deliver community services is not financially viable, the for-profit sector will not service these clients – an example being the large population of veterans living in

the remote areas of the Bega Valley, leaving service provision to volunteers in the not-for-profit sector. Funding should be paid in line with the cost to deliver the service.

Whereas some people can arrange their old age so they can retire to a community with self care, low care and then progression to high care if needed (ageing on site) there are many who are incapable of doing so due to either physical or mental reasons and not being given adequate advice when they were capable of receiving same. Many elderly people firmly believe that once they are admitted to a nursing home facility, their independence is gone, their life span very limited due to lack of exercise (walking only to the dining room and back to their room). It all depends on the quality of the nursing home. So many people are living in or on the waiting list for public housing. How will they ever be able to afford to buy into retirement living?

Buying into retirement homes can be very expensive and sometimes fraught with danger e.g. reverse mortgages etc. Leading elder lawyer Rod Lewis said that across Australia about 1,000 aged care contracts were signed each week, but very few families took the time to consult a lawyer to explain the contract, going on to say “the point is not really to understand what the contract is telling you, but to be able to recognise what is missing.” It is understood that at this time in their lives changing from living at home to being in a retirement setting, they would be so upset and really needing a clear thinking lawyer on their side.

(Newcastle Herald May 24) The Australian Bureau of Statistics estimates that the Hunter’s (NSW) population will reach 710,000 in 2026. There will be about 200,000 aged over 70. 8 per cent or 16,000 of those will require residential care. It is estimated that 11,000 of that group will need nursing home care. The NSW Association Chief Executive of the Aged Care Association, Mr Charles Wurf said they were working on a national figure of about an extra 8,000 beds a year being needed.

Although there is a great demand for high care accommodation, many providers have stopped investing in new high care places because residents in high care facilities are protected from a user-pays system. High care residents pay 84% of their pension – superannuees this amount plus as much as they can afford extra. The Federal Government pays the facility a daily sum dependent on the extreme of disability of and amount of work involved with the patient.

The build up of hundreds waiting to be admitted to high care residentials has nearly ground the hospital system to a halt. Too many beds are taken up with elderly patients. The average cost per day to the tax payer of keeping the aged in acute public hospital beds is around $970, whereas the average cost in an aged care home is about $100. Appropriate nursing homes must be found for these aged patients. Surely some of these could be nursed in their own homes with carers – even 24x7, but then, as we have seen, qualified capable carers are very thin on the ground.

But, apparently the Federal Government has given up, re-directing funding from high care aged care places to pay for these older people stuck in hospital beds.

Seeing the reluctance shown by Australian Aged Care providers to accommodate high care patients (no entry fee), no doubt we should not be amazed to find that a for-profit international Healthcare group (Bupa) has taken over many aged care units in Australia with 3,700 residents in 48 homes which include 21 NSW aged care facilities.

Concern must be felt about Bupa and the fact that Australia’s second largest private hospital operator Healthscope Australia is about to be taken over by the U.S. private

equity firms Carlyle Group and TPG Capital. Healthscope owns 14 facilities in NSW including Prince of Wales Private, Mosman, Nepean and Sydney Southwest private hospitals. Industry experts suggest that takeovers of this kind usually meant downsizing or "stripping" health services in order to make a profit.

Aged care nurses do such a wonderful job and must be supported in all ways – in remuneration and rostering with sufficient staff. The June federal budget promised a $132 million aged care workforce package, which will enable thousands of nurses, assistants in nursing and personal care workers to upgrade their skills, helping them to stay working in the aged care sector and ensuring high quality care is delivered. This is vital given the number of nurses in aged care actually declined by 4000 between 2003 and 2007, while the number of residents increased by 15,000 in that time.

In many nursing homes there is a ratio of 2 staff for every 34 residents – 2 people to toilet, shower, feed, make beds, give medication etc for 34 residents, and much reliance has to be put on volunteers, unpaid and untrained.

Press reports over the last few months have looked at many Sydney nursing homes finding them to be short staffed, abusive to the elderly, wanting in compassion, care, facilities, equipment, proper food etc.

This committee feels that the federal government watchdog should not give the nursing homes a week's grace before any spot checks, giving them time to clean up their act, adjust paper work and bring in more staff – just for the spot check. There should be no notice and done on a very regular basis. The aged deserve our protection.

Doctors are asking the federal government to provide specific financial support to attract GPs to provide services for aged care facilities. Ensuring residents of nursing homes have access to doctors provides an extra safeguard for the wellbeing of residents and increases the likelihood of poor care and abuse being identified earlier.

This committee finds it strange and upsetting to hear of governments boasting about how they have increased the number of beds to hospitals/homes. The beds are already there – shut away in closed sealed up wards because the hospitals cannot afford to pay nursing staff to cover these beds and wards. It is the increase in staff (hands on staff – nurses, cleaners etc. not bean counters) that is called for and urgently needed. Money has to be found to pay for these essential workers.

The Country Women's Association of NSW feels that Local Government could do more to help the aged. Streets, roads, rail, gutters, pavements should be made more wheelchair/ walker/scooter accessible. Also, family homes now being built should be looked at for when the owner requires wider doors (inside and out) to cater for wheel chairs etc, ramps to accompany steps, and any indoor stairs to be able to be fitted with chair lifts.

It is of great concern to the Country Women's Association of NSW that there is such an inadequacy of funding for those aged people living in rural and remote areas of Australia. It is an appalling indictment on this country which has profited so much for so long from these rural families.

Compared to the city communities, rural communities often have better access to services – through word of mouth. However, centralised access and referral points of entry will not help rural people speaking to someone on an 1800 number anywhere in Australia with limited knowledge of what is available on the ground in their town.

Many elderly people in the bush are asset rich but cash poor. It is not always possible or desirable to sell the family home (especially if it is the family farm) or access funds in the short term. The alternative is very expensive, hiring live-in carers 24x7 with respite and relief for the carers.

The bigger country towns have the three tier retirement complexes, but the further out one goes often an annex at the small rural (bush) hospital is used for respite, low and high care patients. A few years ago, this situation was challenged when the locals used the bloated numbers to keep their local hospital open and viable. However, this situation has been accepted by the federal government, and it is hoped that the rural hospitals will benefit financially from this decision as, no doubt, the city and regional hospitals will.

Aged care social support is more expensive to deliver in rural areas than in city areas but, traditionally, funding levels and expected service delivery outcomes are based on city costs, and completely ignore the logistical costs associated with delivering services in a rural area. The for-profit sector will often elect not to service clients in remote areas (too costly), referring them to the not-for-profit sector for service delivery by volunteers.

HACC personnel do their best in the rural/remote areas, and much emphasis is put on aged people being assisted to stay in their own homes, but then, there are very limited facilities for them to enter as an alternative. A committee member has given details of a middle-aged woman, living alone in a government assisted rental house, completely dependent on assistance to get in and out of bed. This causes its own problems because she is dependent on the care person to come at a time when the carer is available to assist her, not when it is most suitable for her. Often the HACC worker comes to get her out of bed any time between 7am and midday, and to put her back to bed from 6pm to 10.30pm. She has become “trapped” in her own home at the mercy of the schedule and availability of the carer. She would be much better off in a residential with on-call staff – with companionship and social interaction. The real issue here is that the right type of housing and the right type of support is just not available to most people, and those living in rural and remote centres have even less access to the few opportunities that do exist. We believe the rural and remote aged deserve better than this.

Summary

- Carers – informal, but more so for the formal – must be adequately trained in all aspects of caring work and be required to meet strict government approved standards.
- Aged Care nurses should be supported to the utmost and appropriate wages paid. There should be a mandated nurse to patients ratio.
- GPs should be encouraged to work in aged care facilities which could be one sure way of ensuring patients receive proper care.
- Unless the federal government is prepared to see overseas companies taking over the majority of aged care, they will have to finance companies (by way of interest free loans) to build aged care facilities and run hostel type accommodation.
- No aged care facility should be given prior notice of spot check visits.

Social Issues Committee,
Country Women’s Association of NSW