To Whom It My Concern (and be of Interest)

I have recently emerged from several years spent managing (from a long distance) the care of my frail and ageing parents at home, watching their various experiences of being cared for in their own famiiar surroundings, prior to their admission into a Nursing Home in Queensland. My Mum is now residing (and reasonably content) in a good Nursing Home and my Dad died about 12 months ago after 6 months residence in the same Nursing home himself. My efforts to help them, visit them often and watch their reversing life progress, was very enlightening, scary and instructive. This letter is a result of my experience over those years.

My submission is in regard to the management of the Organizations that offer Home Care aimed at allowing and supporting people to stay in their own homes for as long as possible. Many of the aspects of their care are commendable. However there appears to be a particular and unfortunate policy which many of them operate under. This is the deliberate, frequent and often unpredictable rotation of the carers - staff who have been employed to go into an elderly person's home to support them in a number of different ways.

I understand (as it has been quoted to me often) that there is a strong belief (is it in fact a policy??) that staff should be discouraged and activey prevented from forming "attachments" to the people in their care. For this reason, regular carers are almost impossible to find. I wish to point out and state very clearly my objection to this policy. I find it belittling for all concerned, patronising and extremely distressing and damaging in terms of the effectiveness of the care given.

I believe this constant staff rotation policy actively undermines the intended effect which is good quality care enabling older citizens to maintain life in their own homes (for the purpose of saving costs for government departments) and much preferred by most elderly people. Neither the givers nor the receivers as I observed, were happy with this arrangement and found it negative and frustrating despite good will on both sides. I believe it also unnecessariy shortened the time my parents could have managed life at home. Older citizens are not in a position to present these views themselves when all their energy goes into just surviving, which ultimately fails them - there are no "happy" endings in the Aged Care industry.

Firstly I have no objection to the quality of care or the carers. In my experience, they do their very best under difficult circumstances. I take my hat off to them all.

Care in itself means much more than clean floors, bed making and fixing meals for people. It means building relationships that allow a frail, helpless and often frightened older person to know who to expect will be coming through their door. (My parents were initially very anxious about allowing strangers in to handle their possessions, take over their kitchens and ultimately handle their bodies, shower them, dress them etc.) These are intimate tasks that of necessity challenge people's privacy, control over their shrinking world and trust in others. It comes at a time when memories and cognitive skills, sight and vision and mobility are all lessening, so that folks' capacity to learn new skills and ways of living is extremely difficult - more so than ever before in their lives. Care given I believe should take these issues into consideration as their first priority.

As a family we persevered and as each of my parents needed help, we accessed a different organization and level of service. Through regular visits I was in a good position to observe how each of these processes was managed and the effectiveness of the care offered.

The organization helping my Mum to care for my father, actually did send in succession a couple of reliable hard working (but more importantly regular) workers. Each person (some for a shorter time but another for several months) built up a good working knowledge of both of my parents. The longest serving worker was the glue that held their home together for a couple of years and ultimately became the friend they needed as we (all the children) lived a long way away and were unable to give this care ourselves. We will be forever grateful to her. Of course she was sad (but not demolished) and understanding (a human quality to be valued) when my parents passed from her care. She was, as most carers are, well aware of that aspect of the job but appreciative and accepting of it also. She coped with the loss and change as do all carers employed in the many retirement work places across the country. I suspect other carers who do not last, probably recognize their own inability to accept this part of the work and find other employment. (I also suspect some of them end up in the management level and assume all workers must feel and react as they have done).

Building up this relationship at my parents' home, allowed these regular carers true and useful knowledge of both their physical needs, mental capacity, good points and challenging ones, so that they could care for them in every way effectively without wasting everyone's time going over the same new groundwork on each visit. Of course sometimes, carers move on, change jobs and circumstances and people adjust. But at least for a few weeks or months, care is consistent and truly a positive addition to someone's life at the time they need it most. While they are in the position to come regularly, carers get to know quickly what is urgent, what helps and what doesn't - particular issues such as allergies, sensitivities, likes and dislikes etc. It can be wonderful.

The second organisation was accessed as Dad's personal needs increased and he was eligible for a higher level of care. They expected my parents to accept constant changes of staff. I believe some managers approach this from the view that carers need to be saved from themselves in terms of developing emotional dependencies. I find this attitude belittling and patronizing and absolutely in opposition to the definition of good care. Ongoing care without some sort of positive feeling of at least acceptance and familiarity is flawed indeed.

These are adults we are talking about who are doing one of the most difficult jobs available in our community. The elderly folk are also - they cannot live so long without experiencing the grief of loss, the moving along of significant friends and others in their life, and to assume this is an issue that requires regulation by an organization is very patronizing indeed. In fact unless there is a level of good familiarity and understanding of the person needing care, many needless difficulties arise, not the least of which is for an older person (often my Mother) having to worry constantly. She grew more and more worried about who was coming today, what will they be expecting to find/do/help with. Would she remember what she had told the previous carer? Her daily anxiety increased enormously and every time a different person turned up, she had to re-introduce herself and Dad, show them around, explain how things worked, find out if they knew anything about Dad's illness or her own needs, (often they did not! Due to constant changes of jobs, homes and people, they had no time to absorb new information and find out essential facts before trying to "help"). I actually heard of a comment by one very "inappropriate" manager that you didn't need much skill to be able to vacuum or do the washing!!! That being his ignorant view of what the carers under his employ were doing with their time. The real skills of course are of compassion, awareness, sensitivity and high level of skill in knowing where and how and how much to help others in need, as well as effective and efficient work practises along with it.

In fact I got stressed along with the carers and my parents just watching what was happening and I think the pressure on the carers also made the job unnecessarily hard for them. It's no wonder some older people get cranky and cross everytime a new person turns up. It's hard work - not a help at all when the emotional strain outweighs the physical work offered. My parents did not get cross but I saw my mother deteriorate to the point of despair as to how she could continue managing. The lady who came regularly was always welcomed with relief, the work done efficiently and effectively with a little time for human interaction woven into the visit. It can be wonderful. But new workers for the second organization were often anxious, trying in a rush to get essential information before they started - over and over again in their day. They also did not know from one week (or one day to the next) where they would be working.

My reasons for such strong feelings are a result of watching my parents' reaction to the different types of care and the stress and distress that resulted from the disparate arrangements. I am also involved with two different caring organizations that look after my disabled brother and so have had the experience of watching 4 organizations manage their programs in ways that directly affect my own family. Some handle these issues better than others but all four places at different times and to different degrees, promoted this notion of reducing and controlling emotional attachment of carers to their clients. I think this is very misguided, poorly thought out and handled and the policy needs a very sharp and comprehensive review. As our ageing population increases, so will the needs of all concerned - let's do it in a way that minimizes stress and maximizes good outcomes for all concerned. We will all be on the receiving end one day.

I hope these thoughts and views are helpful and would be happy to follow up in any way you feel might be useful.

Yours sincerely,
Jean WORTLEY