Response to the Productivity Commission Draft Report into Caring for Older Australians

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Dear Commissioners,

As someone who works as a researcher in ageing and aged care and is personally involved as a carer of older people, I welcome your draft report and believe that if the recommendations were adopted by the Australian Government, we would have a much better and fairer system of care than the one we currently have.

I think the problems that you have identified and sought to address are very much the problems encountered by every day Australians who seek aged care as well as the problems that service providers encounter in trying to assist those who need care.

One of the main problems that I have encountered in both a personal and professional capacity is access to information about services when that information is needed. At present people usually go to their GP for health and service information or they may encounter aged care for the first time when they are being discharged from hospital. The information received (if any) is complex, confusing and often contradictory.

What we need is a clear port of call for this information and then someone to guide us through the maze. Even as someone who is very familiar with the aged care system, I have found it very difficult to navigate, let alone explain to other family members how it works!

I am hoping that the proposed **Seniors' Gateway** will address this problem. However, I have some questions and suggestions.

- Where will these Gateways be located? I suggest that they be in prominent places – the main street of country towns, shopping centres in larger towns and that posters advertising their existence be in hospital, GP and medical specialist waiting rooms, community health centres, elderly citizen's centres, town halls etc.

- Will there be an opportunity for short-term service system navigators (case managers or coordinators)? At present you only receive case management once you are on an Aged Care Package – in my personal and research experience, older people and their families need help to navigate the system on an intermittent basis as their circumstances change – they need a contact person they can call to help them for example - identify which residential care places to look at after the ACAS assessor has gone, or to talk to if they are not certain about whether they should seek private home care, HACC services or a CACPs package, to explain the difference between Carer Allowance and Benefit and so on. At present this is being picked up in an ad hoc way by ACAS assessors, Carer Respite Centres, Alzheimer's Associations etc but is not available to everyone in a systematic way.

- What about health promotion services before you need care – the Aged Care and Support Building Block Approach starts with basic support – should it start with health promotion and prevention of chronic disease? My mother-in-law has COPD and has not until recently received any advice on management of that condition – now she needs basic support but this may have been

> prevented or delayed if she had understood earlier how to manage this condition.

I would also like to comment on the way that carers are considered in your Draft Report. It is great that you acknowledge the huge contribution that they make and easier and fairer access to services is likely to have a flow on effect for caring families as well as for older people. However, many carers are also older people with care needs in their own right and it is also sometimes difficult to know who is the carer and the cared for as many older couples care for each other. In my research role and my role as a member of the Carers Victoria Board, I meet many carers and ex-carers who tell me that one of the most difficult times for them is when primary caring role ceases (ie when the identified care recipient dies or moves into residential care). This is not only difficult because they are dealing with their own grief, guilt, loneliness etc but because all services that were being received by the couple as carer and care recipient cease. They may have developed a close relationship with their CACP or EACH care manager but that person now has to take on another client and no longer has a mandate to support them. They lose their income support and their support services. I would like to see a specific recommendation to address this – perhaps a transition period for ongoing case management and some mechanism that means that they don’t have to start the process again – ACAS assessment, wait list, package commencement – in their own right.

Carers have the lowest wellbeing of any group in our community. There are a number of reasons why this would be the case. Their caring role often means they are unable to participate in the workforce, which has implications for their self-esteem, income, career prospects, educational opportunities and long term wellbeing. They are also often restricted in their ability to participate in social and community activities. It is harder for them to stay healthy, visit the GP, and join in physical activity programs and so on. I think Commissioners should make some recommendations about supporting carers in their own right – not just to maintain the caring role, which they may or may not choose to do – but to ensure they have access to the same opportunities as other older Australians.

The final point I would like to make is about management of older people in hospital and the transition between hospital and home. The best thing for most older people, (unless they have a need for surgery or some other condition that can only be managed in hospital) is to avoid hospital admission. Could the Commission recommend closer links between the health and aged care systems so that hospitals can provide outreach emergency services into older people’s homes, including nursing homes? Surely we can do better than have older people lying on trolleys, becoming disoriented, and falling in Emergency Departments when they could be managed by nursing staff or GPs at home. There are some existing examples of Hospital in the Nursing Home programs that could be implemented more widely (Kurrle, 2006).

I am very aware from my research in this area and personal experience that hospitals can be dangerous for older people – they suffer disorientation, functional decline, under nutrition and a range of other iatrogenic problems in hospital. If their situation is further complicated by having dementia, then hospitals become even more problematic. I think there is a clear need for education and practice change in hospital to better manage older people in general. All hospital staff should be trained to make sure their older patients are orientated to the ward and encouraged to call for help if needed, encouraged to mobilise wherever possible, ensure they are receiving adequate hydration and nutrition. They should also be trained in how to communicate with people with dementia and in their special needs. However, I think that hospital admission should be a last resort.

Thank you for the opportunity to contribute to your important work. It is very heartening to see the level of interest in this area and the potential for change that your work provides.

Yours Sincerely,

Briony Dow