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52 Avanti Street
Mermaid Waters Q.4218

House of Representatives
Standing Committee on Ageing

Submission into long-term strategies to address the ageing of the Australian population

Attached is a submission from Mrs Moira J McGuinness, MBE, MA.

As well as being involved in much other voluntary work, Mrs McGuinness is a member of the Older Women's Network (Australia) [OWN (A)] and represents Queensland on the OWN (A) Council. She is currently a Community Services Representative on the South East Queensland South Regional Forum, Community Engagement Division, Department of the Premier and Cabinet.

Her contact details are: *email*: moiramac@bigpond.com.au

Phone: (07) 5575 3472

Fax: (07) 5575 1620

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON AGEING

Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

Areas in need of attention:

Home Care

Housing

Public Hospital Services

Residential Aged Care

(not necessarily in that order)

Preliminary Statement.

It seems a pity that an inquiry into issues spanning the next 40 years, that is looking into the future, should be predicated on a premise that is so clearly out-of-date. That is, one grounded in the past.

The premise reads:

> *In short, the proportion of people aged 55-plus in the Community is steadily rising. The total aged 55-plus is currently just over just over four million people (or about 21% of the population). This is projected to increase to around 9.2 million, or about 36% of the total, by 2042*

At the dawn of the 20th century to classify people who were 55-plus as "aged" was probably consistent with life-expectancy rates at that time. An assessment appropriate to the times. At the dawn of the 21st century to classify people of 55-plus as aged - to take the past as the measure, while ignoring present life expectancy projections and future predictions is to begin from a flawed premise - and, thus, to put all other calculations at risk.

The repercussions of such a mistake will adversely affect all funding and programming plans in all areas of government, including:

Community Care
Education
Employment
Health Care
Housing
Transport
Welfare

The failure to mention capacity is also a serious omission.

People today who are 55-plus are only half-way along their life expectancy pathway. And they know it, and live it and act it.

These 55-plus cohorts are "middle-aged" at most. They are busy. They work, preferably in the paid workforce, or otherwise in some unpaid or volunteer capacity. Their work and the skills, energy, commitment and experience the 55-plus bring to that work does not *add to* but *reduces* the drain on the national exchequer,

In a structured society the hardest change to effect is a change of consciousness. **The primary obligation of this Inquiry** therefore would seem be to alter the mind-set of those whose false assumptions would put the whole strategic planning exercise in jeopardy from the outset. To categorise the 55-plus as "aged" is erroneous and for the Inquiry to contemplate the deployment of a proportion of its research funding in seeking ways of minimising their cost to the community is to compound that error.

Before it begins assessing the responses it receives from the public the Inquiry must first correct its own mistakes.

People are not "aged" at 55-plus, and in the country's financial ledger they are not a liability. They are an asset. Last year in South Australia alone, the unpaid workforce contributed $5 billion in kind to the State Government's fiscal well-being. Multiply that across Australia and the true value of people "55-plus" to the Australian economy is blindingly obvious. **The Inquiry has an obligation to recognise this.**

In the 21st century, and until 2042 at least, the people who may be consigned to that negatively-connotated category - the "Aged" - can be **no younger than 70-plus**. After 2042 they will probably have to be even younger.

Primary areas of concern:

Residential Aged Care

(a) At the present time residential aged-care is in crisis. Although the priovately-owned residential care centres are multiplying rapidly there are still not enough nursing homes to go around. And those that are functioning are chronically short of beds. A waiting time of 12 months or more is common.

Privately owned Nursing Homes are, however, out of the reach of any except the very well-off and those who have achieved "gold card" status. Their entry "bonds" (generally upwards of $180,000) are extremely high and at $500 a week or more for board and lodging, they are not for the majority of the population in need of residential care.

These private "care centres" are well-equipped but under-staffed. Both registered and enrolled nurses working in private sector nursing homes are paid less than nurses in hospitals. Nurses working in aged-care are kindly and well-intentioned but they are greatly overworked so services are strained. Staffing requirements - that is, staff/patient ratios - cry out for stricter government regulation.

As far as I could discover, when it comes to Accreditation Committees, the ration of consumer representation is something like 15:1 in favour of health professionals, including government departments, and other "interested" bodies. **There should be at least 3 consumer representatives appointed to all Nursing Home Accreditation panels.**

The grounds and the facilities and recreational services offered at most (up-market) privately-owned nursing homes are generally of a high standard. (However, the food served "high-care" patients can be less than palatable). But in all cases, they are a "long way from the shops".

It is to be hoped that the Inquiry will not conclude that the answer lies in "more of the same".

(b) The more desperate need is for Public Nursing Homes - for nursing homes built, maintained and managed as public utilities by the Federal Government in partnership with the States.

In some towns in remote areas there are just no nursing homes at all. Recently in one small town in Queensland an 83-year old man who had undergone a by-lateral amputation of his lower legs was sent home from the hospital to be cared for by his wife, who was herself in her eighties. There was nowhere else to send him.

It is therefore also to be hoped that a recommendation to this effect - that there is a real need for the establishment of Public Nursing Homes - will issue from this Inquiry

Public Hospital Services

Public hospitals buildings should be adapted (enlarged and expanded) to include **Convalescent Wards.** The reintroduction of Convalescent Ward facilities attached to public hospitals would mitigate present practices whereby patients in need of post-critical care are sent home prematurely. The situation presently obtaining under which the Medical Benefits Funds determine the length of time a patient may remain in a hospital is a disgrace to the Australian Health system.

It is also a situation, which is costly and inefficient. Re-admission rates are high Ambulances are called out, Accident and Emergency Departments are strained to the limit, waiting rooms are filled to overflowing with patients waiting to pass through the Triage system. **At the Gold Coast Hospital 80% of all patients presenting at the Accident and Emergency Department are over 75 years of age**. This figure would not be unique to that hospital.

The increasing number of doctors refusing to bulk bill and the closure of so many local after hours medical centres (taken over by corporations) mean that geriatric patients, and the poor, have nowhere else to go - even for minor injuries and illnesses such as coughs and colds - but to A&E at the nearest public hospital.

In the lead-up to 2042 and a population in which the aged will number 9.2 million, **the Inquiry would be well within its rights in recommending that the development of a totally new approach to Public Hospital emergency care and the hospitalisation rights of geriatrics needs to be put in process now.**

From now on hospitals should be designed and built to accommodate separate geriatric admissions departments, separate geriatric waiting rooms, more efficient geriatric screening (triaging) processes, less confronting assessment processes and less reluctant admission practices, and separate holding wards so that by 2042 all these things will already be in place. By 2042 geriatrics presenting at public hospitals for treatment will know that they will be well "looked after".

Home and Community Care

The planning and creating of a greatly expended system - in which "Home and Community Care" and "Home Assist Home Secure" are welded into one entity - should also be put in process now. A recommendation to this effect from the Inquiry would constitute a very positive outcome for those who need these services.

As the Consultation paper shows - the research has been done and the conclusion is very clear: the great majority of aged people, even those who live alone, want to remain in their own homes for as long as they possibly can.

Accommodating this desire is also the most economical way for governments (those that acknowledge their obligation to do so) to provide "a roof over the heads" of their aged and needy. It also keeps the destitute off the streets and away from the eyes of tourists. However, the longer they live, the harder it becomes for the aged to remain in their homes, unless they have access to the all the help they need.

What HACC and HAHS offer at the moment is the best they can do with limited Federal and State government funding. But this is pitifully inadequate and their cut-backs hurt those most in need of support. In some respects the programs are quite cruel. To allow a carer - usually the member of a partnership who is in the better health - no more than four (4) "off-duty" hours (that is, 4 hours "off" and 164 hours "on") per week, amounts almost to compulsory detention. A criminal act in terms of Domestic Violence legislation, but OK for the aged carer.

The HACC/HAHS programs can no longer continue as welfare "throw-aways". The two services must be combined.

A recommendation that HACC?HAHS be reborn as an Office of the Government - the Geriatrics Office - within the Department of the Minister for Health and Ageing would be well within the brief of the Inquiry.

Such a recommendation would represent a positive outcome arising from this Inquiry. Anything less for HACC/HAHS will be just pasting over the cracks and, in respect of caring for the aged, a recipe for disaster long before the year 2042.

Housing

There is an urgent need for public housing designed to suit the needs of the Aged members of our community. Such public housing estates should be located in central areas close to essential services, facilities and amenities and, most importantly, with easy access to public transport.

The depression - and other health-diminishing effects - caused by the social isolation imposed on the young and the old not served by an adequate public transport system, is a problem well-known to and well-documented within the health services and social services sectors.

Purpose built public housing estates for the aged. designed to a compact formula within a pleasant environment, producing an ambience of safe and friendly belonging would provide the aged with the security that comes only with having a "place of one's own".

In considering the provision of housing for the aged the Inquiry might do well to look beyond the United States model and towards the Scandinavian model particularly to Norway. In the United States the poor are thrown on their own devices (to sleep in doorways and under bridges and beside railway tracks). In Norway homelessness is virtually unknown.

The same vision - adequate, appropriate, desirable and available housing for the aged and zero homelessness - could be achieved in Australia by 2042. All it would take would be the goodwill of governments and the promotion of that goodwill within the community at large, together with a commitment to the appropriation of Federal/States' funds sufficient to this end.

A recommendation to this effect from the Inquiry combined with the other recommendations suggested in this paper would contribute to a positive assessment of the Inquiry as an historical watershed for exemplary Aged Care in Australia.

Finally, a thought for the Inquiry from Australia's immediate-past and much-loved Governor-General:

> *A country must be judged at bottom by its treatment of the weak*