Robert E. Foreman
21 Bermuda Way
GLENALTA SA 5052
Telephone (08) 8278 6772
Fax: (08) 8370 2236

Mr Adam Cunningham
The Enquiry Secretary
(02) 6277 2336
Standing Committee on Ageing
HOUSE of Representatives
Parliament House
CANBERRA ACT 2600

SUBMISSION TO STANDING COMMITTEE ON AGEING

This submission relates mainly to the provision of care services to aged persons in their homes. This area of aged care has not yet matured and needs complete restructuring. I have tried to organise my ideas and experience into some semblance of order, and have decided on the following topics:

STAYING INDEPENDENT (HOME CARE BENEFITS)

THE DREADED ALTERNATIVE

REALITY (TRAPS AND PITFALLS)
- ADMINISTRATION
- CARERS
- ADVOCACY
- FUNDING

HOW IT SHOULD BE
- ADMINISTRATION
- CARERS
- ADVOCACY
- FUNDING

OTHER SUGGESTIONS FOR IMPROVEMENT

OTHER AGED CARE CONSIDERATIONS

ISSUES IN AGED CARE FACILITIES

CONCLUSION

STAYING INDEPENDENT

Roughly 3.5% of the aged population in South Australia are in residential aged care institutions. For most aged persons, the preferred choice of residence and care is in their own home or that of a family member, with care services being provided by family members, or professional carers.

Reasons given for avoiding institutions are independence, freedom of choice and maintenance of privacy and dignity in all aspects of living and dying. Happy people live longer and many aged persons benefit society through the services, voluntary or otherwise that they provide.

Government policy appears to be moving away from supporting institutions. Improved home care services would reduce dependence on institutions. Life expectancy is a benchmark by which the social initiatives of governments can be judged.
** Refer to attachment 1.*

THE DREADED ALTERNATIVE

Images of regimental processing, cross infecting, uncaring aged institutions are abhorrent to most of the aged community. Statistics reveal that aged persons, admitted to aged care facilities against their will, die approximately two years after admission. I have taken the opportunity to ask elderly people in the community where they would prefer to live and die and the majority say in their own homes, with home care support if needed. They do not wish to be placed in a regimented cold place with tiny bedrooms and boring food where the mighty dollar appears to be the most important consideration. ** Refer to attachment 2.*
Could it be that the latest wave of euthanasia is a means of avoiding the "old folks home"?

REALITY (TRAPS AND PITFALLS)

ADMINISTRATION

There is no accreditation process for home support care agencies in South Australia. Given that the home care option is the one preferred by most aged persons, this seems a strange oversight.

MANAGEMENT OF AGED CARE PACKAGES

The administration of aged care packages seems to lack transparency. Clients seem unaware of the details of their approved packages. If hours are unknown to the client, times could be manipulated to the financial benefit of the care agency. An example of manipulation might take the following form: the package may provide funding for one hour. The agency might roster and pays a carer for a half-hour, then falsify records accordingly.

INEFFICIENCY

Community home care funding should be specifically for the aged person and their service needs, and an absolute minimum should be consumed by top heavy administration. Wasteful duplication of services can occur. If a registered nurse is needed the RDNS could provide the required service. It would appear unnecessary for the age institution to request or divert funding for a registered nurse employed by the age institution to attend a home care client.

Homes of aged persons requiring care services are often subject to invasion by many agencies. I have been in homes where representatives from Domcare, RDNS, Meals on Wheels, local hospitals, councils, various lifestyle advisors and social workers come and go in large numbers. Some simply walk in without invitation. Many of these organisations turn up uninvited, which begs the question of who informed them of a potential opportunity. Could there be a breach of the Privacy Act involved?

The invasion of the aged person's privacy is complete, and duplication of services becomes inevitable.

POTENTIAL CONFLICT OF INTEREST

It would appear that a potential conflict of interest could arise when large aged care facilities are also home aged care service providers. The temptation to use the home care client base as a source of potential facility clients must be difficult to resist. The right of the client to remain independent as long as practicable could be compromised.

PORTABILITY OF PACKAGES

If a client is unhappy with the provider's service and wishes to move to another agency then that wish should be accommodated. The amalgamation of or close liaison by a number of large home service providers associated with aged care facilities could be seen as intimidating to aged persons. This could be seen as a barrier to the portability of packages.

CARERS

Many if not most, home care workers have no aged care qualifications. Some have had training in other fields, such as nursing and childcare. These may appear to be related skill bases, but the skills may not be appropriate to aged care.

Nurses are trained to care for the sick or the injured. The expectation is that the patient should recover. Old age is not a sickness nor is it an injury. It is a normal, and the final, stage of life. Nurses work towards assisting people to return to a productive life. Carers are trained to prepare clients for the inevitable.

Child carers perform many of the base tasks common to aged care, assisting with feeding, bathing and toileting, but there is an important difference. Aged persons are in need of care and consideration for their independence and dignity. The condescending "dear", "dearie" or "you naughty old man" are not acceptable ways of addressing aged persons.

Untrained persons in aged care can contribute to cross infection leading to other illnesses. ** Refer to attachment 3.* Well-intentioned but ill-informed untrained carers can cause mental stress in aged clients. The unnecessary pain and frustration can shorten the aged person's life.

Untrained carers often dress in a manner which older persons find offensive. Exposed cleavages, bare midriffs, short shorts and visible underwear may be fine in some pubs, but they have no place in aged care. Some carers use their excessively tight trousers as an excuse for not bending down to assist with clients' personal care.

The dangers to home aged carers cannot be overstated. Many doctors will not make house calls unless accompanied by a bodyguard, yet home carers are expected to work alone. Aged persons sometimes misplace their possessions. Carers can come under suspicion of theft when these possessions cannot be found. Carers, usually female, must be mobile, often at night or in the wee small hours, in this age of violence and media-promoted road rage. All this and they are paid a miserable hourly rate and are not even paid for their travelling time.

ADVOCACY

There is current legislation in place about Rights and Responsibilities when caring for aged persons. These rights are not always adhered to or recognised by agencies in home support services and the age institutions.

Aged care clients are often afraid to complain for fear of reprisal. Reprisals can take many forms. There can be personality clashes between clients and carers. Some so-called carers are dirty and lazy and the basic concept of caring is foreign to them. A vindictive agency could deliberately roster an unsuitable carer to a client.

FUNDING

Government funding for home support services is much less than that provided for aged care facilities. A large part of the aged home care funding seems to be wasted by the inefficiencies identified above.

HOW IT SHOULD BE

Aged persons wishing to spend their twilight years at home should be given every opportunity to do so. Ageing is not a disease, it is a normal part of the life cycle, and only those with foresight to die young manage to avoid becoming old.

As ageing progresses, outside help is often required. Assistance with household cleaning, general home maintenance, meals, toileting and bathing may be needed. *Older persons need stability and continuity.* They feel threatened if they have strangers in their homes. Services should be provided by a small number of helpers with minimum disruption to normal household routine.

ADMINISTRATION

There should be one body responsible for the overall provision of home aged care. This body should not have any involvement with aged care facilities. HACC could be restructured to perform this function and should be able to provide the same or similar services as Options Co-ordination does for the disabled.

This **Aged Home Care Authority** (for want of a better name) should have the following functions:

allocation of home aged care packages and funding
accreditation of aged home care service providers
ongoing unannounced spot checks of the standard of service provided
following up of client complaints from advocacy bodies
coordination of home care services
coordination of home cleaning and maintenance services
employment of qualified home care case managers
assurance of quality and elimination of wasteful duplication

MANAGEMENT OF AGED CARE PACKAGES

After an aged care package has been approved, HACC should notify the client by letter of the hours and services to be provided. The client then has no doubt regarding the level of service to be provided, and can become an important part of the feedback loop to ensure that services are provided as per the approved package and at times suitable to the client.

INEFFICIENCY

Home visits by agencies such as Domcare, RDNS, Meals on Wheels, etc. should be coordinated by a case manager, qualified in home aged care, to eliminate wasteful duplication of effort, and to ensure that appropriate services are provided. These case managers should be based in suburban regions, answerable to the Aged Home Care Authority, and pay frequent visits to aged clients to ensure that services are efficient and that they meet the clients' needs and wishes.

POTENTIAL CONFLICT OF INTEREST

In order to prevent the aged home care client base being used as a resource to feed aged care facilities, there should be no connection between aged home care and aged care facilities. They should be two separate services. Aged persons should not be pressured into accepting the inevitability of entering aged care facilities

Home aged care should exist to provide services to assist the aged in remaining in their own homes as long as practicable, allowing for death at home if the client so wishes.

PORTABILITY OF PACKAGES

Disabled community clients have Options Co-ordination that they access if and when they wish to move to another provider.

The Aged Home Care Authority should be ready to accommodate an elderly client's wish to change to another agency.

The authority should ensure that a client is not punished for wishing to make such a move. The authority should be aware of any connections between agencies, which could disadvantage a client wishing to change service providers.

The amalgamation of large aged care facilities and their associated home care agencies does nothing to improve the right to choice. Monopolies and monolithic organisations are seldom benevolent, and seem out of place in such a sensitive area as home aged care.

CARERS

Professional home carers must be qualified, dependable, punctual, accountable and committed to meeting the needs of clients.

It is a requirement that organizations have trained accountants to manage their finances. Personnel employed in child minding centers are trained in childcare. *Surely our aged community is entitled to care provided by appropriately trained aged carers.*

I believe trained carers in home community work should be recognised with remuneration for their qualifications as they are in Victoria. They work in isolation, often at night, without any immediate supervision, making on the spot decisions. The role is quite different to that of the carers in aged institutions.

Qualified aged home carers are a rare commodity, and should not be expected to perform duties more suited to cleaners. Carers can be expected to assist with daily tasks such as cooking, toileting & bathing, and to perform light cleaning and tidying tasks associated with OH&S and hygiene.

Some home aged carers have taken the initiative and paid for and completed their home care qualifications. The industry seems to regard these carers with suspicion, as if they are somehow a danger to the status quo. Surely these carers are the ones the industry should welcome with open arms, as they are the ones who care enough to ensure that their performance on the job would not be found wanting

ADVOCACY

Aged rights advocacy services need to be able to handle complaints without the risk, perceived or real, of the complainant being victimized. Organisations such as the Aged Rights Advocacy Service could be adequately funded and restructured to improve performance in ensuring that the rights of the aged are upheld. The Aged Home Care Authority could then follow up to reduce repeats of abuse by aged care agencies.

FUNDING

Funding provided for aged home care should be used in providing aged home care and not in propping up declining aged care facilities.

Training for home aged care staff should be funded separately, and not be sourced from funds allocated for the care of clients.

OTHER SUGGESTIONS FOR IMPROVEMENT

Some home client support services could be improved upon.
Examples include:

More available access cab services and cab booklets (can be up to 3-hour pick-up delay)
Personal emergency neck pendants are very expensive and could be subsidised
Coded security key lock system (attached to front wall of house) is very costly
On loan wheel chairs, shower chairs, raised toilet seats and other aids can be out dated, expensive or not suitable for the client. Meals on wheels is a voluntary group and needs more support to meet demands.

Some of these services could use some government support or supervision.

OTHER AGED CARE CONSIDERATIONS

It appears that there are some anomalies in disability and age care package allocation.

Some disabled people receive a disability package up to the age of 62. Then they must apply for an aged care package, even though their physical disability is for life.

I have become aware that some persons have two packages running concurrently, receiving some care services from an aged care package and some from a disability package.

Hospitals appear to discriminate against aged persons. Hospital staff seem to be ill prepared to handle aged patients. A recent case comes to mind. An elderly woman with a broken hip aged in her eighties, who had never been a hospital patient in her life, was placed in a bed with the side rails raised. She was administered a laxative. When she rang for assistance to go to the toilet, 20 minutes elapsed before anyone attended. with the inevitable result.
Ask me about the physiotherapist and the toeless amputee. Horror stories abound.

ISSUES IN AGED CARE FACILITIES

Funding is weighted against clients' mobility, continence and cognitive ability.
Manipulation of body functions can take place and residents can be seen as requiring extra funding for the benefit of the institution and its staffing.

Poor standard of care in the aged institutions can cause residents to have unnecessary falls, gashes to their frail skin and urinary tract infections. These details can be seen in personal care records of residents.

In aged institutions staff can introduce infections on clothing. All uniforms or clothing should be worn only in the institution and changed before and after each shift. No staff should attend work with a cold or skin infection. The aged residents can contract these diseases which can result in death. ** Refer to attachment 3.*

The responsibility to empower the aged person and allow choice appears at times to be ignored or given lip service.

Legislation has been passed giving a married couple when admitted into an aged institution the opportunity of a shared bedroom. They may have been sleeping partners for many years and by current legislation a shared sleeping bedroom should be provided. In many instances this is not happening. The excuse is made that one partner is assessed at a different health level needing a different care plan so one partner resides in another section of the institution. This means travelling to and fro all day long to visit each other. At mealtime they are seated in different dinning rooms. This stress and unnecessary travelling can cause other health problems. No wonder the aged population are requesting more home support services and openly opposing access to any aged institution.

CONCLUSION

If we live our expected life span we will all grow old. This era in civilisation is obsessed with youth and beauty. Somehow our increasingly inhuman and selfish society has lost sight of the old saying that **nothing is inevitable except death and taxes.**

While most people think about taxes, thoughts of ageing and death rarely enter their minds. It appears that greed and corruption have overtaken society with a vengeance.

From the media to the work force to the places of learning the vulnerable, frail and aged members of society are discriminated against and humiliated and branded “losers.”

Placing profit before people is a mark of the insanity of the age of greed and corruption.

How a society treats its most vulnerable members is the benchmark of the level of civilisation of that society. The provision of care for the aged and the assurance of their comfort and their dignity in their final years should be one of our highest priorities.

Robert E. Foreman
September 11, 2002