* Please accept this late Submission; I have been overseas recently and send this in great haste
P.W.

2.08.04

Secretary
Senate Community Affairs References Committee
Inquiry into Aged Care

Dear Madam or Sir,

I was glad to read of the establishment of the Committee's current inquiry, because two years ago I made a submission to the House of Representatives Committee on Ageing, followed by extensive oral evidence one year ago but still no report has been tabled.

I would appreciate it if you would refer to my submission on that Committee's Website, since there seems little point in repeating it. In addition, however, I would be happy to elaborate on it and to that end I have prepared dot points for your consideration, because it is my belief that little has changed in the provision, quality, quantity and adequate appraisal of aged care services in Australia.

Since caring for an old friend with dementia from 1999 to his death in late 2001, I have become a Member of the NSW Ministerial Advisory Committee on Ageing, as well as serving as a lay member of the NSW Health Department's Ethics Committee. I also help in interviewing prospective medical

students for the University of NSW, serve as an Official Visitor to psychiatric hospitals under the NSW Mental Health Act and I am a lay member of the Professional Standards Committee of the Law Society of NSW.

While my comments do not reflect the views of those committees, I mention them to emphasise the extent of my community contacts and ongoing interest in aged care issues. My observations continue below.

I would be happy to discuss in private or public hearings my ongoing concerns about the standards of care in aged accommodation resulting from inadequate staffing levels, poor remuneration of nurses in aged care, lack of dementia-specific care places, poor medical care, over-medication and neglect of appropriate nutrition and dental care to people at the most vulnerable time of their lives.

In addition I wish to draw attention to the failure to provide palliative care to those in nursing homes suffering terminal cancer and other debilitating diseases. This is compounded by the reluctance of public hospital emergency departments to deal with and find appropriate beds for aged people presenting with medical conditions requiring urgent attention not available in nursing homes

My personal experience in accompanying elderly friends to emergency departments leads me to conclude that medical and nursing staff find it hard to relate to and communicate with either elderly patient or carer. In other words, just as nursing homes find it difficult to deal with old people who are sick, or sicker than usual, so sadly, hospitals find it difficult to deal with sick people who are old.

The constant blame-shifting between State and federal governments over who is to blame for so-called 'elderly bed-blockers' is disheartening for anyone caught up in the system. The reality is that if anyone has an elderly friend or relation in need of hospital attention, he or she must recognise that constant attendance with that person is the only way to help them interact with the system, especially with mealtimes and help with feeding and negotiating with medical staff.

Concomitantly, there is an urgent need for education and re-education of hospital and nursing home staff to appreciate the relation and carer role as part of a genuine partnership of healing.

My own experience and my familiarity with issues raised in community consultations with elderly people from non-English-Speaking backgrounds underscores how important it is for there to be adequate planning for the ageing of our indigenous and migrant communities. We have to be more understanding and imaginative in anticipating the need for bilingual staff, respect for religious and cultural traditions, and awareness of the likely resurrection of old horrors for those who have suffered in war, Holocaust, refugee camps and enforced separation from family.

So, too, for marginalised people in our community as they age and need care. All those single women teachers and nurses and family retainers who have little income and no children to look out for them; gay men who lived lives of quiet desperation before gay became fashionable; elderly homeless people; those who are ageing in our gaols and psychiatric hospitals. Current planning and provision seems to be for 'nice people' who will be no trouble to house, not for people who may well be difficult in age because life has been so difficult for them.

Although my comments generally relate to nursing home and hospital care, or lack of it, I am aware that there are still long, long waiting times for Aged Care Assessments and insufficient HACC packages. Rationing of hours, delays in home modifications, inability to find trustworthy home maintenance services that are both quick and affordable, all serve to force people out of their homes despite government policy to keep people at home as long as possible. Over development and gentrification of old neighbourhoods also helps to force people away from areas they know, friends who provide company and local shopkeepers who can make life a little easier. All levels of government need to be involved in planning and providing for the ongoing well-being of elderly people who have served their families and communities and deserve to be valued and rewarded in their later years.

To ensure that aged accommodation and care is brought up to scratch and maintained at a high level it is vital that the ACSAA is adequately resourced, trained and tasked to be vigilant and rigorous in inspecting premises, with unannounced spot checks. Plus adequate reporting back to any who have complained

Much more effort should be made by the ACSAA
to consult with relatives, friends and carers, as well
as more junior staff and residents, in the course
of accreditation visits, rather than liaising mainly
with proprietors and directors of nursing. The fact
that the ACSAA itself is short-staffed, working
normal office hours, is not good enough. At
night and weekends, times that relatives and
friends fret about, many nursing homes run on
skeleton staffs, often casual or agency nurses with
no ongoing knowledge of residents, their normal
condition and demeanour, their ailments and drug
regimes. Falls, injuries, incontinence or failure to
eat and drink properly, early signs of urinary
tract infections and adverse drug reactions can
so easily be missed at the best of times, but are
much more likely to be a problem at low staff times.

Equally, the reluctance of many doctors to
visit nursing homes, in part because of the
diminished remuneration recently addressed by
the government, needs urgent attention by the
medical profession. Proprietors who discourage
staff from calling doctors after hours because
of the extra stress it places on their own reduced
staffing levels also need to be warned on this.

There also needs to be regular reviews of
medication for all residents in nursing homes,
conducted by qualified pharmacists alert to the
problems caused by polypharmacy, the dangers
of over medication and adverse drug reactions,
currently the cause of significant admissions to
hospitals by elderly people whose increased falls,
poor balance and lack of concentration can be drug-related

A frequent cry of the nursing profession
and nursing home proprietors alike is that
there are insufficient staff, not enough training
places, that the government should do more.
As mentioned before, the lack of staff attuned
to aged needs in hospitals means that elderly
people really need personal carers when they
are in hospital to ensure they are adequately
fed and assisted and able to negotiate the
treatment sessions they must undergo. The same
lack of trained staff in nursing homes means the
same problem obtains in that area.

As a matter of priority, greater efforts should
be made to recruit and train overseas trained
nurses to Australian standards, including
English language tuition where necessary. At
present many junior staff in nursing homes
come from South Pacific and S.E. Asian countries
with a proud tradition of caring for their aged,
but many more could benefit from an active
recruiting program for those without formal
training but anxious for work. Too many illegal
migrants working underground at piece work in
the garment industry and as casuals in the
hospitality field would be capable of training
if allowed to remain productively in Australia

I also think that more community involvement
in care could be facilitated if ordinary members of
the community were encouraged to undertake First
Aid and home nursing courses to give them
more confidence in their ability to help relatives
and neighbours waiting for care. Yours sincerely, Patti