SENATE INQUIRY INTO AGED CARE

SUBMISSION BY THE OLDER PERSONS ACTION CENTRE

SUMMARY OF TERMS OF INQUIRY

1. The adequacy of current proposals in overcoming aged care workforce shortages and training;
2. The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:
   assessing and monitoring care health and safety;
   identifying best practice and providing information, education and training to aged care facilities;
   implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;
3. The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness of specific conditions are met under current funding arrangements;
4. The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly; and
5. The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

COMMENTS BY THE OLDER PERSONS ACTION CENTRE MEMBERS

INQUIRY TERM 1 TRAINING ISSUES (NURSES)

Governments and academic institutions need to develop more appropriate long term strategies for work in the aged care field. They should offer courses at varied levels that will provide necessary skills, e.g. short term courses to upgrade skills of existing Division 2 nurses.

Candidates successful in recent TAFE courses for Division 2 nurses have been led to believe that they can undertake Division 1 courses, but when they apply they find that many tertiary courses are only available to those who can afford to pay. There is minimal provision for e.g. divorced or single parents with dependents on limited incomes.

The present level of staff training barely meets current requirements, let alone future needs. Many facilities continue to rely on agency personnel to fill their rosters at short notice. Morale in some facilities is low where there are frequent shortages of personnel but the workload remains constant.

Some high care facilities offer staff training for untrained personnel without having a structured program, relying on regular staff to carry out this role during their regular round of duties even when there isn't a full complement of staff.

TRAINING ISSUES (PERSONAL CARE ASSISTANTS)

Some women who are currently working in Home and Community Care on domestic duties are not comfortable with undertaking training in personal care. They do not wish to move to working in personal care, and consider their work in cleaning etc as valuable in itself. The sections of the course that explain the requirements for anyone working in a person's home are relevant. The women object to the sections that deal with such issues as managing medication, assistance with showering etc. as leaving them exposed to an order that they move into these duties.

Recommendation 1: That a long term plan be instituted to enable progress through the education system from the basic training through to full nursing qualifications, including ways of subsidising training for those unable to fund their own education.

Recommendation 2: That there be some separate training units for people seeking work in domestic duties and those in personal care.

INQUIRY TERM 4. HOME AND COMMUNITY CARE

INFORMATION PROVISION

When an older person begins to exhibit a need for more extensive care and support, the family members find themselves embarking on an exploration of the aged care system. This is tortuous and bewildering to a newcomer.

Families are firstly baffled by the web of acronyms. They also find that there are dozens of programs that appear to have similar aims. The public has no easy way of identifying the most appropriate one.

When the Older Persons Action Centre holds information sessions, we find that many people do not know how to start accessing the system. Their initial need is for some basic help in caring for the person in the home; over time their need for support grows. The complexity of the system is very daunting, particularly to spouses who are themselves ageing.

Example: M.is an 84-year-old; she needs help in caring for her husband who is becoming very frail, helpless and forgetful. She no longer has the strength to support him in getting dressed and showering. She is a bit deaf and has trouble using the phone. She is not used to questioning the local doctors.
Her question is: Who does she ask about home help and does it include help with showering etc.?

The introduction of the Carelink information service has improved the situation; it provides a single telephone number with a real person answering the call. There are still some problems. How does someone find the phone number? (The telephone book's *Age Page* is badly arranged, with little help on which number to ring).
There is a second question: Can a phone call provide the right information?
Many older people find it difficult to absorb complex information over the phone; they have trouble holding it while writing, and are diffident about asking for the details to be repeated. We know from our members' experiences that it requires assertiveness and persistence to keep asking the right questions over the phone in order to reach the right service.

Detailed interviews are better conducted in a face-to-face conversation with someone whom the person can feel is sympathetic to their concerns. Even the notion that they have become a "carer" has to be explained. The fact that their life is will be drastically changed has to be gently communicated. And all this has to precede any suggestion of aged care assessment.

Recommendation: that a review be conducted of the information provision measures available, including a community consultation process. Consideration should be given to developing the use of local information services (council letters, local newspapers etc) to publicise local contact points.

RESIDENTIAL VERSUS HOME CARE

The majority of older people prefer to stay in their own homes if this is at all possible. There are many factors that may influence the decision to seek residential care:

- The relationship between the spouses
- The relationship with sons/daughters.
- The expectations of the next generation about inheritance of the assets.
- Whether a person lives alone.
- The state of the home and size of the block.
- The location of the house with regard to facilities and services.
- The closeness of neighbours and friends.
- The health of the 'well' partner.
- The amount of income in the household
- Legal and tax implications

Most of these are hard to determine and may not be understood by the people themselves. In addition, the rules governing fees, charges and subsidies are very complex. There have been some concerns about the independence of financial advice and the proliferation of funds offering 'pension-friendly' terms.

For many years federal governments placed a great deal of emphasis on the provision of residential care, with hostels and nursing homes under separate regimes. The change to unifying high and low care has encouraged growth in the more viable low care area; but there is now a shortage of high care beds in many areas.

With the current waiting lists for high care beds, some people have a lower quality of life waiting to be accepted into a facility. Their spouses, who should be able to take it easy in their later life, are forced to bear an inappropriate burden as the prime carer.

The growth in home care introduces a range of other issues because of the need to support people's independence.

- Access to public transport and subsidised taxi fares are essential for frail older people on low incomes to participate in society and to look after their own affairs. Community buses are not an adequate substitute for access to regular services.
- Older people have been used to gathering in their own groups to arrange social and health related activities for themselves. This has become more difficult with the privatisation of council venues and services. Costs are higher and administration has become more complex.
  Younger retirees are not coming forward to take on the management of these local self-help groups, while the older ones are becoming frailer and less able to do the administrative tasks. A system of small grants and administrative support would help to revive this form of self-help.

Recommendation: That consideration be given to developing further the Home and Community Care funding arrangements to enable small local groups to undertake activities with the minimum of bureaucratic requirements.

MONITORING HOME CARE SERVICES AND COMPLAINTS HANDLING

In line with world-wide developments in quality management, case managers should be educated to see comments by the family carer as contributing to an improvement of the care provided rather than as a criticism. The knowledge and experience of the person and their carer are the most important evidence of the effectiveness of the service provided.
Monitoring of home care services is more difficult to achieve than in the residential setting. The only way of contacting the clients of a service is through the service provider. The individuals receiving care in their own homes do not meet socially with other recipients and would probably be unwilling to have an official routinely entering their home to review the service. There appears to be no easy way of monitoring of home care standards. It may be more effective to put the effort into developing a public, transparent and accessible complaints process.
If someone is dissatisfied with the care that they or their family member receives, they have difficulty in finding an avenue to express their concerns. They can contact their case manager, but may not have confidence that they will receive a fair hearing or

reach an acceptable outcome. Some providers have a good system for complaints handling, but others are inclined to be dismissive. There is no clear path for lodging complaints with an independent body that has a duty to investigate, mediate and finally arbitrate the dispute.

Recommendation: That an official body be set up to publicise the complaints system for home and community care, to receive comments and complaints, to investigate and resolve them and to report annually to Parliament.

INQUIRY TERM 5 HOSPITAL DISCHARGE ARRANGEMENTS

Some older people present at hospitals a number of times in a short period without having their health problems effectively addressed. They may spend up to 15 hours in Emergency for observation before being sent home to return for follow-up investigations or tests. Some do not even see the same medical practitioner or nursing staff again.

This situation is replicated when the same people attend their local medical centre. If the relevant information has not been co-ordinated or has been poorly documented, they are left up in the air without clear directives about options or outcomes. This happens more frequently on weekends and public holidays.

Prepared by Sue Healy on behalf of the Older Persons Action Centre Inc.,
Ross House, 247 Flinders Lane, Melbourne 3000 Phone & FAX 03 9376 1897
Email sueh@vicnet.net.au