



**The Totally & Permanently Disabled Soldiers,
Association of Australia (T.P.I.)
INCORPORATED**

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9th May, 2005

The Secretary
Senate Community Affairs References Committee
Suite S 1 59
Parliament House
Canberra ACT 2600

Dear Sir or Madam,

Attached is the submission to your Senate Inquiry into aged care written on behalf of this Association. The T.P.I Association is a voluntary organisation representing disabled ex-servicemen & women, and their widows and or widowers. We represent the interests of those servicemen who receive the Special Rate (T.P.I) compensation from the Department of Veteran's Affairs, men and women who sacrificed their health and wellbeing in the service of this country. As the median age of our membership increases, so too has concern about aged care.

This submission covers terms of reference (a), (c), (d) and (e) as outlined by the Senate, excluding (b) as our members felt that they were not in a position to comment. While we are aware that our members largely deal with the Department of Veteran's Affairs rather than the Department of Health & Ageing, we consider that there is a need for greater cooperation between the two departments to ensure our members get the assistance they require.

We thank the Committee for allowing this late submission and would appreciate any information about the outcome of the Community Affairs References Committee's consideration of this submission.

Sincerely,

Stephen W. Finney JP
Secretary / Treasurer

Wally Dunsmore
President

The Association would like to acknowledge our Author Miss Kristi Pritchard

The Totally & Permanently Disabled Soldiers'
Association of Australia (T.P.I.) inc.



Submission to the Senate Inquiry into aged care

9th May, 2005

Author: Kristi Pritchard

Introduction

The Totally & Permanently Disabled Soldiers' Association of Australia (T.P.I.) Inc. is an organisation largely of older citizens. Based in Newcastle we service an area from Newcastle to Tamworth to the Queensland border. The majority of our members are veterans of World War 2, the Korean War and the Vietnam War, and all were incapacitated in the service of Australia. Members of our organisation are completely disabled and unable to be employed, being reliant on Government support for income. They are concerned about the difficulties of growing old in an ageing population, where there is high competition for services that allow them to remain in their homes as well as competition for places in aged care homes. Our elderly members require a greater level of care than other elderly people, due to the disablement suffered as a result of their time in service. These disabilities can be both physical and mental, especially for Vietnam veterans, and require special care. Many of our members who are veterans of World War 2 are currently in care, and as many of our Korea and Vietnam veterans are over sixty, they are becoming concerned about aged care issues.

We are aware that the National Ex-Service Round Table on Aged Care (NERTAC) has been working with the Department of Veteran's Affairs (DVA) on the issue of aged care and applaud their efforts in getting veterans and war widows recognition as a special needs group in aged care planning. However, we are concerned that their recommendations place a heavy burden on ex-service organisations to provide services in aged care which they are less able to afford as public recognition of such organisations decreases. We are also concerned about the level of interaction between the DVA and the Department of Health & Ageing (DH&A) on the issue of health services for veterans. While the DVA provides programs for those under their authority, our members have also needed to access programs run by the DH&A. We consider that T.P.I's are a special needs category within a special needs category and need to be treated as such.

Our main concern is the extent of services such as Home and Community Care programs provided to the community. While such services are useful to our members and the greater community, limits on the amount of services that can be used within specific time periods provide difficulties for older citizens, particularly if they don't have a carer. While we appreciate the difficulties of ensuring access to services for as many people as possible, there is a need to increase them, as the amount of people accessing those services increases. In this we consider that many of the provisions in the Budget are inadequate, as they only provide for limited increase in these areas. Thus, the bulk of this submission will deal largely with sections (a), (c) and (c) in the terms of reference, with some discussion of (d).

In compiling this submission, the author would like to acknowledge the assistance of the Department of Veterans' Affairs, James Fletcher Hospital and Macquarie Retirement Care Services, as well as the committee and members of The Totally & Permanently Disabled Soldiers Association of Australia (T.P.I) Inc.

Inquiry into aged care

(a) The adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training

The T.P.I. Association members are pleased with the recent pay rise which was given to aged care workers. We consider that these workers do a great job with limited resources and that their professionalism and compassion provide a pleasant environment for the residents. Most facilities are working with the minimum staffing required to safely run the facility and consider that they could provide better services to the residents if they had more staff. However the provisions made in the 2004 Budget are inadequate to the task. The funding provided for more competitive payment for aged care workers is only assured until 2008. A temporary increase in wages will only lure workers into aged care while it is offered. Once it is removed, there is no guarantee that the workers will remain.

The increase in pay must become a permanent offer.

The unpleasantness inherent to the job, such as shift work, grief, illness and physical labour, means that luring workers into aged care from outside the carer/nursing service will be difficult. Moving nurses and carers from one area of care to another, such as disability to aged care, will merely create staffing problems in areas other than aged care. Our members are already aware of the difficulties of gaining assistance for those with disabilities. Encouraging nurses into aged care will not solve the problem, but merely move it to another area of the health service. We appreciate that this is a major difficulty for the health service, but as the role of nurses and carers is vital we think that it is paramount that it be overcome. This is something that needs to be discussed with all the areas of the health service and government. *It is possible that some kind of tax break for all nurses will assist in encouraging people into the health services, including aged care.*

We consider that the incentives put in place to encourage additional training for staff are a good start. We are pleased to see their skills increase, provided employers do not abuse this system and place too much pressure on individual employees. As a special needs group, we would be pleased to see additional training given to aged care workers concerning what our special needs are.

We would appreciate an increase in training for employees working with members of a special needs group, especially veterans.

(c) 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 or specific conditions are met under current funding arrangements

We do not consider that it is appropriate for young people with disabilities be accommodated in residential aged care facilities. It is important that people with disabilities be treated with dignity and respect, and as individuals. By placing them into aged care homes they are not being treated as individuals, but as a problem. As an organisation which consists of disabled people, we are aware of how dehumanising this can be. A young person with a disability so severe as to be placed into care is still a

young person. Whatever they do take in of their surroundings will not be pleasant to them. A shortage of places in the appropriate institutions has brought about this situation, and we remind you of what we stated above regarding nurses. To improve aged care, all care settings need to be improved. While this issue does not directly affect T.P.I. members, they are still concerned for those young people. Many of our members were disabled at quite a young age. *If a young person requires care for a disability, they should be placed into an institution for disabled people. The aged and the disabled have different needs.*

As regards people with specific conditions, we do not consider that they are getting enough funding. An elderly person with dementia or mental illness requires more intensive care than other residents. Many of our older members who are in care suffer from dementia. We believe that additional funding for additional staff would assist dementia sufferers receive the care they require. By having additional staff it would create a less stressful environment for the workers. We would like to see continuation and expansion of the Psycho geriatric Care Units program and the Dementia and Challenging Behaviours Initiative. We are concerned that as the population ages, demand for such services will increase greatly. We believe that these services need to be increased now to prevent a crisis in aged care in the future. *Aged care facilities should be able to aim for optimal care rather than 'safe' care.*

(d) The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly

As veterans, our members have access to many programs offered by the Department of Veteran's Affairs. However, due to limits placed on amount of services that can be used in a particular period, as well as confusion as to what they are entitled to, our members do occasionally find themselves accessing the Home and Community Care (HACC) programs. While we understand that limitations on access to services are necessary to allow fair distribution, we cannot understand certain arguments being made by the governmental departments concerning those limitations. The assistance being given is limited while the difficulties for carers (if a carer is available) increase. Elderly people in their own homes are being given a few hours a week assistance in fairly basic tasks, yet if they request more assistance they are told they need to be placed into a home - except there are no places to be had, and they go on a waiting list. This is illogical and it confuses and alarms older people. It is well known that most elderly people wish to remain in their homes for as long as possible. We are also concerned that only the "day care" aspect of HACC even begins to address the potential for loneliness amongst older Australians.

The services themselves can be of assistance to older people but there needs to be more providers, especially as the population ages and demand for such services increases.

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community

We are concerned that current arrangements for discharge from hospital are not ideal. For anyone of any age, time spent in hospital can be traumatic. It is no different for older people. This transition has been faced by many of our members. We have found that they can feel isolated while in hospital receiving treatment, that the move to and from the hospital can affect their emotional stability and they are often overwhelmed and confused as they return home.

There needs to be more explanation regarding processes, medication and treatment, as well as assistance with becoming accustomed to lifestyle changes once they return home, or go back into care.

Our welfare officer (T.I.P. trained by DVA) liaise with people who have just undergone hospital treatment to ascertain how well they are coping; however, they are only occasionally able to provide assistance as the Association has limited resources and no medical expertise. We are unsure of what can be done to ease such transitions for dementia sufferers, as the nature of their illness means that they are not always able to be reasoned with. We feel that there is a need for constancy for all transitions, but especially those by dementia sufferers. *Aged care liaison officers who would function as intermediaries between the community aged care and hospitals would create a sense of constancy.*

Conclusion

We consider that most aged care workers perform a difficult job well, with minimal resources. We would like to see an increase in funding, both for the staff and in the resources. Some permanent incentive must be provided to encourage people into aged care nursing. We believe that the solution to many of the issues raised is greater support of staff. It is they who are the services. Once they are supplied with funding which will allow for better staffing measures, we believe the flow on effects will be considerable. As more people get older, more services must be provided. The mathematics are simple.

Our members require a large amount of assistance from the health services and we believe that those services require a large amount of support from the government. We appreciate the workers who assist our members. It is time for the government to do the same. The members of the T.P.I. Association are well acquainted with the health system. We have been subjected to its weak points since our time of injury. We do not want to continue to cope with them into old age.

Our members primarily deal with the Department of Veteran's Affairs' who supply an excellent service within their guidelines. However when it comes to aged care, we consider it would be an advantage to expand the guidelines of DVA to cover more aspects of aged care. This will eliminate our members being pushed between government departments and prevent the confusion and frustration which this creates.

Recommendations

- More Funding be given to aged care providers to allow for competitive wages to continue beyond 2008
- Consideration be given to some kind of tax incentive to encourage people into the health services
- More training for staff who work with special needs groups
- The differing needs of young disabled people to be taken into account, and not placed into aged care
- Aged care facilities aim for optimal level of care rather than a safe operational level
- Increase in availability of HACC services
- More information for older people going into or out of hospital
- Liaison officers to assist hospital/home transition
- More age care expertise and facilities be supplied by the Department of Veterans' Affairs.