

9th July 04

The Secretary
Senate Community Affairs Reference Committee
Suite S1 59
Parliament House
CANBERRA ACT 2600

Dear Sir or Madame,

I would like to raise several matters in relation to your terms of reference from the point of view of an Aged Care Assessment Team (ACAT) Social Worker. I have been a member of the Whyalla Team for some nine years. While my observations relate largely to our area, I have included outside references (geographic) where applicable.

In respect of term of reference (c) that is 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...I would like to raise the following for consideration:

Young people with disabilities

So far recognition of this issue appears to be largely rhetoric, although I understand some funding has now been allocated in metropolitan Adelaide. In this region, young people with very high care needs, have no appropriate accommodation at the local level. If they are to be close to their families, to enable visits and support, then the local aged care facility is the only service available.

As an ACAT, we have not been involved in many assessments of this nature, in contrast to the Pt Pirie ACAT, for whom this is an issue of concern that has been raised at state level meetings. However, the lack of an appropriate facility has caused considerable distress in these individual cases. I am personally aware (having been involved as assessor) of one case recently, where the young man lived in a share home with support from Options. When his health deteriorated, he returned to the care of his parents as they did not want him placed in a Nursing Home, which was the only available alternative. HACC and Options together are now attempting to provide services in the home. If this arrangement breaks down, a lack of local level vacancy can result in placement far away from his parents. If the arrangement works, the only option for respite is in the local aged care facility.

It seems to me that there are both structural and staffing issues, as well as issues of scale. That is, we need an appropriate building with enough staff to provide the level of care provided in smaller scale facilities given the smaller number in country SA. This then raises issues of financial viability and the appropriate auspice for such a service.

Residents with dementia

Firstly, there is a lack of secure facilities statewide, but particularly in country. I have been involved as Domiciliary Care Social Worker in placements to other parts of the state when there has not been a local vacancy. Repeatedly I find that the facility is not secure or the staffing level is not adequate at low levels of care. In high levels of care, issues of security have also arisen. I am not sure whether the age of a facility comes into this at all.

There are particular challenges for clients with fronto-temporal dementias. I have been involved in the Geriatric and ACAT assessments of several clients with form of dementing illness. The associated labile mood and aggression make this a very difficult client group even for high care facilities. These behaviours put both staff and other clients at risk. There are again structural and staffing issues involved.

Mental illness

There is a general shortage of appropriately experienced specialist staff to support aged care facilities. Here my comment is specific to our region. We rely on our local Mental Health Team, which is invariably under-staffed due to difficulties in recruitment and retention, to serve aged care facilities as

well as the general community. Mental Health Services for Older People has provided a visiting mental health nurse in recent years, which has improved the previous arrangements, and supports our local Team. Access to a Psychiatrist remains by telemedicine – very difficult in most cases for someone in an aged care facility. Much reliance is placed on General Practitioners to manage mental illness. No disrespect intended, but many do not have the level of expertise needed.

Funding arrangements (term of reference not certain)

Finally, I would like to comment of the funding structure of facilities, with level 8 being unfunded. I am not aware if the proposed funding changes will address my concern, so I apologise if it does so. ACATs have always been able to assess someone as eligible for admission based on social and psychological grounds. This includes people with a diagnosis of mental illness. These people have often been classified as ‘level 8’. Since the change in 1997 to the legislation and funding as per above, it seems to me that it has just about been impossible to gain an admission at this level. I have nothing but anecdotal evidence to support this assertion.

In respect of term of reference (d), the adequacy of Home and Community Care (HACC) programs in meeting the current and projected needs of the elderly...

I would like to point out that there is no Federal program covering the issue of dementia. The Alzheimer’s Association together with Access Economics has identified current and future needs in this area with population ageing. HACC programs will be expected to be the means whereby this need is addressed. I believe that the program struggles to meet present demand. Apart from local level effort, there is no planned approach by the Federal or State government to address the issues associated with this illness.

Yours sincerely

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