

Submission to Senate Community Affairs References Committee - Enquiry into Aged Care

The following comments are derived from a meeting of social workers held in mid-July.

Staffing

As the population ages, and as there are more community supports available, older people are staying in their own homes much longer. Unfortunately this means that when they do finally enter residential aged care facilities they are much frailer and have more complex needs that was the case for most people entering care 5 – 10 years ago. This means that the level of support and skills required within residential aged care facilities is much greater. The current funding provided, being based primarily on the nursing needs of residents, does not give adequate weight to the needs for allied health (physiotherapy, occupational therapy, dietetics, psychology, social work, etc) input for these people.

This is an issue for HACC services as well because often elderly people need additional input from professionals (not just care workers) in order to be maintained at home.

Appropriateness of accommodation

We do not believe that it is appropriate for young people with disabilities to be accommodated in residential aged care facilities. They have a lot to cope with in adjusting to their disabilities and handicaps (especially if these are of recent origin) without also having to adjust to being with a much older population of residents as well.

Adequacy of Home and Community Care Programs

HACC services have proliferated in recent years, but the demand for these services and especially for Community Aged Care Packages and EACH packages still exceeds demand and there are long waiting lists in many areas. We are happy to see the increased services available, but we are disappointed that there are so many agencies providing small amounts of service. While we acknowledge that consumers want and should have some choice, in practice, because of the demand for services, there is in fact little choice available. It would be better to reduce the high overhead costs involved in having so many agencies and instead put the resources into fewer larger service providers. This would also reduce the problems that professionals have to make referrals to several agencies in the same area in order place clients names on waiting lists for services.

Transitional Care Arrangements

Generally in South Australia there are inadequate transitional care arrangements. The current imperative to reduce length of stay in acute hospital beds, frequently leads to elderly patients who could make significant improvements if given more time to convalesce and rehabilitate, being identified as needing residential care. The Acute Transition Alliance – Home Rehabilitation and Support Service and the City Views Transitional Care Unit at Fullarton, have both demonstrated that a significant number of elderly people who have been identified in hospital as needing to go to a Residential Aged Care Facility, can with adequate support and rehabilitation, improve their functioning enough to move to a lower level of care or indeed to return to the community. There is a need for more transitional care places.

Transitional care places, however, require a high level of professional input in order to assist people to make maximum rehabilitative gains. It is not appropriate to fund these places using RCS scales. Likewise it is not appropriate for these patients to have to make the usual contribution to residential care fees. Often, in order to meet these fees they have to give up rental accommodation or their family homes. This defeats the entire purpose of transitional care, if they have no home in the community to which to return. There needs to be a separate approval and funding mechanism for transitional care.

In a similar vein, there are likely to be a number of elderly people living in the community, who go into residential care because they cannot access short term rehabilitation, of a type similar to that provided through the ATA-HRSS and City Views. These programs are currently only available for patients following an acute episode of care in a hospital. There needs to be a way for elderly people in the community to access short term residential rehabilitation programs which will enable them to regain functioning and then return to the community.

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