



MANAGEMENT CONSULTANTS AND TECHNOLOGY SERVICES PTY LTD

**Submission to the Productivity Commission Inquiry- Caring for Older  
Australians.**

**By**

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## **Introduction**

This submission is based on anecdotal community feedback and personal experience.

In making this submission, I am asking the Commission to recognize that caring for older Australians is also about looking after our seniors across the latter part of their life span.

Caring for older Australians is not only just about aged care, which has some negative connotation, inferring nursing homes, and loss of independence. It is also about providing an environment where even when people get old, they can still continue with, and maintain, a quality of lifestyle that is meaningful and respectful, including the opportunity to remain in the workforce.

As an aged care consultant and an advocate for older Australians and multiculturalism, I have opportunity to consult with a wide range of members of both the ethnic communities as well as the wider community. The feedback I received and the observations I made in the past number of years, continue to concern me that we have still not developed a society whereby we are enabling our senior citizens to grow old gracefully and with dignity.

I commend the Commission for this timely inquiry as we are literally racing into an era where a large cohort of our population (nearly 30%) are getting older. I am referring to the baby boomer generation. The big challenge is that, while many are not ready to be “relegated” into residential aged care, are we in a position to support this group of older citizens remain active members of our communities. How can government and society in general ensure that this generation enter their golden years with relaxation and enjoyment, as well as maintain their feeling of self worth.

The comments I would like to make to this Inquiry refers to the following issues:

- Access to Health Services
- Transport
- Social Isolation
- Housing
- Mental Health
- Aged Care

### **Access to Health Services.**

While there are many opinions that the Australian health service is amongst the best in the world, in reality, the system is so complex that it is difficult for the average person to access the appropriate service that they need. This is more so when you are getting older and frail. Confusion still exists as to when one should attend at the “emergency” department, and when to attend a general practitioner’s clinic. For the older Australians from Non-English Speaking Backgrounds, the challenge becomes greater as they struggle to communicate their symptoms to the health service providers. Again, in theory, interpreting service should also be available to assist. In reality, this is not always the case. I continue to receive complaints from patients from Non-English Speaking Backgrounds that interpreters in their respective languages are not always available at the time they are needed.

### **Transport.**

Older Australians wish to remain independent for as long as they can. However, for many, this has become a major issue. For practical and safety reasons, they are unable to drive, and must rely friends and relatives or public transport. In many instances, the nearest public transport is not within easy access to. And of course, the rising cost of public transport discourages many pensioners from going out and about.

### **Social Isolation.**

For economic and other reasons, many of our children are not only choosing to live away from home, but are now living in a different state and even in a different country. Their parents have to find alternate means of remaining connected to other members of the community. Lack of easy access to transport very often results in them not being able to do so, and ending up being isolated in their own homes. An important component to keeping our minds stimulated is the opportunity to communicate and interact with others. Our memory tends to get ‘lazy’ if we are deprived of that opportunity, and very often result in depression.

### **Housing.**

Many of our pensioners have to rely on public housing, much of which are still found in large multi-storey building blocks. Maintenance of many of these buildings are often found to be inadequate, resulting in older tenants having to struggle to negotiate many stairs when lifts break down regularly.

For those who manage to “hang on” living in their own homes, continuing maintenance and the rising fuel costs to keep their homes warm in the winter and cool in the summer, are big challenges to cope with.

### **Mental Health.**

Mental health of our communities remains a major issue, and the mental health of our older Australians will require more specific work to be done. This is more complex when looking at mental health issues of older Australians from Non-English Speaking Backgrounds, as there is still a stigma attached to mental illness amongst this group. In any case, mental health is a very important component when we are seeking to improve the standard of living and maintain the quality of life of older Australians, regardless of backgrounds.

### **Aged Care.**

Despite all the changes that have taken place in the last three decades or so, the Australian Aged Care system is still not “user friendly”, neither from the consumer nor the provider points of view.

From the consumer perspective, accessing aged care services, both community and residential, is a very traumatic and frustrating experience. One could even argue that one needs to have a university degree to be able to understand all the levels of the system. The length of time on waiting lists due to insufficient available beds for residential care, and packages for community care, is discouraging. The complicated process when one eventually gets on to the system is very confusing to many older Australians and their relatives.

Shortage of staff willing to work in aged care generally, and lack of appropriately qualified care staff, means that the quality of care provided by different agencies will vary, from being good to being bad. There is constant complaints and criticism that staff in residential aged care facilities do not appear to fully know what they are doing, and that they seem to be spending a lot of time “at the desk writing and not responding to call bells”.

It is anticipated that by 2011, 40% of people over 65 years will be from a Non-English Speaking Background. ( Research by Anna Howe in 2006, “Cultural Diversity, Ageing & HACC: Trends in Victoria in the next 15 years”). However, there is little in the aged care system that is culturally appropriate. The Standards and Accreditation Agency’s has one standard – 3.8, under Resident’s Lifestyle, which make reference to “Cultural and Spiritual Life”.

There is more to Cultural Diversity in Aged Care than just observing some “cultural days”. Staff must be adequately trained to provide the relevant and appropriate care in a multiple of aged care settings, with sensitivity and understanding, particularly in the area of Dementia and End of Life/Palliative Care. They must be bi-lingual or have access to properly trained interpreters to enable them to communicate with their Non-English-Speaking care recipients.

From a provider perspective, the common concern is funding. Many are still struggling with ACFI, the current funding tool. The level of funds received does not seem to justify the amount of work that is required to implement this tool. Compliance with the Aged Care Outcome Standards and other legislative requirements, are time and human resources consuming. Misguided priorities will often result in direct residents care being compromised, as the providers endeavor to meet all these requirements. The introduction of the provision of “extra service”, while it is a useful model for revenue generation, is by and large not seen to be realistic. Many family members are reluctant to put in a bond and pay for the “extra services” that their elderly parents are too “old” to enjoy.

### **Conclusion:**

I would argue that, given the above comments, the key objectives of the current Aged Care System, according to the Aged Care Act 1997 and the Home & Community Care Act 1985, are not being met.

I would further argue that we need to recognize that there is a group of older Australians, who do not require care in the health/medical sense, but need a lot of support and assistance to remain out in the community as useful citizens and part of the workforce, but will have easy access to aged care services when they need them.

### **Recommendations:**

- Develop a policy that is inclusive of the economic and social as well as the health care needs of older Australians.
- Pensions need to be realistic, to ensure that those who rely on them as their main source of “income” are able to live comfortable and safely.
- Develop strategies to support and assist older Australians remain in the workforce.
- Review public housing to ensure that these are “Aged Friendly”.
- Review the current Aged Care Funding model, and build in some flexibility to enable providers to be able to afford to provide the diversity of aged care required.

- Continue with the policy that those who can afford to pay will do so, using the “fee for service” principle.
- Review the “Extra Service” model. How realistic is it to expect someone to pay for services that they will not be able to use?
- Review the education and training of carers working in the Aged Care Industry. Just because the care recipients are old does not mean that they do not deserve to have the best care when they are at the end of their life spectrum.
- Encourage and resource the provision of end-of –life/palliative care and dementia care, especially to older Australians from Non-English Speaking Backgrounds.
- Stricter scrutiny of potential aged care providers. They must have adequate knowledge of ageing and aged care, and be able to demonstrate their capacity to provide this care.
- The Aged Care industry to be “encouraged” to collaborate with workforce planners to ensure that there will be adequate numbers of suitably qualified carers to look after the increasing number of older Australians requiring health and aged care.

At the end of the day, I hope that we will have a two-prong system whereby, firstly, our older Australians are supported and assisted so that they can remain in the workforce and live independently for as long as they wish to. Secondly, should they need to, they will be able to access an aged care system that is friendly, well resourced and be able to receive the best quality care.

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