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Mary MacKillop Care SA Ltd

Care provided in SA by the Sisters of St. Joseph since 1866

Inquiry into Caring for Older Australians,

Productivity Commission,

GPO Box 1428

Canberra City ACT 2601

30th July 2010

Dear Sir/Madam,

Please find enclosed a submission to the Productivity Inquiry into 'Caring for Older Australians', which has been commissioned by the Australian Government.

Mary MacKillop Care SA Ltd., believe that there are many ways in which the existing system can be improved and have raised these for your advice. We would be pleased to discuss any of the issues raised with you and explain our rationale for our comments and suggestions.

MMC would like to thank you for this opportunity and hope that we may be instrumental in moving forward with implementing changes that can affect the wellbeing of older Australians, their families and carers.

Yours Sincerely

Marcia J Fisher

Chief Executive

Mary MacKillop Care SA Ltd

CARING FOR OLDER AUSTRALIANS

Productivity Commission Inquiry into Aged Care

Mary MacKillop Care SA Submission

July 2010

Mary MacKillop Care SA is pleased to provide a submission to the Productivity Commission for its Inquiry, 'Caring for Older Australians'.

Mary MacKillop Care SA Ltd.

Mary MacKillop Care SA(MMC) is a recently established Company, amalgamating the existing three Residential Aged Care Facilities previously managed by the Sisters of St. Joseph in South Australia. MMC also currently manage the Aboriginal Elders and Community Home Care Services in SA. This organisation consists of the Aboriginal Elders Village and Aboriginal Home Care Service.

The sisters of St. Joseph are the Religious Order formed by Mary MacKillop and have been delivery care in SA since 1866, making them the first Carers in this state. From the inception of the Order the Sisters of St. Joseph have provided care, support and sustenance underpinned by seven values, these being:

To recognise that life is a precious gift

To acknowledge the human dignity of each person

To be present

To respect life

To manifest that ageing, dying and death are precious times of life

To give special care to the marginalised, the disadvantaged and the dying

To offer support to people in time of bereavement

Today Mary MacKillop Care SA and is planning to diversify in order to meet the contemporary needs of older Australians, but will still retain these same values and philosophy. This diversity will not be easy in today's environment of residential aged care, which provide very strict boundaries and guidelines in order to meet the current certification requirements and standards, and where so much of nursing time is spent completing documentation instead of delivering support and care to residents.

Home like environments are hard to provide when so much legislative compliance is required. MMC also face challenges exacerbated by our mission to assist the needy and disadvantaged, which of course then provides difficulty in meeting financial objectives which would allow expansion and growth.

We believe that we are now one of the few truly benevolent providers in this state.

MMC has a home in the Riverland, where we find we have issues around recruiting experienced professional qualified staff and carers, and currently have an ageing workforce. Recently the numbers of local residents requiring aged care accommodation has decreased, and homes in the area have been experiencing vacancies, an option to transfer some of the recurrent residential funding to community care packaged supports in this instance would be beneficial and assist in viability at the home.

Many aged care providers are now providing supported retirement living which is giving increased options to those who can afford it, but what of the many who will never be able to meet the higher financial commitments required. Mary MacKillop Care will be diversifying in order to meet the identified preferences of today's older Australians and the increasing numbers of older homeless and disadvantaged people. We will be reviewing joint ventures with others to provide affordable housing for the elderly.

Aged Care Today

Our current aged care system has been the subject of numerous reports and inquiries over the past years, however unfortunately the recommendations made have been either been very slow to take effect, or not implemented at all.

The Hogan Report, Senate Committee Inquiry, Intergenerational Reviews, Productivity Commission Reports and the Henry Taxation Review. These reports have all identified the challenges that government will face with an increasing older population and decreasing workforce and informal carers. Hogan suggested greater flexibility in the provision of aged care around the ability to charge bonds in high care, however he also recommended that providers became more businesslike and less 'benevolent'.

Other reviews quite clearly indicate that older people want more say in their care, to remain independent and have increased community supports. The Economic Implications of an Aging Australia (March 2005) clearly indicates the current feelings and wishes of older Australians, which have been consistent throughout the past decade.

Older people want

- greater independence,
- increased supports,
- consumer directed care in the form of increased control of time, type and delivery of services,
- housing which is suitable for elderly or disabled persons,
- greater use of technology to assist single or isolated persons
- transport services

These are all areas which are well documented for their positive effects for older people and increase their independence, self esteem and wellbeing. However this means radical changes to existing systems and substantial capital outlay in some areas.

The writer has been involved with the delivery of aged care services for a period of 25 years. During this time there has been a considerable increase in community supports at every level, increased HACC funding, NRCP programs and for a period of time Innovative Pilot Programs in addition to the traditional Residential Aged Care. Over the past years residential care is the consumers least preferred, most expensive option, with more and more people now remaining home preferring to wait for a support package which may never be available due to capped numbers, perhaps the ratios if they continue could be revised.

Experience has shown us during the past years that people who can remain at home independently with supports are happier, live longer, and are less depressed even when suffering serious chronic health problems, this clearly is a more cost effective and beneficial support service for older people today and into the future.

Older people and their life preferences

General Research and our feedback from consumers indicates very strongly that many older people are currently not aware of supports that are available to them, or in many cases know how to access them. Newspaper advertisements, websites, pamphlets do not always reach their target markets. The most effective communication is 'word of mouth' which is generally responding to a crisis of some type.

When information is available it should be in a form of communication which can be easily understood by the consumer, over 25% of Australia's older population now have English as a second language. The use of tapes can sometimes be an advantage when a person may not be able to read or write even in their own language.

Historically, there has been a preconceived idea that older people, as they age, will become increasingly frail, not exercise, and loose interest in academic and educational studies. This is not the case as more and more people are aware of the benefits of exercise and intellectual stimulation. A growing percentage of older people are becoming interested in IT and the benefits of communication that can be derived from this, whilst even more are focusing on maintaining a healthy lifestyle.

Our current experience with the Aboriginal Elders is showing that they are very keen to participate in fitness, training and healthy eating plans in order to 'Close the Gap' and address their health problems such as Diabetes 2 and Obesity. The biggest current problem is to find a means of funding these initiatives.

Cost effective solutions for older Australians 80+

Older Australians want more choice, flexibility, control of their services, and options which will support an independent, active healthy lifestyle. An example of this is a retirement village which the writer established last year as a residential aged care alternative giving an alternative to traditional residential aged care.

Residents remained independent in their own apartments, but had 24 hour on call assistance if required. They enjoyed morning and afternoon teas, lunches and a happy hour, and having the option to attend or not gave increased freedom of choice, and an opportunity for social interaction if they wished. They remained in control of their own lives. Light exercise in the form of indoor bowls and tai chi were also enjoyed as a fun exercise, bus trips and gentle walking groups were offered and also helped maintain mobility.

The most important feature was that the residents of the Village proposed their own activities and entertainment to the Village managers, so were still completely in control of their lives but did have the security and reassurance of the 24 hour emergency call assistance.

Residents at this village would have been classed as high and low care if entering residential care. Several moved from low level residential aged care to reside in the village as medication management, wound care, personal care and hospitality services were available when required.

Resident's who were not coping at home, or in aged care, and becoming increasingly depressed, all significantly improved and became more socially interactive and mobile. Families expressed their surprise and delight at the positive differences with their previously depressed and demanding parents. The services were available by negotiation, with the resident being the client, purchasing the supports of their choice, ironically the overall cost was less to the client than previously experienced with their costly CACP's and Residential Aged Care providers.

Clearly this experience has indicated that older people may not be the financial burden anticipated by government if we can address needs and provide these types of supports as an early intervention. Exercise, a good diet, opportunities to be involved in social interaction, choice and independence all lead to a healthier, happier individual and provide benefits to all parties, leading to increased self esteem for the aging person.

Suggestions for changes into the future

That government review their whole funding regime and look at the **housing/accommodation and care options**. MMC would welcome the opportunity to pilot this type of model which would have a strong business case for both the provider and government. Undoubtedly the challenges of the growing numbers of older people cannot be maintained by the current system.

More timely intervention to support people at home; we have evidence that a minimum number of supports can maintain an older persons independence and support the carer. This is far more cost effective than waiting for a catastrophic event to happen with the subsequent costly consequences. A low budget community program can save the need of hospitalisation or residential care in many cases, this can be proven by evaluating existing home based services.

Implementing an increased **aged care/health interface**. Many of the current aged care providers are well placed to establish and manage pre and post hospital admission and supports and provide rehabilitation services. This would alleviate the use of acute care beds and assist residential providers to diversify and become more financially viable. The initiative would also encourage nurses to become more attracted to the aged care industry as they would have a more diverse and satisfying role.

Increase the use of **technology** in both the home, and in rural areas. Smart houses are being demonstrated in several states and in New Zealand, funded by their health authorities. There is no doubt that for some people this is a wonderful alternative to residential care, however at the present time the cost of installation and ongoing support is beyond the means of providers and consumers, this has been established mainly by grants and one off pilot projects to date.

The Hunter Valley has a Tele health project which is proving extremely beneficial to clients and also cost effective to the provider. Just the simple 24 hour response pendant would be a benefit to many older people living on their own, a great majority of the Elders we care for have requested this but are unable to afford the ongoing monthly costs.

For elderly people with **dementia and their carer**, once again technology can be of considerable benefit with motion sensors, personal alarms with GPS systems which can assist the carer support someone who tends to wander.

There needs to be more emphasis on the **promotion of health and wellness** with active management of chronic conditions such as diabetes, COAD, obesity, heart disease etc.

Today there are increasing numbers of older people who are ageing with disabilities. The Sisters of St Joseph have been supporting 20 people suffering from **Downs Syndrome** for the past 26 years. These clients initially attended sheltered workshops during the day but as

they have aged. Some are now over 60 years of age, and are experiencing aged care related chronic medical conditions which cannot be addressed by the aged care system as they are too young. As with the Aboriginal community perhaps Australians suffering from these types of disorders could have a lower age limit in order to access suitable care.

New forms of accommodation could be implemented, where older people do have more choices of independent living with supports as alternatives to the traditional residential care homes. The existing residential aged care homes could become more focused on the **palliation**, and **transitional acute care** for older people, with more options to develop specialised dementia specific centres.

There needs to be a review process whereby the more independent older people, who are currently assessed as low level care, could remain in their homes with increased community supports, technology, transport and networks. Networks do need to be implemented to ensure that the elderly do not become **bored** or **lonely** at home as this can lead to **depression** and exacerbate ill health.

In Conclusion

- It has been our experience that older people wish to, and could be, cared for at home effectively if given more choice and options regarding their support, service and care needs
- Health(Acute Care)/Aged Care partnerships need to be further explored and expanded as part of a general health reform process
- The range of housing options for the elderly need to be reviewed
- ATSI services need to be expanded to care for the 'Traditional Elders' who move due to the city due to chronic health management, as their needs are completely different to those of the suburban born dwellers
- Socially and financially disadvantaged older people need to be provided with more options and choices
- Increased promotion of health and wellbeing programs would save money in the longer term benefiting all parties
- There needs to be a review and re evaluation of residential aged care to provide more effective outcomes, looking at the scope of business and options to increase viability and new areas of support
- People with a disability who are ageing need to be considered in government reviews of aged care
- Older people from culturally diverse backgrounds continue to need culturally specific service options

- There needs to be implementation of a simpler client assessment process which avoids duplication and repetition
- We need to increase the use and availability of technology
- Review capital and recurrent funding and investigate the possibility of a national insurance scheme, and/or taxation option to support aged care into the future.
- Provide tax incentives to volunteers
- Review the needs and services available in regional and rural areas
- Commence actioning some of the recommendations which have been well discussed in previous reports and reviews

Mary MacKillop Care welcomes this opportunity to provide this submission, and would welcome discussion with the Commission regarding any points outlined in this document.