

Personal Submission

1. Retirement Homes need to be required to give residents ongoing tenure despite modernisation redevelopments.

A good friend of mine bought an independent-living unit at a retirement home which includes a hostel and nursing facility in Canberra. This facility was built using funds raised and donated by the community (and supplemented by payments from the government and residents) to provide accommodation for older people of lesser financial means. The Board of Management was subsequently taken over by people who set about to upgrade and increase occupancy by providing flash facilities for retiring baby-boomers. The existing residents were told that, as the new units were progressively built and their older ones had to be demolished, they could either pay the extra hundreds of thousands of dollars for the new units or sell their units to the management and leave. My friend was so shattered by the loss of her security that she became extremely depressed. She got a lawyer to write to management, but the facility's CEO responded by meeting my friend alone and making an arrangement to buy her out. I believe she was grossly underpaid for her unit, as there was no real market. Due to her depression she was unwilling to fight, bought a demountable unit interstate and then, on the brink of collapse, went into hospital care back in the ACT.

The social worker at the hospital found her a unit she could just afford in a church-run retirement village in the ACT. She asked the right questions when buying and was told that although they were to fully redevelop to upgrade the facility, all existing residents would be rehoused in the new units at no additional cost. This assurance was repeated to all residents at a meeting to view the plans for redevelopment. They were also assured of having a guaranteed place in the hostel and nursing home facilities if and when they reached the point of requiring this.

There has been some management turnover, and now the residents have been told that they will be given 12 months notice "to make alternative arrangements" before their units are demolished and replaced by much more expensive ones.

There is a need for renewal and investment in aged care facilities (although my friend is very happy with her current humble unit) but at this stage of life people no longer have the financial, physical or psychological capacity to deal with finding another home. When they leave they will get the amount they paid, years earlier, to buy in. This will be far too little to buy ANY alternative accommodation, but too much for them to be eligible for public housing. They will spend their refund on rent and then be on the street. Despite having done everything right in terms of saving for retirement, buying into a suitable retirement facility, and asking the right questions, these residents have been discarded by aged care organisations casting off their existing lower-income residents in their quest to attract better-heeled residents.

2. The current means of providing services to independent-living elderly people are too complex and poorly integrated.

My parents are both in their 90s but live independently in their own home. They require a range of forms of support, mostly provided by neighbours or my siblings who have to travel long distances. My parents' quality of life would diminish considerably if they went into a home, but this need will arise somewhere in the next few years.

I have a sister who could care for them in their home if she could receive a carer's allowance. If one of my parents had died, a carer's allowance would be payable. But because both are alive, despite the fact that both need care, they are not eligible.

My parents are currently rated as "low care". They have entered arrangements and got to know a range of people who come into the home to do things like cleaning, delivering pre-cooked meals, etc. They try to keep their independence, but have been persuaded to get to know these people so that as their needs increase they will be comfortable with the people whose support they will require. However, the moment they are rated 'high care' none of the existing support people will be allowed to help them. Despite being less capable of making new relationships and showing people the quirks of their house and appliances, they will have to suddenly lose the people they have developed relationships with and who have learned their particular needs and wants, and build all this stuff from scratch with a new set of 'high care rated' carers!

My parents are determined that when they must go into a home they will continue to share a double bed. However, rooms with a double bed become available very rarely. If one of my parents reaches the point of needing to be in a home, they could be made to take a place at the opposite side of the state (if that is the only place a room is available) where their spouse would be unable to visit, or at best they would be in the same facility in separate rooms if somewhere has two rooms available. That would be very cruel after 70 years of happy marriage.

3. I believe the following unsatisfactory situations need to be addressed in respect to aged care facilities:

- There should be mandatory staff:resident ratios, including minimum numbers of qualified nursing staff who are in nursing rather than administrative positions;
- pay standards need to be improved, especially for registered nurses;
- facility design standards which resolve many issues for dementia patients by removing obvious entrances and exits and providing gardens, pets, etc (check out the brilliant one on Hobart's eastern shore) should be adopted;
- there is inadequate supervision of dementia areas in old-styled facilities. They require assigned rather than roving supervision;
- diet is often poor or inappropriate;
- there is a lack of skilled staff due to poor pay and conditions, including the management approaches of facilities which are disrespectful of the dignity of the people in their care.

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