

SUBMISSION TO PRODUCTIVITY COMMISSION

RESPONSE TO DRAFT REPORT

Thank you for the opportunity to comment on the draft report: Caring for Older Australians.

1. I support the proposal for information to be included in the suite of services available through the Australian Seniors Gateway Agency.

8.1 Refers in some depth to the information needed for

- positive, healthy ageing and wellness and
- specific information to help older people and their carers find and choose appropriate services.

From age 65 to 100+ there could be two or almost 3 generations in a family, so that those attempting to age well may also be carers of parents for whom they are seeking services.

I suggest that in developing the “Gateway” and its staff, sensitivity to the needs of individuals is built into the service to eliminate the possibility of the community avoiding contact because of a perception of irrelevance to currently well people.

2. The word “dementia” occurs 53 times (many of these in the context of EACH Dementia packages) and “cognitive impairment” 4 times in the body of the draft report.

I find this surprising and perplexing given the statistics provided in great detail by Access Economics through Alzheimer’s Australia (submission 446).

The inference to readers could be that the care of people for dementia is no different to care for people with physical illness, disabilities or frailty, whose cognition is intact.

Admittedly there will be some overlap between these groups, but in general, the skills and knowledge for caring for people with dementia are very specific and in many ways differ from the care of those who have not developed dementia.

Any reform of the current system should consider the needs of this large group of vulnerable people and recommend improvements to achieve best practice care. Alzheimer’s Australia Supplementary Submission (468) to the Productivity Inquiry and the initial submission (79) give accurate information and make excellent recommendations.

I support all the recommendations, but in this submission reinforce some of these recommendations and provide additional supporting rationale.

Submission 79:

Recommendations:

7. Separation of care and accommodation funding.

- The changes to funding and accreditation that occurred in 1996-7 removed the previous separation between government care funding and infrastructure funding, and relied on the Accreditation Agency to protect quantity and quality of care. This change has been credited with sometimes reducing the number and roles of staff in aged care.

This is not quite the same as the intention of this recommendation, but emphasizes the need for any funding for care being for care alone with no possibility funds of being directed to other elements within the system, such as infrastructure or accommodation.

13, 14, 15. Behaviour and psychological symptoms of dementia. (BPSD)

- Some individuals have occasional concerning behaviours, while other behaviours are more frequent and intense.
- Care practices to reduce the onset of behaviours, recognize behaviours and respond effectively are complex.
- The skills, knowledge and attitude required to provide personal care – showering, bathing and dressing of people with dementia extend beyond that required to provide similar care for people who do not have dementia.
Care staff require mature knowledge and attitudes, to connect and communicate effectively with people with dementia while providing personal care.
- Best practice requires effective facility management including:
 - dementia friendly staff recruitment, support, training, supervision and performance appraisal for all levels of staff.
 - an environment that supports the cognitive changes that occur in most dementia causing diseases including making the environment easier to navigate, less likely to cause disorientation and provide easy, safe access to the outside of the building.
 - providing appropriate numbers and roles of staff over 24 hours to deliver care that creates balanced stimulation for the diversity of people with dementia in their care.

16. Dementia focus in the review of Aged Care Standards, accreditation processes and development of quality indicators.

- The current system is general in nature and relies on the individuals to apply a dementia focus their accreditation visits.
- A dementia focus would assist consumers to make informed choices, it would also offer incentives to providers of home and facility dementia care to identify the quality and outcomes of care.

21. Training.

- Ongoing education and training for all people who provide formal care for people with dementia are vitally important.
- Personal care staff are frequently exposed to situations they can find challenging, confusing, sometimes frightening and threatening.
In addition to basic dementia information, such as Dementia Essentials, opportunities to learn from clinical experiences should be structured within ongoing education.
- By extending dementia training to formal Certificate IV and Diploma in Dementia Practice the profile and importance of dementia will be raised among health and community professionals and in turn improve the quality of life of people with dementia.

I propose that the Productivity Commission acknowledges that:

- care of people with dementia is a specialty within the aged care system.
- the projected increase in the numbers people with dementia will utilize significant resources.
- people with dementia are vulnerable and require access to care of the highest quality.

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1 March 2011.