
Response to Productivity Commission Draft Report

Caring for Older
Australians

Dr Maree Bernoth

Charles Sturt University

Wagga Wagga.

March, 2011.

Response to

Productivity Commission Draft Report – Caring for Older Australians

Introduction

The comments in this document are based on the contents of the Interim Report of the Productivity Commission and the extent to which the recommendations of the report match with the outcomes of research that I have conducted both alone and with colleagues especially the two research projects which began in 2010 and are on-going.

I have been involved with research in aged care since 1995 with both masters and PhD qualifications focused on residential aged care. Currently, I have a CSU Science Faculty SEED Grant and, with two other academics, we are hearing of the experiences of older people, their families and carers who have been to leave their rural communities to access aged care. The second research project explores the experiences of residents, relatives and carers with residential aged care.

The focus of this response is predominantly around quality of care in residential aged care facilities and the Commissioners' comments about research.

Congruence between research findings (RF) and the draft recommendations (DR).

(DR 4.1 & 1.3) - The supply of aged care services is not matched to the level of demand or the geographical incidence of that demand.

(RF) – Participants in our research have described the difficulty in finding aged care services and residential aged care (RAC) in rural areas. When the older person has to move away from their community to access RAC, there are physical, emotional, financial and social costs impacting on the older person, their families, friends and the community in general. Families have told us of incidences of the older person dying soon after leaving their community.

Interestingly, in some instances, older people have to move from larger cities to smaller communities to find appropriate care as well as the converse.

(DR 8.1) – A single gateway to the aged care system.

(RF) – Universally, research participants reported the confusing array of service providers and entry points to the aged care system. Even the most informed and computer literate of our participants, reported that they had difficulty navigating the maze that is aged care. A single gateway to aged care would be very welcome to current and future users of the aged care system. Research participants reported the stress involved in finding assistance at a time that is usually highly emotional.

Divergence from research findings.

(DR 4.1) – *Treat older Australians receiving care and support with dignity and respect.*

(RF) – Although some recommendations are made in the draft report in relation to improving care, the recommendations do not go far enough to address the issues around the provision of quality care. There is no sense that the Commission fully appreciates the paucity of respect and dignity that is afforded to older people in residential aged care.

The participants in the various research projects reported multiple instances of abuse and neglect in RAC which cause trauma to their relative and to themselves. Registered Nurses reported the standard of care that they witnessed which forced them to leave the sector because of their inability to make changes or provide the standard of care articulated in professional guidelines.

These experiences were traumatic to listen to and it was difficult to remain composed especially when one participant produced photographic evidence of the physical impact on her Mother being in RAC. Making aged care more accessible is of little significance if the care delivered involves dehumanising the older person. What impact does such an environment have on the carers who work there?

The issues of pay parity and career progression for Registered Nurses, more clinical supervision of care workers, adequate numbers of carers who have quality training and assessment of skills, may go some way to address the issues around abuse and neglect. It appears from the experiences of the research participants that abuse, neglect and infantilisation are taken as normal practice in the facilities that families and Registered Nurses have interfaced with.

These are inadequately addressed in the draft report.

I want to share some of these experiences with the Commissioners when I appear at the public hearing in Canberra.

(DR 13.1) - *Aged care policy research and evaluation.*

(RF) – Research in residential aged care should be included in the research agenda. Researching in this environment is problematic. Few aged care facilities have an ethics committee making access problematic in a number of ways. Approval to conduct research is dependent on the proprietor who may accept or refuse an approach by researchers without knowledge of ethical principles governing research. This leaves residents, especially those with a cognitive impairment vulnerable.

If outcomes of research are not to the liking of management, researchers are refused on-going access or are denigrated because of the adverse outcome.

However, much more needs to be learned about residential aged care. Researchers must be encouraged to investigate aspects of this sector to improve care, improve working conditions and ensure that funding and education dollars are efficaciously spent.

I look forward to elaborating on these comments with the Productivity Commissioners at the hearing in Canberra.

Sincerely,

Maree Bernoth

21st March, 2011.