

**COUNTRY WOMEN'S ASSOCIATION OF NEW SOUTH WALES**



**SUBMISSION:  
Caring for Older Australians**

**To:** Inquiry into Caring for Older Australians  
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We thank the Australian Government Productivity Commission for the invitation to the Country Women's Association to contribute to and comment on the Draft Report "Caring for Older Australians."

There must be a removal of the limit to the number of residential bed numbers and care packages. There is a need for more beds and this is certainly borne out by the increased number of patients clogging up/taking over hospital beds, waiting for nursing home accommodation, and by the action taken to often place these patients hundreds of kilometres away from their home base and family to fill beds in distant facilities made available through deaths.

People are living longer. The Access Economics forecast show that the Hunter Region is facing a shortage of 11,162 aged care places by 2050, driven in part by the expected increased rates of dementia – and that is just one small part of this state.

The fact that there are so many ageing people waiting for nursing home accommodation after an incapacitating injury/stroke etc. reveals that those people have not given much/any thought to retirement and ageing. Many aged have the aged care packages - in part - meals on wheels, (which should be, but currently are only rarely, reflective of the type of food always eaten by the aged and ethnically suitable), housework shopping, modifications to their homes, to enable them to live in place (at home), but that is as far as they have gone.

The suggested Gateway system could be the answer to many problems, if carried out efficiently. The keyword is Efficiency - enough caring, competent staff to handle and guide clients through the maze of paper-work and questions which confront them. Public awareness as to the program availability must be highlighted in every way. The public must be told the first step to take on this road, whom they can contact and please, no mention of going "on line" or ringing a 00 number with its "if you want X...press...1." These aged people are confused/concerned, and the slightest hick-up or set back in these initial contacts, will cause them to just give up.

There should be an electronic health recording system for the ageing, connecting with doctors, hospitals, welfare, centrelink etc., with each client's health status, needs e.g. meals, home nursing etc. clearly spelled out, and this information should be available to all health workers, so the clients would not have to give the same details over and over, whenever there was a change in health workers. The client should be visited on a very regular basis and certainly not by a phone call from a desk-bound official, checking on any downturn in health and capabilities, and plans suggested for future care e.g. home downsizing, self care cottage, hostel, nursing home etc. This committee has been told of the sometimes 3 months' wait for services after the initial request for those services. The Gateway service must be client centered and not service driven to suit the timetable of officialdom. We

know it will be very costly and time consuming, training extra staff, setting up an overall recording system, but it must be carried out. Industry and funding are being aimed at keeping people in their own homes longer, out of hospitals taking up very expensive hospital beds while waiting for a bed in an appropriate nursing home and, of course, limiting the time spent in that facility.

There must be a removal of the limit on the number of nursing home beds by geographic regions. These beds are at a premium in all areas, and state and local governments must get into the market and supply "not for profit" homes (12-15% profit allowed). At the moment, there are 6% formal residential care, state and local governments, 59% not-for-profit, and 35% commercial organizations. There have been many commercial organizations going into voluntary administration, but they still keep up that percentage.

This committee feels that both accommodation and care costs – medical etc. should be borne by the consumer, with a safety net for those with limited means. Those nursing homes in rural and special needs areas (because of lesser numbers involved) should receive special concessions and financial assistance to offset expenses involved because of their location. In many rural/remote areas, aged care nursing is carried out in annexes in country hospitals.

We are of the opinion that the thought that "the family home being sacred and having to be passed on" is slowly changing. This is evidenced by the baby-boomer generation selling the family home, buying mobile homes and "seeing the country". Also, the baby-boomers are undergoing a sea change and tree change – moving out of the city areas into the inner and outer regional areas, expecting to find the same travel conditions (roads, buses, trains, community transport), care facilities, health and ageing coverage as in the city areas. This will in time, assist the country areas with health care packages and nursing home bed numbers!!

Also, much is said about the ageing down-sizing the family home and the need for the availability of age-specific housing. Of very great concern is the tremendous number of older people crying out for appropriate public housing, "appropriate" indicating ground floor because of mobility issues, safety issues, close to shopping etc. Nationally, there are over 200,000 households on the social housing waiting lists. To these lists must be added the many retired single people (widowed, divorced etc.) existing on about \$710 per fortnight; often they have no residence to sell and will have to go on to that long waiting list, when they can no longer look after themselves.

State and local governments MUST take up this challenge now to build affordable aged care homes, if only to lessen the growth of overseas owned for profit organizations.

There has been one beacon of hope in the recent opening of the state's first village for ageing people with intellectual disabilities on the Central Coast, replacing the state run Peat (and Milson) Island Centre (Richmond Report). Under the second five-year phase of Stronger Together all large residential centres will be replaced with specialist accommodation (with 2018 as the deadline) this includes all state owned and 15 centres operated by non-government organizations. These new facilities will provide adequate support for people with a disability to live comfortably into their 70s, 80s and 90s. However, and this is most distressing, the younger disabled will still be bundled into aged care homes, because there is nowhere else for them to go.

All on the committee are very concerned about any proposed (even in part) deregulation of the nursing home industry, and are convinced that there should be no fore-warning of inspections of premises, audits etc. We realise that there is such a tremendous over-load of paper work for each action taken, each medication given, regular assessments on every client to assess the amount of funding to be claimed for each client, but this should always be kept up to date and, if it means employing another person to do these tasks, so be it. Facilities should not be given sufficient notice to get paper work up to date, put on extra staff for inspection/audit time. One committee member with experience in aged care commented "The nursing homes (for profit) all had policies and procedures and quality audits that barely scratched the surface and were treated as light entertainment by the industry. One nursing home group I know of moved a lift bed from home to home in front of the assessors. All of whom ticked it off and said how wonderful it was that they had one of those in each of their homes. So much for inspections and audits"!!

While the draft report focused mainly on self care packages, nursing homes and their affordability, who should pay - and how much - to a great extent - the most crucial issue was ignored - Nursing and the Care Needs of Staff and Residents. Not included were the requirement of minimum care hours and the need for extra staff, a better skills mix to improve quality of care - e.g. more RNs, ENs, nursing assistants, activities officers employed on a staff to resident basis, (high care nursing homes in some areas run on 1 qualified staff member to 3.5 unqualified) the problem of attracting and retaining workers, (most of the unqualified workers are in their 40's and over, young people as a rule do not like to work in aged care), access to education and training, paying competitive wages, improving the staff to patient ratio, in favour of the patient. It is to be hoped that the final report will include reforms such as more registered nurses in aged care and for the residents, ongoing access to medical care and the right given to them to access their own doctors.

Re Complaints:- The whole system needs to be revamped for both residents and clients in their own homes. It must be simpler, easier to negotiate (remembering that these ageing people are fragile), more responsive and more sympathetic to the needs of the person complaining. At the moment,

the system works against everybody – the client or resident, the family, the staff and service provider.

It is acknowledged that, to give the Aged all the care and protection they need/deserve, much money will have to be poured into the Aged Care system by the Federal, State and Local Governments and not-for-profit organizations for the new system – Gateway – more staff – their ongoing training and education – affordable nursing homes. BUT, this money will have to be spent.

It is hoped that the Federal Government will reconsider its budget statement – February 2011 – that Mental Health and Aged Care would receive no benefit from the budget.

Social Issues Committee  
Country Women's Association of NSW