

AGED CARE

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VICTORIA
AUSTRALIAN DEMOCRATS

2006

OUR ELECTION COMMITMENT

Older Australians make an immense contribution to the well-being of our society and our economy and we owe it to them to provide good care when they become frail. We want to see the aged live with dignity and to have safe and high quality services, regardless of ability to pay.

The Democrats commitment is for:

State Government

Residential aged care

- While at least maintaining the current level of public provision of residential aged care places, negotiate an increase in total provision to the equivalent of the national mean.
- Require all public hospitals to enter into formal agreements with sufficient aged care residential facilities to ensure effective transfer between them of those older people requiring nursing home placement and those requiring acute hospital care.
- Employ sufficient salaried medical staff to ensure aged persons receive at least one consultation each month.
- Increase substantially state government investment in capital works to fix the problems identified by the Victorian Auditor General in 50% of public residential facilities, so they all meet required standards by 2008.

- Provide more dementia-specific places and dementia-specific services for people with severe behavioural and psychological symptoms of dementia care services.
- Better cater for the specific cultural and linguistic needs of older indigenous people and the 21% of older Victorians who were born overseas.
- Provide public dental hygiene, physiotherapy, podiatry and mental health and diversional therapy programs in all nursing homes. Ensure residents can have access to alternative therapies such as acupuncture if requested.
- Ensure that the rights of residents are better promoted and enforced.

Ageing in the community

- Provide programs that promote health and well-being, particularly to reduce falls and memory loss and encourage good nutrition.
- Provide programs to encourage exercise including improved safety for elderly pedestrians through road user speed restrictions around facilities used by older people and clear and even footpaths.
- Provide early diagnosis, information and support for people with dementia and their families.

THIS TIME AN UPPER HOUSE THAT WORKS

The DEMOCRATS VISION is for:

- an ageing population that has optimum health and social engagement and where prevention and early intervention work to reduce the need for higher levels of care,
 - community and home based aged care services that enable older Victorians to remain independent and to stay in their homes with confidence and in comfort as long as they wish and are able,
 - residential aged care that is readily available throughout Victoria when needed, is high quality and safe,
 - the carers of the elderly to be properly supported, trained and rewarded for their efforts including through recognition and status,
 - greater integration of residential aged care, acute hospital and home-based health services and discharge-from-hospital support and rehabilitation programs, and
 - young people with disability or degenerative illness having choices in supported accommodation, other than in residential facilities for the aged.
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- Provide a substantial increase in funding for the HACC program with annual indexation to maintain real funding levels.



A U S T R A L I A N TM
DEMOCRATS

This election commitment was updated on September 5, 2006
All our election commitments are available online at
www.vic.democrats.org.au

- Provide specialised medical, nursing and ancillary services for elderly people with chronic illness living at home.
- Provide greater co-ordination between state and local government to enable equitable access and greater mobility between services.
- Provide accessible, continuing day support programs for older people with lifelong disabilities.
- Provide innovative programs such as the successful 'Homeshare' where frail older people in need of assistance in their home are matched with a younger person who can provide help and company in return for low cost accommodation.

Carers

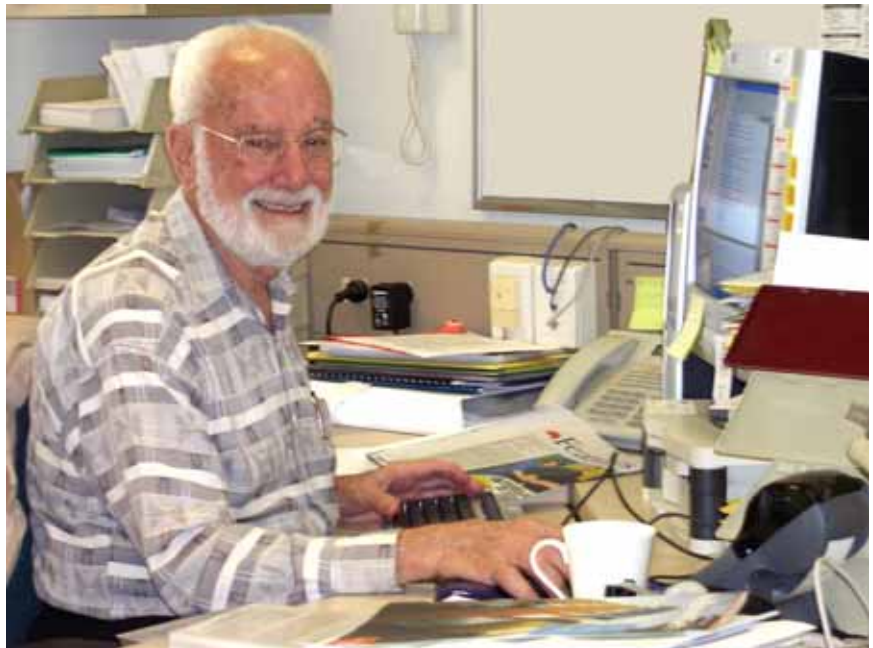
- Promote the recognition, support, and funding of voluntary, usually family carers as the silent and largely unpaid workforce.
- Provide assistance to carers as necessary in coping with people with psycho-geriatric and, dementia problems, providing palliative care and managing challenging behaviour.

Residential care workers

- Raise the status of home and personal carers through good access to training programs, particularly psycho-geriatric care, dementia services, palliative care and the management of challenging behaviour.
- Offer seamless career pathways in aged care, including wage incentives for skills development.
- Offer training for in-home and community-based carers wishing to return to the workforce.

Young people in nursing homes

- Provide sufficient age-appropriate housing placements as options



Senior and former Australian Democrats Senator, Jack Evans, remains politically-active and is seen here helping with our policy

for young people who are currently accommodated in aged care facilities. This must be done as a matter of urgency.

- Ensure there are no new placements of young people in aged care facilities through lack of other options.
- Provide specialised health and allied health services including rehabilitation for young people with high support needs.

National - we call on the Federal Government to:

- Make good the inequitable shortfall in residential care beds in Victoria.
- Set up a National Institute for the Aged to collect data, regularly review accreditation and provide advice on the development of a single accreditation system, establish national benchmarks and standards and a quality assurance system for residential, community and home-based aged care services.

- Audit current staff/resident ratios, consider their adequacy in meeting standards and review the need for prescription in staffing qualifications and levels.
- Take steps to ensure wages and conditions for the residential aged care workforce help overcome current shortages and improve continuity for residents.
- Encourage and reward specialisation in geriatrics for medical and dental practitioners.
- Insist that private hospitals meet their obligations to older Australians who have private health insurance cover.
- Provide wage and income support options for carers of older people, assessed as needing residential care, with training and monitoring to ensure quality care standards.
- Make good its commitment to introduce a dementia funding supplement by 2006 for residential care.

- Ensure that the new Aged Care Ombudsman has the power to protect the elderly from abuse, actively promotes and enforces resident rights, establishes a stronger, more responsive complaints mechanism for the aged and their carers/families, establishes a 'no fault' incident reporting system and encourages a more open and accountable culture within nursing homes.
- Extend the Community Visitors Scheme to those cared for at home.
- Increase funding for respite services and make them more flexible, giving a high priority to planned, emergency and overnight respite that better responds to the needs of people with dementia and their carers.

The Problems

A total of 883,303 people, or 15% of Victoria's population, is over 60 and this is expected to rise to 25% by 2021. Rural and regional areas have a higher proportion of over 60's (20%) compared to metropolitan areas (14%).

According to national benchmarks, Victoria is **5,500 beds short** on residential care provision, which is far more than in other States (Western Australia, for example, is only about 300 beds short). This shortage increases the demand for home-based care, for which there are no benchmarks. With no objective measure for how much home-based provision is really needed, waiting lists just continue to get longer each year.

Last year over 120,000 people used **Home & Community Care** (HACC) services in Victoria; over 70% of those were older people. HACC has been very successful in

Quote from Victorian Auditor General report, August 06

The audit shows that the Department of Human Services needs to strengthen its stewardship and coordination efforts to encourage agencies that manage and operate public sector residential aged care facilities to provide infrastructure that contributes to the delivery of high quality care to residents.

supporting older Victorians in their homes but funds are tight and often 'rationed' to keep up with demand.

Whilst the Commonwealth certifies, accredits and subsidises the operation of all residential aged care, a relatively high proportion of care in Victoria is public in that it is owned and managed by the Victorian Government - 6,800 places in 195 facilities; three-quarters of them in country Victoria. Despite some investment in upgrades in recent years, **50 per cent of facilities still do not meet acceptable standards** according to the Victorian Auditor-General's August 2006 report.

By 2016 **dementia** will be the most disabling of all chronic diseases and even now it impacts on nearly one million Australian carers. Sixty per cent of people in high care facilities have a diagnosis of dementia and many more are undiagnosed. There is an estimated shortfall of 17,000 dementia-specific care places Australia-wide and an expected trebling of the numbers of people with dementia by 2041 to 500,000, means federal and state government action is urgently required.

The incidence of severe oral diseases is many times greater for people in residential care than for those living in the community and neglect of **dental hygiene** often leads to more serious, life-threatening conditions.

There has been a 20-year Commonwealth/State deadlock on

the issue of providing accommodation for **young people** with complex, high support needs - those with acquired disability through injury and those with degenerative conditions such as multiple sclerosis, muscular dystrophy or Parkinson's Disease.

By default thousands of young people have ended up in nursing homes for the frail aged. This is unsatisfactory, indeed distressing for a number of reasons. Staff do not usually have the time or the required skills and knowledge to care for people with these conditions.

There is no funding available to provide therapies or equipment needed to meet an individual's physical, cognitive and social functioning needs, indeed they become ineligible for wheelchairs, hoists, scooters on placement in nursing homes.

This means the rehabilitation potential of these young individuals is not realised and they typically have poor health and lifestyle outcomes as well as being socially isolated.

There has been some progress on providing a small number of 'pilot' places for these young people but still no agreement between Commonwealth and State governments on providing this choice for the estimated 1589 people under 65¹ presently in residential aged care in Victoria.

¹ AIHW 2006. Residential aged care in Australia 2004-5