

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

Standing Committee on Health, Community and Social Services

Inquiry into Respite Care Services in the ACT

I am submitting comments regarding the above-named Inquiry as an individual. I have been caring for my mother for the past 10 years (she resides with me), and I left my full-time employment in order to undertake this role. While caring for my mother I have managed to complete a Bachelor of Applied Psychology.

My comments address three of the Terms of Reference (*italicised below*) as they relate to the aged care industry in Canberra:

The needs of care recipients (including children, teenagers and adults with a disability, elderly people, people with mental health issues and people from culturally and linguistically diverse backgrounds) and their carers

The **needs of the care recipients** include: being respected as a worth-while person, provided with required medication in a timely manner, the provision of good quality care in a pleasant environment, kept comfortable to a reasonable level, the provision of a hygienic environment, provision of relatively good quality meals and given the ability to take part in a wide variety of stimulating activities that take account of the recipient's physical and mental abilities.

The **needs of the carer** include: being informed of any major changes to the recipient's care level, being able to feel confident in leaving their cared for person in the facility, feeling that the carer can trust the facility in providing a safe, caring and stimulating environment. Also, being confident that if a problem does arise that it will be brought to the attention of senior management and rectified in a dignified manner.

The needs of staff who provide respite care, including working conditions and training

employment conditions

- . in the ACT Government submission on behalf of the Minister for Disability, Housing and Community Services (Sub.No.42), there is mention of the development of the first Australian portable long service leave scheme for ACT community sector workers. This appears to be a positive move that enables staff to change positions within the sector without losing a worthwhile entitlement.

staff training

- . staff are of the opinion that they are under-paid. (This view appears to be consistent across all people in paid employment, whether professional or unskilled: perhaps people's life expectations need to be lowered or realistically re-assessed). Whilst I have not yet researched pay or work conditions in the aged-care sector, I do have one recommendation to make (including that individuals need to consider whether they are worthy of the salary they are receiving and that the employer considers whether they are treating their staff with respect):

My **recommendation** is that educational standards in the industry be reviewed and raised with a concurrent review of the pay structure.

- . I believe this would move towards raising the standard, attitude, and self-respect of workers as well as the respect by the community. It is imperative that appropriate people are attracted to this industry, not just those that can't find employment elsewhere due to lack of qualifications or experience.
- . Personal suitability criteria need to also be drawn up.
- . Inclusion of some recognition of years/quality of service and/or additional qualifications.
- . Annual briefings by employer to remind staff of important issues to keep morale high and remind employees that clients are people. Allow input of ideas from staff.
- . Perhaps consideration be given to hours of being on duty taking into account percentage of heavy/light duties.

The experience of service users who utilise government and non-government providers of respite care

access to respite care

- . **bookings** are made through ACT Carers for the majority of residential service providers: carers need to book around 3 months in advance (satisfactory time frame for planned respite, however not for more urgent requirements. Sometimes respite availability is a longer time frame, which makes it difficult for people that need a break sooner).
- . **client feedback**: none requested – one facility had a box for anonymous feedback (where no feedback requested: unsatisfactory, gives impression facility has no interest in whether client needs were met or how they may be able to improve their service)
- . **number of respite beds**: some facilities only provide one bed for respite, I believe there should be a minimum requirement of two respite beds offered in both low care and high care.

quality of services

- . **medication administration:** one facility failed to administer medication on a number of occasions during a 10-day stay. When asked why this had occurred, I was advised that the nurse was too busy. This is clearly unsatisfactory as there may be people where this could become a life-threatening situation. In any event, this is not satisfactory at all. I have not yet taken this up with the head of the facility, however have the intention to do so.
- . **in-house carers** from agencies: on occasion various agencies provide a 'carer' (usually on request) that can provide assistance such as showering, shopping, or company and meal-making or overnight stays. This is provided when the carer is under more than usual emotional stress or needs a break to attend an important function or simply needs a short break. While it is appreciated that such a service exists – the 'agency carer' attitude and helpfulness varies greatly. Often carers resort to doing things themselves as workers employed by this industry are simply not suited to the role. One agency carer spent almost all of her time offering negative comments about her employer, complained of inadequate pay in such a way it appeared she may have been soliciting additional remuneration or compensation for her 'efforts', paid little attention to her duties and generally made me (the real carer) feel very negative and regretful that I had sought such 'assistance'. In the end I terminated the service.

Any other related matter

- . **Centralised Website:** (this issue was mentioned in Sub.No.25) to provide information to the community (and organisations) on where they can seek help for their specific situation; contact addresses, phone numbers and/or Web addresses.
 - the main page would need to be in a format that allows the user to see various categories such as aged care, various disability services for various age groups etc. These categories would need a number of levels, including capacity for overlap where one person may fit into more than one discreet category.
 - perhaps the Website could be run by ACT Health (in collaboration with Centrelink?) Management of the site would need to be at a local level with consideration given to data input, updates, allow some input from outsiders regarding new services, new ideas regarding site information.
 - GPs may have a duty of care to advise people or at least have a notice in their waiting room advertising such an information source
 - incorporate complaint or advocacy service information
 - enough information needs to be included to make the site fully functional

- . **Accreditation:** are aged care facilities accredited? if so by whom and how often reviewed? Is this a pre-requisite for funding (if funded partially by state/federal government). **Recommend** that the whole accreditation process be reviewed (also included in Sub.30).
- . **client feedback:** the industry needs to incorporate this, and, if in receipt of funding from government, include as one of the pre-requisites included in their service agreement / reporting requirements
- . **funding:**
 - if funding is provided by state or Commonwealth government then require consistency in reporting requirements (which means the agency may need to streamline their record keeping), however need to take care than not too onerous on agency otherwise will be done in a haphazard way
 - **examine how exactly the funds are used.** According to the Auditor-General's Report (paragraph 1.4) respite receives only \$5.6 million out of the total \$65.3 million. And, according to the ACT Government submission (p.8), the National Respite for Carers Program (through the federal Department of Health and Ageing) provides \$4 million.
 - **examine other avenues of 'topping up' government funding:** consider novel approaches such as obtaining business support and/or revenue raising through community events.
- . **accountability:** is the aged care industry subject to Service Funding Agreements? These are mentioned in the ACT Govt Sub (p.10), where services seek client feedback and modify their service to continue to meet client demands (although it does not appear to be successful in the disability sector from the sound of many of the disability submissions). Measures are clearly needed, including appropriate management of those measures. This would encompass record keeping, performance audits and reporting procedures. Service delivery must be improved
 - the Auditor-General's Report (p.4) did not assess the outcomes of the respite services "due to a lack of performance indicators and national data". Perhaps all users of aged care respite services need to be asked to complete a survey in order to provide some data that can be assessed. This would bring benefits to those in permanent care within those facilities as well.
- . **staffing:** whilst aged care is probably run on a business basis, the industry needs to realise it is providing an extremely important service to the community. Cost cutting around staffing issues is not appropriate.
 - All staff in the industry need to raise personal attitudes and respect for others

- It is **recommended** that there is a big overhaul of the industry in perhaps driving it to 'para-professionalise' itself. Raise training and personal expectations. Sub.32 has mentioned "past experience with age care support services have not always been positive and have come with risks to my well being". This is a serious concern. Sub.30 suggests personality and psychological profiling especially for staff entering people's homes. Unfortunately, I would have to agree. Whilst it is difficult to personalise services and to meet everyone's standards (some may be unrealistic) there is certainly room for improvement. Worker's self-esteem needs to be improved and they need to understand the importance of the service they are performing. It is not just a service or a job, it is caring for people – providing others with help when they really need it. A large portion of the community will need these services at one time or another, it is time now to ensure that it will be a good industry.

Anna Kieltyka
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