THE CARE OF THE ELDERLY IN AUSTRALIA

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Background :

I am grateful for the tremendous opportunity I have been given to work on a voluntary basis with and for older Maltese people for nearly thirty years.

Every individual, whether very fit or very frail, has important value. To age should be viewed as a measure of success, as a time to reflect on significant past and continuing contributions to our community. Old age is a time in which we continue to develop and influence others. It is not a time to focus only on loneliness, loss and death, which are narrow, simplistic aspects of an ageing process. There is much life and sharing left until the final moment. Unfortunately, too often the needs of older people are not the priority of their children, who seem to be frightened at having their eventual inheritance diminished. Older people deserve acknowledgement, and an appropriately high quality service system that is able to support them, when and where they need it. Aged care can no longer be considered a secondary industry because now professional and highly competent staff offer overwhelmingly high quality care.

Many leaders within our Community have criticised in the past the lack of information made available to our ageing Maltese citizens about the services provided by the Australian Federal and State Governments. My objective today is to provide some information on an extremely complex aged care system, which operates in Australia.

According to statistics, the peak number of persons emigrating from Malta to Australia occurred between 1949 and 1956, which totalled approximately 35,000 migrants[(1)].

The next bracket of Maltese migrants to Australia was between 1957 and 1967, which amounted to approximately 30,000[(1)]

The majority of these migrants are now part of the ageing growth of the Australian population. It is estimated that in 2011 there will be about 21,000 citizens of Maltese origin aged over 65 years, extending to an estimated 25,000 in year 2026[(2)].

Source : *[(1)]www.Maltamigration.com / Annual Demographic Reports*
[(2)]Australian Bureau of Statistics Table A2:4

What Care is Available :

The current policy of the Australian Government is to encourage the elderly to stay at home longer. This is purely for financial reasons in order to reduce the escalating cost of caring for the aged. As a result of this policy, the elderly are more likely to become socially isolated and are likely to neglect their need for proper nourishment and the care of their bodies.

To be eligible to participate in any program funded by the Federal Government, one needs to be initially assessed by the Aged Care Assessment Team, which comprises of a specially qualified Social Worker, a Registered Nurse, and/or a Medical Practitioner. They determine if a person requires the service provided by the Government.

The Australian Government provides funding for several programs for aged citizens including :

a). Home and Community Care Program

This program allows service providers to bring together elderly citizens to a specific day centre where participants spend a day playing games (mostly bingo), art and craft, short day outings, and to have a chat with each other. The service providers prepare a small meal for the participants. This program also provides an opportunity for the participants to have a break from home and also as a relief to their carers. There is no limit to the number of participants in this program Funding is provided dependant on the number of hours and number of participants taking part in this program.

b). Community Aged Care Program

This program allows service providers to employ staff (preferably speaking the same language as the participants) who will undertake light home duties such as cleaning, hygiene, assist with shopping, driving participants to doctors and hospitals, and other small tasks. The largest provider of this program is Local Councils and large religious organizations. The number of Maltese citizens receiving this service from the Maltese Community Council of Victoria is limited to 25 persons. However, the M.C.C.V. sell to other organizations the use of staff to deliver service to approved Maltese citizens within their program.

c). Retirement Villages

A number of privately owned residencies are “leased” at a considerable price to retirees who are not quite ready to move into an aged care facility. They have limited need for assistance, but enjoy the company of several other retirees and the recreational facilities on offer at the village, such as bowling greens, swimming pools, indoor activities and games.

The owner of a Retirement Village determines the entry price of the residence, and in due course, the owner also settles the exit price at a substantial discount from the original purchase price.

Maltese migrants should seek advice from appropriate professionals before they consider buying into such a scheme.

d). Low Care Aged Care Facilities (Hostels)

Residents entering Hostels on a permanent basis are normally mobile and in relatively good health, but perhaps they are the surviving widows/widowers who are not able to live alone and to look after themselves.

Most Hostels provide residential short term Respite Care for residents who are temporary ill or whose carers are absent for any reason such as on holidays. Most modern hostels provide a single unit for a resident, containing built in wardrobes, adequate space for a bed a lounge chair and TV area, and shower and toilet facility.

Staff at Hostels are usually engaged on part time basis, to cover peak periods in particular to prepare residents in the morning and before they retire in the evening, to cook and serve breakfast, lunch, and the evening meal, and to provide day time activities so that residents are active and entertained.

Staff working in aged care facilities are required to undergo a Police Check before they are employed, to ensure that they have no conviction of assault, theft, and other criminal history.

The Federal Government determines the cost of staying at Hostels depending on the income and assets of the prospective resident.

e). High Care Aged Care Facilities (Nursing Homes)

Nursing homes are generally for very frail elderly persons who need constant attention at all times, including night time.

Staffing at Nursing home is intensive, and personal care workers and nurses are required on a 24-hour basis. Special bedding and wheel chair equipment is essential and costly. As a result, statistics show that nursing homes with up to 60 beds are not financially viable, those having between 60 and 120 beds are making a profit, whilst any home with over 120 beds face financial difficulties.

There is also the problem of employing Registered Nurses, who are in very short supply all over the world. Most nurses are much better paid at hospitals and operating theatres, than at nursing homes and hostels.

Nearly 85% of the total Federal Government funding for the aged goes to Nursing Homes.

Funding :

It is easy to suggest and request construction of low care and high care facilities strictly for Maltese citizens. However, very few people really understand the requirements to achieve these dreams. Firstly, the Federal Government determines where a facility can be constructed, the number of units allowable in the area, and the eligibility of the provider to receive subsidies. The standard cost of building a unit for a low care facility is estimated at $ 140,000, whist the cost of building a unit of a high care facility is nearly $ 175,000, plus of course the value of the land.

Prior to 1997, the Federal Government also provided capital grants for construction of aged care facilities. These grants are no longer available. However, the Government allowed Low Care Aged Care Facilities (Hostels) to charge an Accommodation Bond if a prospective resident has assets in excess of two and a half times the total annual aged pension (currently $ 36,000). There is no limit to the amount of bond requested by providers, as long as residents are left with the minimum amount of $ 36,000. Therefore, if a prospective resident has assets of say $ 400,000, then a service provider may request payment of a bond of up to $ 364,000 A monthly retention amount of currently $ 299 is retained from the accommodation bond by the provider over a period of 5 years, which amounts in total to $ 17,940. The provider also retains any income earned from investment of the bond.

Prospective residents with assets less than $ 36,000 are classified as “Concessional Residents” and have the right to enter an Aged Care Facility because providers are required to have a ratio of nearly one in five residents being concessional.

Approved Aged Care Facilities receive substantial subsidies from the Federal Government. The subsidies are paid depending on the care need of each resident. Residents are classified in terms of behaviour, mobility, and other factors.

Financial Issues :

My experience in dealing with the Maltese community both in Sydney and in Melbourne, is that the major obstacle in determining whether a person enters into an aged care facility is the financial aspect of the individual. It is virtually the decision of the children to resolve the financial issues of the prospective resident. Most Maltese migrants own their own home and have some investment in the bank. The hardest decision is whether the family home is to be sold to provide for payment of the Accommodation Bond required to enter in a Hostel. In some cases, selling the home will result in some reduction of the aged pension received from the Australian Government due to the investment of the surplus funds after payment of the bond. It is further aggravated if that person receives a second pension from the Maltese Government or a superannuation payment from their previous employer.

It is advisable that planning for the future is prepared well in advance of the need for the person to enter a home.

Health Issues :

There are several health issues affecting the elderly, such as depression, arthritis, physiotherapy, podiatry, sensory loss, skin care, and so on. The main issues affecting the Maltese elderly are :

Diabetes

The Maltese and other southern European migrants are among the worst affected people in the world of this common illness, which issue is sometimes made worse by the good intentions of family and friends.

The problem is not confined to the diabetic, but also to their relatives and friends who do not understand adequately the need for proper care of diabetics. Whilst aged care providers prepare care plans to suit residents with diabetes, we find that relatives are prone to provide food not supplied by the providers to please a wish or a craving by the residents. We have recently commenced having a Family Conference between the residents, their representatives or relatives, Hostel Administration and nursing staff. and provide education and obtain input into the residents care plans. This will eliminate part of the problems encountered by the provider in properly caring for their residents.

Dementia

This common illness is not only the problem of the sufferers, but also of their children and their carers, who, unfortunately, do not accept the unexpected new condition of the victim and is seen as a stigma rather than an illness. There is a need for an extensive education on dementia and its effect on the elderly, as well as how we can handle the problems associated with it.

Those Maltese migrants who came to Australia after 1947, the prosperous economy enabled many to get employment without mastering the English language. As a result, when these migrants reach older age, a reversion to the first language occurs for many, a phenomenon well known to everyone who works with older people of non-English speaking backgrounds.

Migrants' recollections of the old country are not well researched, but anecdotal evidence – especially from the children of migrants, and often the older migrants themselves – is that their parents recollect the old country and its culture, customs and traditions as such things were expressed when they left it. The culture of the old country may have moved on, but is preserved in the memory and society of a generation of migrants as it was. The children of the original migrants, by now themselves around middle age, do not see the culture their parents talk about because it has virtually disappeared.

We now find that elderly migrants, even those suffering with dementia, revert back to their native language and in many cases, seek religion as a refuge.

Falls

Falls are caused by the interaction of both intrinsic and extrinsic risks.
Some of the intrinsic factors include :

- Nutritional deficiencies
- Impaired cognition
- Visual impairments
- Medical conditions e.g. diabetes, stroke, etc
- Muscle weakness and limited endurance

Some extrinsic factors include :

- Environmental hazards e.g. clutter of furniture, poor lighting, slippery floors, uneven surfaces
- Footwear and clothing
- Inappropriate walking aids

The consequences of falls may cause physical injury (fracture, skin tear, etc), restriction of activity, loss of confidence, fear of falling in future, pain, depression and decreased quality of life.

Falls are the leading cause of injury deaths among people 65 years and older. Among people 85 years and older, 20% of fall-related deaths occur in nursing homes. At least 95% of hip fractures are caused by falls.

There is substantial costs to the Health Care System due to :

- increased length of stay in hospital
- physician and other professional services
- rehabilitation
- prescription medications
- Insurance administration/risk of litigation

The Future :

Corporate companies in the healthcare industry are increasingly buying out small operators of aged care facilities. The larger corporations are able to centralise common tasks such as administration, financial records, purchasing, and other factors of the many facilities under their control, whereas the smaller providers need to employ multiple staff to perform these duties.

Religious orders are experiencing a substantial shortage of new members, and existing members are ageing very fast. It is very hard to recruit novices and therefore, they are unable to expand their services beyond the present capacity.

My personal view is that the small facilities run by religious orders will vanish in the very near future.

Maltese Government Involvement :

I am very mindful of the limited financial resources available for Maltese migrants in the various places wherever they are. But there are some ways that the Government may be able to assist such as :

1). Establish an exchange program of Maltese speaking nurses, which will benefit many aged care facilities where the Maltese reside, and also benefit the Maltese nurses by gaining experience in a different environment

2).

APPENDIX

FURTHER INFORMATION ON AGED CARE FACILITIES IN AUSTRALIA

Building Regulations :

The certification process is designed to provide an incentive for approved providers to improve their buildings by investing in them and providing an income stream to enable them to do so. Only certified services can charge residents accommodation payments—ie, either an accommodation bond or an accommodation charge, or receive sundry Government subsidies.

When assessing whether a service can be certified, the Government must consider :

* the standard of the buildings and equipment that are being used to provide residential care

* the standard of residential care provided by the service

* the conduct of the approved provider and whether the provider has complied with its responsibilities and obligations under the Act

To achieve certification, a service must demonstrate, in an on-site building inspection, that it has achieved specified building quality measures. The service's buildings are assessed using the aged care certification assessment instrument.

Certification is not time-limited—ie, a service's certification status generally does not expire. However, certification status can be reviewed. A review may be undertaken if, for example, there are significant changes to the structure of the premises or an increase in the number of allocated places.

Accreditation :

Accreditation is required to ensure that residents of aged care services have a good quality of life and receive good quality care, which is a priority for the Australian Government and for the sector, and is central to the well being of residents themselves. Accreditation plays an important role in achieving this outcome. Accreditation is the arrangement established by the Government to verify that aged care services provide quality care and services for residents. It involves an independent team of quality assessors, appointed by the Aged Care Standards and Accreditation Agency Ltd (the Agency), evaluating the achievements of a service against a pre-determined set of accreditation standards.

All residential aged care services must be accredited in order to receive funding from the Australian Government through residential care subsidies. Individual services, rather than an approved provider, are accredited. Once a service is accredited, it is monitored to check that it continues to comply with the accreditation standards.

Accreditation is formal recognition that the service is :

- operating in accordance with the act and the Principles made under it
- providing high quality care including :
  - working within a continuous improvement framework
  - making required improvements.

In addition to meeting the requirements of the accreditation standards, approved providers must also :

- comply with relevant Local, State and Australian Government regulatory requirements
- comply with professional standards and guidelines,
- adhere to requirements about charging fees, providing specified care and services and having appropriate staffing.

ACCREDITATION AND QUALITY OF CARE

Standard 1: Management systems, staffing and organisational development

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

* Continuous improvement : the organisation actively pursues continuous improvement.

- Regulatory compliance—the organisation's management has systems in place to identify and ensure compliance with all relevant legislation,
- Regulatory requirements, professional standards and guidelines, education and staff development—management and staff have appropriate knowledge and skills to perform their roles effectively.
- Comments and complaints—each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.
- Planning and leadership—the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.
- Human resource management—there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.
- Inventory and equipment—stocks of appropriate goods and equipment for quality service delivery are available.
- Information systems—effective information management systems are in place.
- External services—all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

Standard 2: Health and personal care

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or their representative) and the health care team.

* Continuous improvement—the organisation actively pursues continuous improvement.
* Regulatory compliance—the organisation's management has systems in place to identify and ensure compliance with all relevant legislation,

- Regulatory requirements, professional standards and guidelines, about health and personal care.
- Education and staff development—management and staff have appropriate knowledge and skills to perform their roles effectively.
- Clinical care—residents receive appropriate clinical care.
- Specialised nursing care needs—residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff.
- Other health and related services—residents are referred to appropriate health specialists in accordance with the resident's needs and preferences.
- Medication management—residents' medication is managed safely and correctly.
- Pain management—all residents are as free as possible from pain.
- Palliative care—the comfort and dignity of terminally ill residents is maintained.
- Nutrition and hydration—residents receive adequate nourishment and hydration.
- Skin care—residents' skin integrity is consistent with their general health.
- Continence management — residents' continence is managed effectively.
- Behavioural management—the needs of residents with challenging behaviours are managed effectively.
- Mobility, dexterity and rehabilitation—optimum levels of mobility and dexterity are achieved for all residents.
- Oral and dental care—residents' oral and dental health is maintained.
- Sensory loss—residents' sensory losses are identified and managed effectively.
- Sleep—residents are able to achieve natural sleep patterns.

Standard 3: Resident lifestyle

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

- Continuous improvement—the organization actively pursues continuous improvement.
- Regulatory compliance—the organisation's management has systems in place to identify and ensure compliance with all relevant legislation,
- Regulatory requirements, professional standards and guidelines, about resident lifestyle.
- Education and staff development—management and staff have appropriate knowledge and skills to perform their roles effectively.

- Emotional support—each resident receives support in adjusting to life in the new environment and on an ongoing basis.
- Independence—residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential aged care service.

*` Privacy and dignity—each resident's right to privacy, dignity and confidentiality is recognised and respected.

* Leisure interests and activities—residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

* Cultural and spiritual life—individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

* Choice and decision-making—each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

- Resident's security of tenure and responsibilities — residents have secure tenure within the residential care service, and understand their rights and responsibilities.

Standard 4: Physical environment and safe systems

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

* Continuous improvement—the organisation actively pursues continuous improvement.

- Regulatory compliance—the organisation's management has systems in place to identify and ensure compliance with all relevant legislation,
- Regulatory requirements, professional standards and guidelines, about physical environment and safe systems.
- Education and staff development—management and staff have appropriate knowledge and skills to perform their roles effectively.
- Living environment—management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs.
- Occupational health and safety—management is actively working to provide a safe working environment that meets regulatory requirements.
- Fire, security and other emergencies—management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.
- Infection control—an effective infection control program.
- Catering, cleaning and laundry services—hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

THE CERTIFICATION ASSESSMENT INSTRUMENT

Services are inspected under the aged care certification assessment instrument, To be eligible for certification, a service must:

- achieve an overall mark of at least 60 out of a possible 100 points .
- score at least 19 out of 25 for section 1: safety. . .

The Certification assessment instrument includes the seven sections below:

Aspect of building quality maximum possible points

section 1 safety 25 points

section 2 hazards 12 points

section 3 privacy 26 points

section 4 access, mobility and occupational health and safety 13 points

section 5 heating/cooling 6 points

section 6 lighting/ventilation 6 points

section 7 security 12 points

In addition to the seven criteria above, services are also required to meet a set of Australian Government standards relating specifically to fire, safety, privacy and space.

Homes are not eligible to receive the increased fees and subsidies introduced by the Government on 20 March 2008 until the targets for fire and safety and privacy and space are achieved.

Fire and safety:

Aged care homes were expected to meet specific fire and safety standards by the end of 2005. Homes must score at least 19 out of 25 in section 1 of the certification assessment instrument (safety) to meet fire and safety standards privacy

OVERVIEW

To be eligible for Australian Government-subsidised aged care, a person must have a current Aged Care Assessment Team (ACAT)* approval, or have a decision made by the Secretary that exceptional circumstances exist such that an assessment by an ACAT is not needed. (*Known in Victoria as Aged Care Assessment Service (ACAS).) While it is the Secretary who approves a person as eligible to receive Government subsidised care, the Secretary has delegated this power to ACAT delegates and to departmental delegates.

A person can be approved for one or more of the following types of care:

* Residential care (including residential respite care)
* Community care
* Flexible care.

Flexible care in the form of transition care and multi Purpose services may be provided in residential care facilities. ACATS help older people and their carers work out what kind of care will best meet their needs when they are no longer able to manage at home without assistance. ACATS provide information on suitable care options and can help arrange access or referral to appropriate residential or community care. ACATS cover all of Australia and are based in the local community or hospitals.

People do not need to have a current ACAT approval to place their name on a waiting list for an aged care service. ACATS operate under the Act and associated principles and Commonwealth guidelines.

FACILITIES OPERATED BY PROVIDERS OF MALTESE ORIGIN :

Rosary Home, Keilor Downs, Vic., run by the Dominican Sisters of Malta

St. Dominic's Hostel, Blacktown, NSW, run by the Dominican Sisters of Malta

Mackay, Queensland,

Adelaide, South Australia