

### **Submission to New Aged Care Act consultation.**

This submission is presented from the aspect of an Ageing in Place client (at present receiving a level 3 at home package). My background is from a Registered degree nurse and post graduate educator. For the last 20 years of my career, I specialised in aged care.

If as I believe the aging in place is to have the goal of a reduction in the need of residential care I cannot envisage a good outcome if there is no emphasis on enablement, pro-active care and preventative care.

The present situation totally relies on the client having the knowledge of available care and understanding of having to create improvement of abilities and or at least the maintenance of current ability.

I note that my care plan with my co-coordinator has no primary goals for myself. It just requires justification for the money spent.

As my background is in the aged care industry I do have a great deal of knowledge that can reflect on maintaining and improving my needs but most clients would not have that knowledge, and needs therefore must be identified and given momentum from the carers and care co-ordinators. However unless the carers are given the correct education they will not be able to instigate any preventative or pro-active measures.

On investigating I found that there seems to be no requirement of any qualification specific to Support Worker for Aging in place. There is a TAFE(NRT) course CHC33021 which should be a minimum requirement. On searching for this course it could not be found if the number was not known, so difficult for a new worker to find. It is presented by different education areas depending on which State or Territory you live. TAFE has also changed this course and the number over the last few years. If employment firms stated this as a requirement it would give many more workers the information to enter the industry and upskill current workers.

Also looking at the curriculum of one of those courses that I was able to see, I note that it sounds a good but very generalist course with little or no hands on assessment and that it is left to the placement which would probably be a residential facility and not a home environment. The course refers to a care plan, but no information as to who will do the assessing and documentation of the plan. In a residential situation there would be a registered nurse who could assess and formulate an annual care plan, and that does not happen for aging in place clients. Once we have been assessed all the rest is mainly subjective information supplied by the client. I have been with the system for over three years and have never been seen or accessed by anyone since the original visit. My needs and abilities have certainly changed over those years.

I would suggest that prior to each year of care a self assessment form covering such areas as skin integrity, range of movement. balance, strength, diet, ability to safely cook, and many other areas of at home activities are identified. It could be done by on line or paper format. If well designed by a qualified gerontologist or gerontological nurse practitioner it would give a very clear picture of needs, assessment of deterioration that required action and not just supportive help. It could be filled in by a support worker if measurable levels of abilities were identified. eg., can raise hands/arms to shoulder level, can reach back of head, can raise hands above head when sitting, when standing; can stand unaided, can take a step backwards/forwards without support; continence, need for pads, daytime, night time etc. Are they doing pelvic floor

exercises, have they had urine tested. These assessment results could then go to the coordinator to formulate the next years care plan and actions needed. This is a similar system that I instigated in the facility when I worked as a nurse educator.

Unless some preventative and pro-active measures are put in place there will only be a delay of persons entering residential care and then the current bed levels would return. This is a bit like curing the unemployment by changing the retirement age. It is just a temporary stop gap.

I have to say that from my own experience the ageing in place care cannot be a reiteration of residential facilities, however there are a great many ideas that could be extrapolated into the home environment, but which is definitely not happening with the current and suggested models.

We need trained carers to maintain and improve our home situation and not just supplying warm fuzzy support. There can certainly be a check on clients to make sure things such as hearing, eyesight, blood screening, GP visit are all required annually or 2 yearly as recommended. It is our responsibility to maintain our usual health checks, and I would not be offended if I had to supply the date etc of last attended, and was a requirement for my continued funding. If these checks have to be paid for then the client should be able to be refunded out of their package so that there is no excuse not to have them done. This must include any gap payment.

Another area is using packets for alternative therapies. It is stated that we can use it for acupuncture. This is great but when I made an appointment and had treatments from a recognized Acupuncture Clinic, they have to then be approved and have to have police checks and other requirements in order for me to be reimbursed the cost of the treatments. If recognised clinics and registered businesses have to go through all these requirements I believe these professionals will not see there is any point in taking us as clients for what could be just 6 weeks of treatments. If we were provided with a list of recognized businesses like health fund do, we could select our treatments from them. I realise that lone practitioners may need checks but a recognized clinic that has been practising for over 20 years it seems ridiculous bureaucracy. I suggest that the Health funds lists could be used as verification.

There are possibly many other areas of the draft Act that also need attention, but the above comments are those to which I want to draw your attention and are of interest or pertinent to my situation as a client and package recipient.

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