Opening Remarks

Alzheimer's Australia is the peak body providing support and advocacy for people with dementia and their families and carers in Australia. Dementia is the second leading cause of death in Australia, and there is no cure.\(^1\)

Alzheimer’s Australia represents and supports the more than 353,800 Australians living with dementia, and the more than one million family members and others involved in their care\(^2\). Our organisation advocates for the needs of people living with all types of dementia, and for their families and carers; and provides support services, education, and information. We are committed to achieving a dementia-friendly Australia where people with dementia are respected, supported, empowered, and engaged in community life.

The care and support of people with dementia is one of the largest healthcare challenges facing Australia. Currently it is estimated that there are already more than 353,800 Australians living with dementia and over a million people involved in their care. Dementia will become the third greatest source of health and residential aged care spending within two decades. These costs alone will be around 1% of GDP. Even where things stand right now, each week there are 1,800 new cases of dementia in Australia, a number that is only expected to increase to 7,400 new cases each week by 2050.\(^3\)

Dementia thus poses a unique challenge for Australia due to increasing rates of prevalence, the personal impact and the impact on carers and families not to mention the economic costs and social implications. The number of older Australians with dementia is growing exponentially, and the core business of both residential and home-based aged care services increasingly includes providing care to people with dementia. As the prevalence of dementia increases in our community, it is critical that all aged care services are well equipped and motivated to provide safe, high quality care for people with dementia, as part of their core business.

However, current trends in the aged care workforce are worrying to say the very least. At a time when we know the care needs of a growing group of vulnerable Australians is on the rise, the ratio of direct care staff is declining. Most significant to people with complex care needs such as Dementia is the startling decrease in proportion of qualified nursing staff positions across aged care, most particularly in residential care. Alzheimer’s Australia is concerned that these trends are already impacting on the quality of care offered to some of the most frail and vulnerable people in our community, and that the situation has the potential to worsen in the future as demand pressures increase. These trends have also been highlighted in Palliative Care Nursing Australia’s submission.

Demand is growing at a faster rate than the supply of aged care services. It seems inevitable that vulnerable, resource-intensive consumers, including people with dementia

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\(^1\) Australian Bureau of Statistics (2015) Causes of Death, Australia, 2013: Cat no. 3303.0
and especially those with more complex care needs, will lose out if we rely solely on market forces to drive access and quality.

The Australian Aged Care Quality Agency has 44 outcomes across standards that residential aged care are required to achieve. We have 97.8% meeting these standards according to the Quality Accreditation Agency. If that's the case, given the concerns regarding care of people living with dementia, I think we have a concern as to how they are reviewing care of those with a cognitive impairment or dementia.

Choosing an aged care facility is a challenging task. Often this decision comes at a time of crisis, and there is a need to make a quick decision under a great deal of stress. Families are directed to go to MyAgedCare to find information about facilities. But it is often not possible to get information about staffing levels, staff training, use of chemical restraint.

We hear that dementia is “core business” of the aged care system- which makes sense given the large numbers of people with dementia in care. But the reality of life within an aged care service for a person with dementia is often very difficult. Staff often have little training on how to best support a person with dementia. Physical and chemical restraint is used widely. Opportunities for meaningful social and physical engagement are limited. Staff may not be trained on how to communicate effectively with a person with dementia.

Take a minute to imagine what it would be like to be a person with dementia in an aged care facility. Imagine how disorienting it is to be taken from the home where you have lived most of your life to a locked ward. You may have previously enjoyed going for long walks in your neighbourhood and now the facility labels you as a wanderer and takes steps to address this ‘behaviour’. You are in pain from an undiagnosed infection and have difficulty communicating this to staff- so soon you are prescribed antipsychotic medications which make you groggy and you end up having a fall. The staff have little understanding of dementia or how to communicate effectively with you. You become increasingly lonely when your family is unable to visit and the social activities that are available do not interest you. You are wheeled into the common area where the TV is on constantly and you become depressed and find it increasingly difficult to communicate.

The environment I just described to you can help you put a context reports we receive from consumers about physical, psychological, and sexual abuse, inappropriate use of restraints, unreported assaults, and people in extreme pain at end-of-life not having access to palliative care. These reports are symptomatic of a system that is failing the very people it aims to serve. Consumers need to be treated with dignity and be seen for the person they are, not the condition they have, in all their interactions. Fundamentally, consumers don’t want a system that erases and separates them from the person they once were, their friends and their community.

As the recent analysis of Dementia programmes by the Department of Social Services noted, there are calls for cultural change in parts of the aged care sector, so that dementia capability, including behaviour management, is accepted as part of core business and an essential in-house capability, rather than a discrete expertise or specialty area. This is absolutely vital in an environment where we are seeing reforms across all aspects of aged care, even as the need only increases.

To sum up the recommendations detailed in our submission, to ensure quality care, aged care services must have adequate numbers of skilled, qualified staff, committed to providing person-centred care. The workforce must have the appropriate education and training, skills, and attributes to provide quality care for older people, including people with dementia,
who frequently have complex care needs. To attract and maintain the right workforce, equitable pay and conditions and appropriate career paths will be needed. As nearly all the submissions provided by organisations presenting here today note, we need to do a lot more to cultivate a nurturing workforce across aged care.

This is important in more than just one regard, because as Anglicare noted in their own submission, unless opportunities for workforce development can be created outside the domain of day-to-day aged and home care provision, where individual employee development costs would need to be carried by the consumer, this combination of factors is a recipe for hardship and vulnerability for those in the work force and the consequently diminishing quality of care. Thus funding arrangements must also support the delivery of quality aged care by an adequate and appropriately educated and skilled workforce.

People with dementia want what we all want: to live in a comfortable pleasant, restraint free environment, to establish meaningful relationships with people who care for us and who we live with, to have meaning and joy in our lives. The extreme examples of poor clinical care often hit the news- but the more subtle injustice of isolation, misunderstanding, and undiagnosed pain are often suffered in silence.

So above all, Alzheimer’s Australia believes that the prime consideration in developing strategies for the future aged care workforce must be the needs of the consumer, which should outweigh the interests of aged care providers or particular professional groups. The overriding imperative is to ensure access by older people, including people with dementia, to high quality community and residential aged care services. We trust that the matters raised in our submission will be of assistance to this Committee in the development of recommendations regarding Australia’s future aged care sector workforce, which will ensure the best outcomes for all consumers and carers. Thank You.