

AGED CARE AMENDMENT (RESIDENTIAL CARE) BILL 2007

Second Reading

[Mrs HULL](#) (Riverina) (1.53 p.m.)—It is a pleasure to rise to speak on aged-care issues, as I do on frequent occasions in this House. That is because I have an intense interest in the people who have contributed to this nation. My interest in the issue of aged care was really sparked when I came to this House and saw, over many years, the enormous run-down of services by the previous Labor government in relation to aged care and the need to constantly raise the issues of aged people in my community in order to escalate our plans to support, assist and rebuild those facilities which provide aged care.

Aged care is ever-evolving. When I came to this House, nine years ago, due to the previous Labor government there was an overlap of shortage of beds and there was limited choice in different styles of care. Some people are very able-bodied and are unable to consider going into an aged-care facility. But that was the choice: you either went into hostel care or you went into a high-care aged-care unit. If you wanted to stay in your own home, there was very rarely an opportunity for you to access an ageing in place package. That was introduced by this government to assist those people who were capable, were able-bodied, were very involved in their local communities, who loved their own homes and their gardens and who wanted to stay in their own homes but did need some form of care and assistance. But at that time you could not get the ageing in place packages which this government so rightly introduced.

When I look at the [Aged Care Amendment \(Residential Care\) Bill 2007](#), it stands out to me that the aged-care funding instrument that we are introducing will reduce the number of funding levels in residential aged care and will provide subsidies—and this is the more important thing—for the care of residents with complex health and nursing needs, including for palliative care and for residents who have mental or behavioural conditions, including dementia. Picture this: I am an aged person. I have had a mental condition all of my life. I now have no carer and I go into an aged-care facility. My dementia is setting in but they are not quite sure whether I have a mental health problem or a dementia problem. So I have no specific place to go. I then become aggressive, but there is a determination that I may be aggressive due to mental illness and not dementia.

I lash out frequently at a fellow resident, and I hit that resident on a number of occasions. I know not what I am doing, but I am in a position in which I have no other choices. I am a mentally ill, ageing person who has the onset of dementia, and I have no specific way in which to deal with the process that has put me in this place. Then I see two burly policemen come in the door. They walk towards me and I am unsure, unstable and insecure. They hand me an AVO and they order me to court in the next week to answer charges of unknowingly hitting another resident in my frustration of hovering between mental illness and dementia. I am absolutely terrified, because the sight of these policemen is something that I am not used to. I do not know what I have done wrong, and nobody seems to be able to explain it to me. Those are the circumstances that are happening in our nursing homes and our aged-care facilities because there has not been flexibility in the past.

I was absolutely consumed with rage when I was contacted about the circumstances of a gentleman with a mental illness who had lived with his sister all of his life and, on her death, was left alone to fend for himself with no real specific place for him to go. This bill gives us hope and opportunity that people like the gentlemen whom I spoke of, who is here in an Australian Capital Territory

nursing home, will finally be able to be dealt with and treated in the way, and with the respect, that he deserves and that there will finally be the flexibility in these programs to understand that there is a difference with a person who has had a mental illness all of their life who has the onset of ageing. So it is with great pleasure today that I find included in this bill the flexibility to ensure that the needs of mentally ill ageing people will be met.

There are other issues in this funding instrument that have been designed to reduce the amount of documentation and record-keeping which aged-care staff generate and maintain in order to justify the funding classification for each resident. Across my electorate I have achieved some amazing results in aged-care funding. I have found that the flexible arrangements that have been put in place as a result of lobbying in the House to enable the people of the Riverina to have a variety of care in which to see out their elderly years have been nothing short of extraordinary. Just recently, in December last year, I was able to announce another grant in my electorate of \$2.5 million from the 2006 aged-care approvals round for our Mary Potter Nursing Home and our Ethel Forrest Day Care Centre.

The SPEAKER—Order! It being 2 pm, the debate is interrupted in accordance with standing order 97. The debate may be resumed at a later hour and the member will have leave to continue speaking when the debate is resumed.