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Speech by Adam Graycar:

"Working in the aged care industry"

presented to the Voluntary Care Association at
Croydon Park TAFE, 27th June 1988

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27/6/88

Glad to be here to share ...

You're working in a difficult area - an area in which there are monumental highs and miserable lows, where wins and losses are evident daily, where suffering and disorientation, pain and incoherence is tempered by thoughtfulness and care.

You are part of Australia's largest industry - the aged care industry, and you all have a commitment - evidenced by your having made the effort to attend this course.

Like all industries, the aged care industry is on the verge of significant and overwhelming change. It's got tougher in the past for years and will get tougher still.

I'm glad that we have people like you joining the ranks - people keen to work hard, and keen to care hard.

One of the interesting things about my job is the variety of the groups I talk to. Yesterday I spoke to a group of schoolchildren and today its a group of retired people. It seems to me that life is a steady progression from wanting to know where babies come from to trying to figure out where the money goes to.

As we look to the future we will see more older people, and we will see more of our older people living longer.

While the advance of science has helped to push back the frontiers of longevity it would be a disaster if our civilization removes much of the will to live that would render the exercise worthwhile.

It is a sad commentary on our times that telecommunications have brought the world into our living-rooms but have rendered us blind to the misery next door. This situation must not be allowed to become self-perpetuating.

~~We see among older people these two points - the will to live, and live well, and responsiveness to the needs of those around us, particularly those of older people are the main activities of those of us working in the ageing field.~~

Those of us working in ageing must know we are responsible for the needs of those around us and treat them in a thoughtful, helpful and non-patronising way. Like all of us, older people have a will to

Our pattern of ageing is that we have greater life expectancy at birth and at all advanced ages, substantial drops in age specific mortality rates at higher ages, high rates of chronicity, a surplus of women at higher age groups, most of whom have no spouse, nearly all older people living in private dwellings, nearly all older people with handicaps living in private dwellings, a nursing home population with a median age approaching 85, ~~and a situation soon in which half of our over 65s will be over 75.~~

Changing characteristics of ageing population -

Survivorship changes -

Males at 60	- 85%	Females 91%
Males at 80	34%	Females 56%
	at 85	38% / females

four times

~~triple~~ *of turn of century - but fascinating consequences*

~~usefulness and an explosion of care~~

It wasn't long ago that work and physical exertion were intimately intertwined. But today that is not longer so. We are no longer a nation of farmers and factory workers ^{and yakka}. Many of us have become walkers, joggers, bicyclists and aerobics exercisers. I don't have data for Australia, but in the United States almost half the population now exercises in some way - up from only about a quarter 25 years ago. Australians, like Americans have reduced their fat intake substantially -

consumption of red meat and dairy products is down. Smoking in the U.S. has declined by 50 per cent among people over the age of 40. The number of health food stores in the United States increased eight times over in the past fifteen years. As we parallel and follow America in so many ways, even if some of these characteristics are evident in Australia one hypothesis is that we will have a more healthy ageing population in the

future, *but dependency won't set in until later - but it will be there - with an absolute vengeance. women are 80 for example take most of their bone density*

~~The one countervailing characteristic is that our present middle-aged population aren't all joggers and health food freaks~~ *As well as the many older people*
 - ~~they~~ ¹ have had many years of diets of highly refined and processed foods, and for many years have had the temptation of tantalizing varieties of high-salt, high-fat take-away foods. We don't know what the long term effects of these on our ageing population will be.

What we do know is that lower age specific mortality rates at the top end mean that the multiple chronic disabilities which are more prevalent at higher ages will affect both a higher proportion of the population and more people. The three major age related disabilities - incontinence, immobility and dementia are giving us, and will continue to give us planning and caring tasks that will test every ounce of our supportive capacities.

The incidence of dementia increases with age. It has been estimated that there are about 10,000 people in South Australia suffering from dementia - this is equivalent to the population of a city like Port Pirie. As the structure of the elderly population changes, so too will the incidence of dementia from

about 1 in 20 people over 65 to 1 in 5 people over 80. We are nowhere near an understanding of the causes and nowhere near a cure. *That puts an enormous amount of pressure* ~~It is important however to be able accurately to diagnose~~ ~~and~~ *not only on the families of those affected, but on you.*

Immobility increases with age. The Handicap Survey conducted by the ABS shows that about 19 per cent in the 65 to 69 age group were immobile, rising to 32 per cent of males and 46 per cent of females over the age of 75. *By the time they come into your charge, immobility is a big issue*

We have very scant data on incontinence. Urinary incontinence is estimated to affect between 4 and 6 per cent of the total population and 10 to 15 per cent of those aged 65 and over, and 60 per cent of the nursing home population. Industry sources estimate that about 800,000 Australians suffer from incontinence.

The costs to the individual and their families are great. Not only are there issues of self-esteem and self-confidence, there are substantial financial costs in the purchase of appliances - costs of up to \$500 p.a. for a male and up to \$1000 for a female.

Incontinence is one of the major causes of admission to our billion dollar plus nursing home industry, and within nursing homes laundry costs directly attributable to incontinence are \$40,000 per annum for a 20 bed nursing home and \$200,000 p.a. for a 100 bed home. It is estimated that in nursing homes 25 per cent of nursing time is spent managing incontinence.

When we think of all of this we can't assume there are magic solutions.

You can't cure dementia. You can't make the immobile mobile - you can't make the lame walk.

You can't cure incontinence.

But does that mean it's all a no-win situation?

Not at all.

You're in the business of caring - of providing support to those who need it to those who are vulnerable, isolated, powerless and dependent. That's why they're in a nursing home or hostel - because they can't live alone - because they can't live without you!

I think you all realise the magnitude of the task ahead - you all realise that you're part of a team. None of us can work alone or work in isolation. I'm glad to be here today to congratulate you on your success and to wish you well.

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