



**NSW State Election 2007**  
**Issues Kit**

# **NSW Aged Care Alliance**

## **STATE ELECTION KIT 2007**

The NSW Aged Care Alliance comprises over 25 organisations concerned with the adequacy and quality of aged care and other services to older people in New South Wales. Our mailing list comprises many more associated organisations.

Convened by Council of Social Service of NSW (NCOSS), it comprises consumer representatives, industry organisations, universities and education facilities and others actively promoting the needs, rights and interests of older people focussing on all forms of aged care, including healthy ageing. The NSW Aged Care Alliance meets on a bi-monthly basis at NCOSS to discuss issues and strategies to advance our objectives.

We are pleased to present our New South Wales Election 2007 Issues Kit in order to raise the important State issues as they relate to the upcoming State election. The NSW Aged Care Alliance has prioritised the following issues for particular attention in the lead up to the election, including a brief description of each issue with recommendations and questions for all candidates to New South Wales Parliament.

Older People and organisations are encouraged to use any or all of the Issues Kit in their representations to candidates when discussing areas of concern for New South Wales' older population.

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Thank you for your time.

**NSW Aged Care Alliance  
New South Wales Election 2007  
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## ***PLAN FOR OLDER PEOPLE IN NSW***

Older people, as well as being significant users of support services, are major contributors to the economy and well-being of New South Wales. Their active engagement and participation is a vital resource to the community as well as being critical to their own health status. Any future government in NSW must recognise the value of enabling older people to be active and connected by reducing barriers to engagement and devising strategies to encourage and welcome participation. An appropriate way to demonstrate any such commitment is the development and implementation of a *Plan for Older People in NSW*.

Following on from and extending the Healthy Ageing Framework developed by NSW government agencies, there is a pressing need for the government to identify its priorities for older people in NSW across a broad spectrum of issues, arenas and sectors. While the Healthy Ageing Framework was a good start, there was no public reporting against activities and therefore no measure of progress.

The Plan for Older People in NSW will contain responses to the recommendations contained in this Issues Kit as well as extending to other areas of concern for older people in this state. The Plan will also specifically respond to the needs of older Aboriginal and Torres Strait Islander people, older people from culturally and linguistically diverse backgrounds and older people in rural and regional areas in NSW.

The Plan for Older People in NSW will require adequate resources to undertake this work, as well as appropriate performance measures and regular reporting to the public. The government needs to provide annual reports against the Plan using measures that indicate the rate of change, the impact on services and the benefits for older people and the general community in NSW.

The Alliance notes that consideration for the development of an overarching plan on ageing is included in the Lemma Government's State Plan. The Alliance urges any new government to commit to the development, resourcing, implementation and reporting on a Plan for Older People in NSW.

### **QUESTION:**

**What commitment will you make to the development of a Plan for Older People in NSW?**

# **HEALTH CARE FOR OLDER PEOPLE**

As people age, they are more likely to require health care, not only acute care for sudden illnesses but ongoing care and monitoring of chronic conditions. The ageing of the baby boomers will significantly increase the number of people who are 65+ years during the next two decades. Improved life expectancy will also see the numbers of people aged 80+ years doubling during the following two decades. The majority of those over 65 years are well and independent, often providing services to families and communities. The majority of people aged 80+ years have complex health concerns and rapidly increasing levels of disability.

## **Acute care**

People aged 75 years and over were consuming 29% of acute bed days and with an average annual growth of almost 1% since 1997<sup>1</sup>. In recent years, there has been an 8% annual increase in attendances by people aged 80+ years in Emergency Departments. The Emergency Department is the entry point for acute inpatient care for 90% of this age group. Not only do older people make up an increasing proportion of presentations at hospitals and Emergency Departments, they often need more time to recuperate, resulting in longer time in hospitals. The demand for hospital beds is at all time high with waiting lists extended to years for some procedures. Waiting times at Emergency Departments are also unreasonable, creating greater stress for older people with complex needs.

The number of people over the age of 80 years needing acute care will increase as the population ages. Governments must plan for this increase. Hospitals will need management systems and staff to cater for increased numbers of older people. Older people will benefit from appropriate rehabilitation and sub-acute care and adequate provision for these services must be included in health services planning.

## **Hospital home interface**

Older people should have a choice about where to receive support services when they need them. The majority of older people prefer to remain in their own homes and communities wherever possible. The interface between the hospital and the older person's home is an expanding area of service delivery and options of safely providing services to older people living at home should be promoted wherever practical. These services offer scope for avoiding (or shortening) unnecessary hospital stays as well as offering a seamless interface between systems and a genuine continuum of care. ComPacks are time limited support packages designed to enable a smoother transition from hospital to the home. This program should be extended to all public and private hospitals across metropolitan, regional and rural areas of NSW.

## **Integrating care services**

For a majority of frail older people, health care and aged care need to become more integrated<sup>2</sup>. Providing best possible care will require the collaboration of a diverse range of professionals in the public, community and private sectors. Services must be coordinated and integrated to optimise the use of skilled trained staff and to maximise the health benefit to older people.

## **Efficient and Client Centred Assessment**

This minimises the extent to which people are repetitively asked for the same information when moving between parts of the care system. Improved assessment makes the most

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<sup>1</sup> NSW Health, Access Issues at NSW Public Hospitals, Key Strategies, 2003

<sup>2</sup> National Aged Care Alliance, AHMAC and Beyond – A Strategic Framework for Health Care for Older People: At home, in residential care, in hospital and in transition between settings. A response to the Australian Health Ministers' Advisory Council national action plan, From Hospital to Home: Improving the outcomes of older people, May 2006

efficient and effective use of the skills and knowledge of qualified staff within the respective care systems while minimising the impact on the older person and their family.

### **Health Promotion**

Health Promotion is focused on keeping healthy people healthy, improving the health of the community and responding to people who need treatment and care. It can include such things as: maintaining good health and preventing people becoming ill (eg local programs to reduce smoking and fall prevention), reducing obesity, which contributes to the high rate of Type 2 Diabetes amongst older people and helping people with chronic illness to prevent complication or admission to hospital. Most health care occurs in community settings and accordingly community health should not be seen as the “poor relation” of acute care.

Older people must be informed and actively engaged in the decision making process concerning their health in order to improve their quality of life and functional independence. This will require changes to the content and methods in the educational component of any health promotion program.

### **Oral Health**

Oral diseases, including dental caries, periodontal disease and the conditions of people without teeth, are often preventable and are among the most prevalent diseases in our community today, though they are very much a neglected area. Inadequate funding for public dental health services means that some groups of older people, particularly those on a low income or in rural areas, are waiting unacceptable periods of time for service and, when receiving a service, may have unnecessarily intrusive treatment (ie extractions) instead of more appropriate ongoing dental care. . The situation is even more critical for older Aboriginal people. Dental treatment must be affordable, timely and accessible across NSW. Prevention strategies, ie oral health promotion, must be appropriately resourced and promoted.

### **Allied Health**

Due to insufficient resources there is a shortage of allied health workers, particularly social workers, radiographers, nutritionists, physiotherapists, podiatrists and occupational therapists. Podiatrists, for example, play an important role in maintaining the mobility of many older people and people with disability. A large proportion of consumers of podiatry services are older people. Resulting from a consultation seminar in March 2006, the Ministerial Advisory Committee on Ageing made recommendations on foot care and podiatry, which the NSW Aged Care Alliance supports. These recommendations include that:

- Workforce strategies are developed to increase the availability of podiatrists and low risk foot care workers in NSW
- Affordable podiatry is easily accessible to older people with foot related problems

Access to allied health services for people in rural areas is particularly problematic and requires deliberate strategies. Optimal nutritional status underpins the well-being of older people and poor nutrition can directly affect the outcome of any illness, resulting in increased hospital admissions, increased morbidity and mortality. It is reported that on admission to residential aged care, more than half of the older people are affected by malnutrition and dehydration.

### **Mental Health**

The NSW Aged Care Alliance acknowledges the Specialist Mental Health Services for Older People program under the *New Directions for Mental Health in NSW* released in 2006. This new program of measures and targets for older people with mental health issues acknowledges the increasing numbers of people with major psychiatric disorders such as schizophrenia and bipolar disorders living to an older age, as well as the incidence of mental

health issues amongst older people. The NSW Aged Care Alliance calls on the new government to renew its commitment to addressing mental health issues among older people, providing appropriate community-based supports and assisting families and carers throughout the process.

### **Medication Management**

Medication management for older people is essential as they are the greatest users of medicines<sup>3</sup>. Older people should be encouraged to maintain their independence for as long as possible, including managing their own medications in a safe and effective way. The use of Webster Packs, or similar devices, for example, can assist older people to use multiple medications correctly.

Health care professionals, care workers and service providers all play an important role in ensuring that older people receive suitable information and/or assistance to take medications correctly. Health care professionals and care workers have a duty of care to the older people they support, care for, or advise and must act reasonably to avoid foreseeable risk of harm.

Older people should be empowered and encouraged to ask their doctor or pharmacist for more information about prescriptions and why medicines are prescribed. Furthermore, older people should be supported to maintain a current list of all their medicines. This list should be easily accessible and available to older people and, with consent, to all those involved in their care.

### **Palliative Care**

Quality palliative care is essential to the person and their family in the final stages of an older person's life. Palliative Care must be easily available to people who are terminally ill. Caring staff and adequate resources are necessary to ensure the comfort of those in need of care. "Hospice in the Home" is an initiative that merits support.

## **RECOMMENDATIONS**

- 1. Develop and extend the ComPacks and Transpacks programs which provide support at discharge from hospital. These must be available from all public and private hospitals in metropolitan, regional and rural areas across NSW.**
- 2. Ensure discharge planning that is sensitive to the needs of older people and their carers.**
- 3. Ensure that older people from culturally and linguistically diverse backgrounds have access to interpreters and where possible applicable medical literature in their own language. This will include interpreters specifically trained for health consultations.**
- 4. Ensure that older Aboriginal and Torres Strait Islander people have culturally appropriate services and literature. This includes the provision of Aboriginal Health Workers where possible.**
- 5. Develop strategies and funding to increase the number of appropriately trained and experienced health professionals to address skills shortages within the health care system.**

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<sup>3</sup> Guiding principles for medication management in the community, Australian Pharmaceutical Advisory Council, June 2006.

6. Increase funding to health promotion programs for older people to ensure they are ongoing and provide coverage to rural and regional areas of NSW.
7. Increase funding to address needs for oral health support for older people in NSW. This will include increased resources for public dental clinics and the provision of incentives to attract dentists to rural areas.
8. Increase the provision of urgently necessary allied health services to older people and others by providing more funding and resources, more allied health positions and improved career and wage structures to retain experienced professionals within the health system. This will enable improved access to podiatry, speech pathology, physiotherapy, occupational therapy, nutritionalists, social workers and radiographers.
9. Increase incentives to attract students to study in allied health sectors and work in the public system
10. Make an ongoing commitment to the implementation of the Specialist Mental Health Services for Older People program and associated strategies to provide community support, medical care, housing, adequate acute care for older people with a mental illness.
11. Provide education for staff and GPs and information, education and support to relatives of older people with a psychiatric disorder. In particular, this should enable better identification of the difference between dementia and mental illness.
12. Develop and implement Medication Management strategies to improve the self-management of medications by older people and to enhance the skills of health and care workers to assist and advise older people. The progress of these strategies must be monitored and publicly reported.
13. Increase resources to provide widely available accessible palliative care for people who are terminally ill.
14. Encourage and support the involvement of consumers in health care planning and decision making.

**QUESTION:**

**What will you do to address the Health Care issues and recommendations for older people ?**

# **ENABLING OLDER PEOPLE TO BE ACTIVE AND CONNECTED**

Healthy ageing encompasses the physical, mental, emotional, social and spiritual dimensions of the individual. Resources are needed which promote and sustain independence, well-being and quality of life of older people. It must be acknowledged that older people make worthwhile contributions whether or not they require support.

## **Community Involvement**

Older people can support their community if barriers to participation are removed. Planned safe neighbourhoods can encourage intergenerational contact and provide opportunities for active involvement by older people in the community. Community involvement can be assisted by access to information, information technology, volunteer support, lifelong learning programs and intergenerational projects. These activities are also linked to higher levels of perceived well being, improved memory, greater self-esteem, sense of purpose and community involvement.

## **Consultation**

Older people want to be active participants in shaping and making the decisions that affect their lives. Best outcomes for older people will be achieved by government agencies working and consulting with older people and their organisations. Older people's organisations are keen to provide consumer representatives to work with policy makers, planners, service providers and others to provide older consumers' perspectives. The Ministerial Advisory Committee on the Ageing provides one important avenue for feedback and input into Ministerial decisions affecting older people.

## **Grandparents Raising Grandchildren**

According to the ABS in 2003 there were 22,500 grandparent headed families in Australia, of whom 10,000 are in NSW. It was estimated that 31,100 children aged up to 17 years lived in these families. Owing to the large number of 'informal' arrangements made within families regarding parental responsibility for children it is widely considered that these figures are well below the true numbers. Studies of grandparents who are acting as primary carers indicate five significant areas of need: financial support, recognition and understanding, respite, information, and group support.

The importance of financial support is underlined by the fact that two-thirds of the grandparent carers identified in the ABS Family Survey of 2003 were age pensioners. Their situation becomes increasingly difficult as they grow older and the requirements of the children increase.

If grandparents did not provide care, governments would need to assume responsibility and find foster carers. Unlike foster carers, grandparents believe they have no choice but to take care of their own. They want to be recognized by government and by the community as a new family grouping in which they are directly involved both with their children and their grandchildren. They do not receive sufficient recognition by child protection agencies. In particular, grandparent carers are concerned that they are doing the same kind of job as foster carers but without the benefits or recognition which apply to foster carers. In addition, they are placed in very difficult situations if one or other parent decides to reclaim the children, who have in the meantime established strong emotional bonds with their grandparent carers. Here again, they are at a disadvantage compared with foster carers.

They also need reliable information on a range of issues including legal rules, finance, respite care, counselling, parenting, and community resources. Although some of this is provided

by voluntary agencies, government support is also needed. Grandparents have asked that eligibility for Legal Aid be reviewed to include grandparents and that the assets test for Legal Aid have the same eligibility criteria as the aged pension.

### **Abuse of Older People**

The abuse of older people is a significant public policy issue, although it affects a small proportion of older people in its more extreme forms. Prevalence studies suggest that between 4% and 6% of older people are victims of abuse when all types of abuse are considered. The more severe forms of abuse, such as physical and sexual assault are rare. Research on clients of Aged Care Assessment Teams (ACATs) found between 1% and 5% are victims of elder abuse. The NSW Government took a lead on the issue of abuse of older people in the 1990s. For example, the NSW Advisory Committee on Abuse of Older People produced an Inter-Agency Protocol in 1995 covering identification, assessment, case management, other interventions and legal intervention, and a training package for community care workers was released in 1996. However, NSW has fallen behind other states in responding to this issue since the turn of the century.

### **RECOMMENDATIONS**

- 1. Provide the Ministerial Advisory Committee on Ageing with appropriate resourcing to conduct necessary research and raise issues affecting older people directly with the Minister.**
- 2. Provide continuing and expanded support for community-based wellness programs. Additional funding is required to extend successful programs in other areas of NSW.**
- 3. Support older peoples' organisations to provide information technology training which meets the specific needs of older people, including access to computers and internet connections.**
- 4. Fund programs which inform older people about the benefits of lifelong learning and continuing social contact with people of all ages, and which provide opportunities for skill sharing and social interaction.**
- 5. Resource older people's organisations to keep pace with growing demands and changing environments. This will involve resources to train and employ skilled staff, purchase new technologies, establish consultation mechanisms and maintain office space so as to provide well informed and timely advice to all stakeholders.**
- 6. Establish an Elder Abuse Hotline which could refer, advise and manage inquiries where abuse of an older people is suspected or disclosures where such abuse is reported.**
- 7. Boost funding for critical services that respond to cases of abuse of older people, including Aged Care Assessment Teams, police, sexual assault services and HACC services.**
- 8. Fund training of staff in key agencies to identify and respond to abuse of older people.**
- 9. Promptly complete a review of the Inter-Agency Protocol on Abuse of Older People and commit to positive recommendations.**

### **QUESTION :**

**What will you do to address these issues and recommendations to enable older people to be active and connected?**

# COMMUNITY CARE

There have been increases in Home and Community Care (HACC) Program and community care funding in recent years. However, there is not enough funding in the system to enable **all** those who require support to remain at home to either receive a service or to access the nature and level of support they need.

2003 Australian Bureau of Statistics data shows 35% of people aged 65 years and over (around 100,000 people) in NSW that needed help reported their needs were not fully met, up from 29% five years earlier. The main types of assistance required were personal care, transport, housework, respite, meals and home maintenance. Many users of services are rationed to receive only one hour of community support a week when their needs are in fact much higher. The Auditor General's Report concluded that 50% of those eligible did not receive community services.

**NSW has the lowest HACC expenditure of any jurisdiction relative to the number of older people in the State (see chart).** Inadequate provision of home and community care services may result in individuals suffering declining health and well-being or being unnecessarily admitted to hospital or nursing home care. This is an expensive option which many older people wish to avoid.

*Australian, State and Territory Government real expenditure on HACC services, per person aged 70 years or over plus Indigenous people aged 50-69 (2004-05 dollars)*



Source: Productivity Commission, *Report on Government Services 2006*

Community care services are particularly important for Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds. These groups tend to make **less use** of residential aged care and consequently require **higher levels** of community care support.

There are growing pressures on the community care workforce, as services strive to attract staff to a sector where funding restrictions mean wage rates are generally low.

There is also room for substantial improvements in the efficiency of community care programs, which has been recognised with a national reform agenda developed under *The Way Forward: A Strategy for Community Care*. NSW has experienced particular problems with timely release of new HACC funding due to Federal / State disputes.

The following key actions need to be taken:

- **Implement The Way Forward program of national reforms of the community care system** which will create a sensible and flexible structure to meet consumer needs, reduce consumer confusion and reduce resources wasted by services on reporting and

managing the plethora of separate community care programs across State and Australian government departments.

- **Increase HACC funding by 20%** until unmet need is addressed to be followed by maintenance of sufficient growth to match future growth in demand of around 6% per annum.
- **Replace the inequitable indexation models currently used.** This includes lobbying the Australian Government to replace the Commonwealth Own Purpose Outlays (COPO) indexation method and ensuring indexation methods used by the State Government compensate for actual cost increases such as wages.
- **Ensure annual HACC funding increases are released in a timely fashion** by putting improved procedures in place with the Australian Government, such as three-year planning and funding cycles.
- **Expand the availability of comprehensive carer support services** by the development of a comprehensive package of coordinated carer services tailored to the needs, preferences, culture and age of the carer as well as the person in need of support. The 'package' of carer services should include: a range of flexible respite care options (delivered in the home, community and in residential and other facilities); in-home support services; financial concessions for carers on low incomes; emotional support and counselling; education and training that supports the carer in their role, access to quality residential care.
- **Improve access to community care services for communities with special needs** such as Aboriginal communities, culturally and linguistically diverse communities and rural and remote communities.

## RECOMMENDATIONS:

1. **Increase HACC funding by 20% per annum until the present unmet need is addressed, then to be followed by sufficient annual growth to match future demand of at least 6% per annum**
2. **Adjust the currently inappropriate indexation methods for HACC and other community care programs to ensure the true costs are reflected.**
3. **Urgently reform community care programs to create a sensible and flexible program structure to meet consumer needs, reduce consumer confusion and reduce resources wasted by services on reporting and managing the plethora of programs. Implementation of *The Way Forward* national strategy for community care is the starting point for this.**
4. **Ensure procedures are put in place with the Australian Government (such as three-year planning and funding cycles) to allow annual HACC funding increases to be released in a timely fashion.**
5. **Improve access to aged and community care services for older Aboriginal people, people from culturally and linguistically diverse communities and older people in rural and remote communities.**
6. **Increase support programs for carers to enable emotional support, education and training to be provided consistently across NSW.**
7. **Ensure that the HACC State Advisory Committee continues to be operational to advise the Minister and ensure community input and monitoring of HACC services.**

## QUESTION:

**What will you do to address these issues and recommendations for community care services to older people?**

# **DEMENTIA**

In 2005 Dementia became a National Health Priority.

The National Framework for Action on Dementia 2006-2010 has also been developed.

Dementia is widespread and increasing rapidly in NSW:

- Over 73,000 people in NSW have dementia. This number is projected to increase to over 227,200 people by 2050.
- There are 18,700 new cases of dementia diagnosed each year in NSW.
- At age 85, one in four people have dementia.
- Dementia is a leading cause of disability and death in older people.

Inadequate funding means that services providing information and education, support and counselling reach only a small proportion those in need. Reach is even lower in culturally and linguistically diverse groups, Aboriginal communities and rural and remote communities where service costs can be higher and awareness is generally lower.

Dementia is not being diagnosed early in many cases, denying people:

- Treatment for reversible conditions that have dementia-like symptoms.
- Early legal and financial planning, eg. appointing enduring powers of attorney, enduring guardianship.
- Evaluation of driving ability (putting themselves and others at risk).
- Assistance to adjust to the diagnosis, plan for their future and learn about dementia management.
- Early access to advice, information and support from social services, voluntary agencies and support groups.
- Access to the prescription of some drugs for those in the early stages of the disease.

Some GPs are uninformed about advances in dementia diagnosis and management. The diagnosis of dementia is often communicated in an insensitive manner, or not communicated at all.

There is not enough respite suitable for people with difficult dementia-related behaviours.

Community service workers need to be well trained in dementia management to provide quality care.

It has been very difficult to find residential care places for people with more difficult dementia-related behaviours.

Carers/family members need education in understanding dementia, its symptoms and management. This will enable them to continue caring for longer, if they choose to do so.

Front line staff who may be in contact with people with dementia and their carers must receive appropriate training, eg. police, ambulance officers, community and public transport operators.

## **RECOMMENDATIONS**

- 1. Increase funding for community education, information and awareness raising about dementia and the services available to support people with dementia and their family members. This should include recurrent funding for the annual dementia awareness month and specific funding towards Aboriginal and Torres Strait Islander communities, older people from culturally and linguistically diverse backgrounds and older people in rural and remote areas.**
- 2. Implement actions agreed to in the National Framework for Action on Dementia 2006-2010.**
- 3. Designate at least \$100,000 towards dementia community awareness initiatives on a recurrent basis.**
- 4. Coordinate specialist resources for early diagnosis and management of dementia.**
- 5. Fund dementia-specific training, for relevant state auspiced service providers, eg acute care.**
- 6. Fund dementia specific training for families, carers, as well as ongoing support programs.**
- 7. Fund initiatives targeted to GPs and other health professionals to encourage referral to dementia-specific support services.**
- 8. Identify barriers to access, share information across jurisdictions and develop service models for Aboriginal and Torres Strait Islander people, younger people, people who are homeless, people who are financially disadvantaged, people without carers, people living in rural and remote locations, people living alone, people from culturally and linguistically diverse backgrounds and people with dementia and another cognitive impairment/dual diagnosis.**
- 9. Develop awareness strategies for the broader service provider network that interacts with people with dementia and their carers, eg police, pharmacies, transport workers, banks.**

### **QUESTION:**

**What will you do to address these issues and recommendations affecting people with dementia?**

# **ABORIGINAL AND TORRES STRAIT ISLANDER OLDER PEOPLE**

Aboriginal and Torres Strait Islander people have been disadvantaged for many years without access to many of the opportunities other Australians take for granted. The issues for Aboriginal and Torres Strait Islander older people are complex and require deliberate attention.

Because Aboriginal people have lower life expectancy than other people in the population, their timely access to aged care services and other supports can be delayed and the appropriateness of those services can be diminished without attention to individual needs and cultural responsiveness.

Aboriginal and Torres Strait Islander carers play a fundamental role in providing care within their community. Many Aboriginal and Torres Strait Islander carers find the provision of mainstream services too inflexible to meet their changing needs. In fact, many Aboriginal and Torres Strait Islander people do not identify as having a caring role despite their cultural commitment to the support of their family members. To be responsive to the needs of Aboriginal and Torres Strait Islander carers, mainstream services must be flexible and understanding of the access needs of Aboriginal people eg. by employing Aboriginal and Torres Strait Islander staff, providing cross-cultural training, recognising the need for emotional support for carers, culturally appropriate assessment, access to information and training and responsive transport services.

## **NSW Aboriginal Community Care Gathering Committee**

In 2006 in New South Wales, the NSW Aboriginal Community Care Gathering Committee conducted a conference for Aboriginal and Torres Strait Islander providers and staff of Community Care and Disability Services. The conference affirmed, through its latest Position Statement, *Leading Our Way In Community Care*<sup>4</sup>, that the most important ways to provide equitable access to culturally appropriate services were to progress the self-determination of services delivered by Aboriginal people with quality training and appropriate recruitment, proper representation within decision-making systems, designated investment in Aboriginal and Torres Strait Islander service provision as well as improved access, service quality and transport.

## **Improving and building capacity**

Aboriginal and Torres Strait Islander services operate throughout NSW. It is, however, increasingly necessary to strengthen services and build capacity in the face of growing need. Partnerships between Aboriginal and Torres Strait Islander services and mainstream non-Aboriginal providers are essential to provide a responsive service framework for Aboriginal and Torres Strait Islander older people in NSW.

## **Seniors Card**

The NSW Government currently provides a Seniors Card to older people aged 60+ years who work less than 20 hours per week. Seniors cardholders are entitled to a range of discounts from government and private business services as well as significant transport benefits. Due to the lower life expectancy of Aboriginal people, many people do not have equitable access to Seniors Card concessions and benefits from age 45 years. While the priority must be improved life expectancy, Aboriginal people must be able to access affordable services. The 2001 Census indicated that there were around 12,700 Aboriginal and Torres Strait Islander people between the ages of 45 and 60 years in NSW. It is

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<sup>4</sup> Available in April 2007 on the NCOSS website [www.ncoss.org.au](http://www.ncoss.org.au)

estimated that around 5000 people could be eligible if the Seniors Card were extended to provide identical concessions, at an estimated cost to government of only \$1 million. The card could be re-named for Aboriginal communities.

#### **RECOMMENDATIONS:**

- 1. Increase designated funding towards Aboriginal and Torres Strait Islander services to older people and families in need to address inequities in access to support services.**
- 2. Develop and implement strategies to advance the self-determination of Aboriginal and Torres Strait Islander services and monitor and report on progress.**
- 3. Provide training in effective management and service delivery for the ongoing development and expansion of quality Aboriginal and Torres Strait Islander services to older people.**
- 4. Identify the specific needs of Aboriginal and Torres Strait Islander carers and provide appropriate support services provided to address these needs.**
- 5. Encourage and resource productive partnerships between Aboriginal and Torres Strait Islander and non-Aboriginal mainstream services.**
- 6. Extend the eligibility for the Seniors Card to Aboriginal and Torres Strait Islander people from age 45 years.**

#### **QUESTION 6:**

**What will you do to address these issues and recommendations for older Aboriginal and Torres Strait Islander people?**

# **CULTURALLY APPROPRIATE CARE**

People from Culturally and Linguistically Diverse (CALD) backgrounds represent a growing proportion of older people living in our community. According to the Australian Bureau of Statistics in 2000, over three-quarters of a million Australians aged 65 and over were born overseas. The CALD population of older people has been increasing and is projected to grow more rapidly in the coming decades, reaching at least one million by 2011 and approaching 1.5 million by 2026. In addition, approximately one in five people living in Australia with a disability is from a CALD background.

## **Diversity**

Older CALD people are not a homogeneous group but represent a diverse population – culturally, linguistically and geographically. CALD groups have specific needs, issues and preferences arising from their ethnicity. There are many factors influencing the types of services and support required by individuals within these groups; such as location, age, living arrangements, health and disability status and proficiency in English. Therefore, at least some of these groups require specific consideration in policy development and planning in the provision of aged care and community care.

## **Access to interpreters and translations**

English language skills facilitate social interaction and the ability to access services. In order to improve access to services for those with limited English skills, special attention should be given to the interpreter and translation services. These services have a considerable impact on the care and clinical outcomes for CALD consumers, and a coordinated approach to state wide fee-free interpreting services is necessary.

Research shows that older CALD consumers often lose their English language skills after retiring from the workforce and this should be taken into account.

## **Cultural Awareness**

There are grounds for concern regarding the cultural awareness of support services. Evidence exists of a lack of cultural competence within organizations, including management, staff and volunteers. There is an increasing need for bilingual workers to be employed and for CALD-specific communication strategies and tools to be developed. This would help inform CALD groups of available mainstream and ethno-specific services and the methods of accessing them. Consultations with CALD communities must be improved and expanded to seek advice, and to monitor the effectiveness of programs and the outcomes of services.

## **Planning**

Various strategies have been put in place by both Commonwealth and State governments to improve access and care quality for CALD older people, people with disabilities and their carers. However, these strategies must be coordinated more effectively to deal with the evolving nature of ageing and disability in the CALD populations. The Alliance recognises the NSW Department of Ageing Disability and Home Care CALD Strategy 2005-2008 and calls for public reporting against the targets and measures set out in the Strategy.

## **Research into needs**

The provision of research funding is of prime importance so that a better understanding can be reached of the needs of the CALD communities across the state. This research would improve the overall service efficiency in reaching CALD groups by identifying:

- Access and equity issues in the provision of services
- The resource requirements of service providers (management, service staff and volunteers)

- Recruitment and training strategies to improve the numbers of CALD background staff and volunteers in the health and community sector

## **RECOMMENDATIONS**

- 1. Guarantee the continued implementation of NSW Department of Ageing Disability and Home Care CALD Strategy 2005-2008, public reporting against its progress and the development of a new Plan which builds on achievements for a further three years.**
- 2. Develop and resource a statewide strategy to address the availability, use, and training of interpreters in community care. This should be a fee-free service for DADHC-funded services and information regarding this should be disseminated widely, with the use of ethnic press, radio and SBS TV.**
- 3. Provide additional resources to existing statewide services, including peak organisations, which are well placed to advise and support government initiatives for improving services and access for CALD communities.**
- 4. Improve participation by representatives of CALD communities planning and decision making processes of government departments.**
- 5. Promote opportunities for older people, people with disabilities and carers from CALD backgrounds to participate equally in services, programs and the community.**
- 6. Improve the capacity of government services and programs to meet the needs of people from CALD backgrounds as they interact with the service system.**
- 7. Encourage programs to help CALD communities gain the skills to advocate on their own behalf for the provision of appropriate services.**
- 8. Provide culturally and linguistically appropriate and usable information about the range of services and support available for older people and their families and carers in a strategic, relevant and timely manner.**
- 9. Ensure that programs and services provided by and funded by government are responsive to the specific cultural and linguistic needs of CALD consumers, and all staff and services are provided with training in cultural competence on an ongoing basis.**
- 10. Ensure that government, service provider staff and volunteers reflect the cultural and linguistic diversity of the population they serve.**

## **QUESTION:**

**What will you do to address these issues and recommendations for older people from culturally and linguistically diverse backgrounds?**

# **RURAL ISSUES**

Older people in rural and remote areas generally have the same needs and desires as their urban counterparts. Aged and community care services in rural and remote areas are beset by all of the issues that affect urban services. However, the nature of rural and remote services means that the impact of these issues is intensified.

## **Community Support Services**

There are generally fewer options to choose from in rural Australia. For example, there may not be a dementia specific service (such as community psycho-geriatric service) with the expertise needed to provide residential care or community support to a local aged resident who has been a community member for his/her entire life. Older people in rural and remote communities may have to leave their home area to access a residential care service. Family and friends may not be able to travel long distances to visit them. Carers in rural areas have reduced access to counselling, emotional support and respite which supports them in their role. Such support services must be available consistently across NSW.

Reductions in essential and generic infrastructure in smaller country towns and surrounding areas have clearly had adverse impacts on older people and necessary support services. The demand for community care and other supports to older people in regional and rural areas has escalated due to inadequate transport and the difficulty in providing locally available and accessible dental services, health services such as GPs, specialist and treatment services, etc. Small residential care facilities (well suited to rural and regional areas) are very vulnerable under current arrangements. This has created access difficulties for country people to the whole range of health and welfare services.

## **Retirement Villages**

There has been concern expressed about the impact of some recent large private sector retirement housing developments in some rural towns. If such developments occur without provision of adequate on-site services, they can have a major impact on local health and community services, including transport. The NSW Government implemented a moratorium on all self care retirement housing developments in December 2005. It is important now to create a mechanism for assessing development proposals on their merits, ensuring the adequate provision of health and support services to minimise the impact on existing local services while maximizing access to new housing options for a growing older population.

## **Viability, Innovation and Workforce**

Viability issues for smaller community care services may force them to either close down or amalgamate for economies of scale. While current arrangements attempt to acknowledge rural issues, the funding provided is often not adequate to maintain quality services. The NSW Aged Care Alliance supports diversity in the size of provider in the community care industry.

New service models have been created to specifically cater for the needs of rural and remote communities. In theory, models such as Multi-Purpose Services (MPS) enable co-location and integration of acute, residential and community care services based on the needs of the community. In reality, more work is needed to make these models work effectively for older people and for the local communities.

Rural and remote workforce issues can be acute. Providers often have difficulty finding staff with higher qualifications, have reduced access to flexible professional development or

formal training for their staff. In addition, rural providers may not have the funds to purchase such training from far afield or access to relief staff to enable the training.

The Ethnic Communities Council has identified emerging issues in relation to community care services to culturally and linguistically diverse people in rural areas. Among their recommendations to address these issues is the provision of research funding to ensure a better understanding of the needs of community care clients from diverse communities in rural and remote areas, and so that:

- access and equity issues are taken into account in the provision of services;
- the resource requirements of community services staff – and their volunteers – are recognised; and
- The vulnerability of minority groups needing community care services is recognised so that people have the necessary skills to advocate on their own behalf for the provision of appropriate services.

#### **RECOMMENDATIONS:**

- 1. Provide financial assistance to rural and remote services to enable them to develop and remain viable so that people can receive services locally.**
- 2. Work with local communities to ensure integrated service models operate efficiently and effectively.**
- 3. Improve access to aged and community care services (including specialist services) for older people in rural and remote communities.**
- 4. Develop and implement workforce strategies that address the short and long-term issues of recruiting, training and retaining staff for aged and community care services to older people in rural communities.**

#### **QUESTION:**

**What will you do to address these issues and recommendations for people from culturally and linguistically diverse backgrounds?**

# HOUSING

Older people have some of the highest levels of home ownership in Australia. In 2002-03, a total of 83% of older people were living in homes owned or mortgaged as compared to 66% of people in younger age groups<sup>5</sup>. In 2003, most of the 1.4 million older people with disabilities (83%) lived in a private dwelling (house, flat or home unit) while 12% lived in “cared accommodation” (nursing homes and hostels). The remaining 6% lived in other non-private dwellings such as retirement villages, staff quarters, religious institutions, or boarding houses - an increase from 2% in 1998. Proportions of older people with disabilities living in cared accommodation rose at older ages to 37% of people aged 85+ years.

In 2016, people aged 65+ years will outnumber those aged 0-14 years in NSW. Of those aged 65+ years, 26% live alone; and only 6% live in non-private dwellings, such as cared accommodation.<sup>6</sup> We also know from yet unpublished sources, that the vast majority of older persons in NSW live in separate housing (especially in regional and rural areas) and that of those living in flats (especially low rise) and semi detached dwellings approximately 15% require more assistance with bathing and mobility, possibly due to dwelling design, eg stairs, bathrooms.

Key issues for older people in their own homes include: effective and accessible urban design, communities that are age-friendly; adaptable housing, ability to meet changing needs; access to transport services; affordable and reliable home and garden maintenance.

## Retirement Villages

A significant number of older people live in retirement accommodation designed for people aged 55 years and over. In many cases these developments are regulated under the *NSW Retirement Villages Act 1999*. The NSW Aged Care Alliance will be closely monitoring both the proposed changes to planning regulations for housing for older people and the review of the Retirement Villages Act and Regulations. Safeguards and improvements to housing accessibility and consumer protections for older people must be included in both these regulatory instruments.

## Social Housing

There is a significant number of older people who require assistance with access to affordable housing. Under the five year *Reshaping Public Housing* program, the NSW Government announced spending measures in 2006-07 to address the housing needs of older people amounting to \$80 million for new homes and \$15 on modifying existing homes for older people. Despite this initiative, social housing stock will increase by only 289 dwellings in 2006-07. With an ageing population, the provision of social housing must be greatly accelerated. With the move to fixed term leases, tenants 65 years and over will be offered the security of a 10-year fixed term.

With over 50,000 people on the waiting list for public housing in NSW<sup>7</sup>, The Alliance recommends greatly increased investment in new properties for social housing.

## Private rental

In 2002-03 around 5% of older persons rent from a private landlord<sup>8</sup>. Of those on the Aged Pension, the average Commonwealth Rent Assistance payment was \$69 per fortnight. In

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<sup>5</sup> 4108.1 – Older People, New South Wales.

<sup>6</sup> 2004 Australian Bureau of Statistics, 'Australian Social Trends, 2005, Cat No 4102.0. Older person households are those in which the reference person is 65 years or over.

<sup>7</sup> Director-General, Department of Housing at Budget Estimates Committee provided figure of 53,328 at June 2006. This compares with Australian Institute of Health and Welfare's figure of 73,734 at 30 June 2005

cities such as Sydney this only marginally improves housing affordability. The median rent for a one bedroom dwelling in the middle ring suburbs of Sydney in June Quarter 2006 was \$260 per week. A key issue is the need for all levels of government to address affordability problems for older people who rent in the private rental market.

### **Older People and Homelessness**

The Supported Accommodation Assistance Program (SAAP), funded jointly by the Commonwealth and State governments, provides accommodation support including refuges to disadvantaged people throughout Australia. NSW has a higher proportion of older SAAP clients at 32% than the national average of 26%. 67% of older SAAP clients used services in capital cities and metropolitan centres and 61% of all older SAAP clients were male. By comparison, older Aboriginal people represented only 1.1% of the older population but comprised 17% of older SAAP clients. Conversely, older Aboriginal SAAP clients were more likely to be female at 54%. Despite this, for every 100,000 people, 15 older people would access SAAP services compared to 75 younger people. Preliminary information from the Australian Government indicates that the reasons many older clients approached SAAP included: domestic violence, drug and alcohol problems, sleeping rough, usual accommodation was no longer available, financial problems, recent arrival in the area with no supports, psychiatric illness. SAAP services report difficulty in accessing community care and other support services due to the homeless status of older clients.

### **Residential/caravan parks**

A significant number of older people live in residential/caravan parks, mainly in coastal areas. These people may own their dwelling and rent the site or rent both dwelling and site from the park owner.

A large number of these parks have been subject to re-development in recent years leading to a significant loss of affordable housing in high cost areas and leaving residents with nowhere to put their homes. Recent changes to the Residential Parks Act have improved the timeliness of the limited compensation offered but have not addressed the loss of accommodation for those displaced. An obligatory social impact study must be part of any planning application for the re-development of residential/caravan parks and a condition of approval must be the availability of alternative accommodation.

### **RECOMMENDATIONS:**

- 1. Encourage effective and accessible urban design and adaptable housing, ensuring communities and buildings are age and disability friendly.**
- 2. Ensure access for older people living in their own homes to home and garden maintenance services and transport services.**
- 3. Increase the investment in new properties to address the long waiting list of people for public housing.**
- 4. Address the housing and support needs of older people who are homeless.**
- 5. Implement stronger planning laws to protect residential/caravan park housing and provide adequate compensation to enable residents to re-house should the park close.**

### **QUESTION:**

**What will you do to address the housing issues and recommendations of older people?**

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<sup>8</sup> Australian Bureau of Statistics, 'Australian Social Trends, 2005, Cat No 4102.0. Older person households are those in which the reference person is 65 years or over.

# ***TRANSPORT FOR OLDER PEOPLE***

Public transport provides an affordable way for older people and other members of society to take part in activities and contribute to the social good and should be considered integral to the working of a socially just society. It is fundamental to many people's independence, something that older people value most strongly.

Public transport assists in maintaining older people's independence, contributing to their health and well being. By using a reliable public transport system, older people are able to access medical services, attend exercise classes and purchase household essentials such as food and clothing.

Public transport allows its users to avoid social isolation – a contributing factor to depression, the most common mental illness in Australia and to which older people are especially vulnerable.

Public transport in NSW must be expanded and improved as the population ages, grows numerically and spreads. Public transport should be extended into areas where it does not yet exist. It is as necessary as other infrastructure, such as water and power, and should be provided before development begins.

Community transport services for older people are inadequate in many areas. This is especially critical in rural and regional areas where little or no other transport infrastructure exists. Community Transport, which relies on volunteer drivers for many services, is facing unresolved driver accreditation issues, sometimes impeding opportunities for expansion of services. The NSW Aged Care Alliance fully supports the call for funded transport development workers based in community organisations in all NSW regions to promote the development and advancement of transport infrastructure throughout this State.

Health related transport is essential for older people and is critically under-resourced. It is increasingly needed as a result of early discharge and short stay hospital admissions. Many people are travelling further to attend outpatients, day treatments and doctor's visits and older people sometimes require support while travelling.

Public transport services should be improved in terms of accessibility and reliability. Buses, trains and ferries should also be upgraded so people's safety and comfort are assured as much as possible. All buses, for example, should have steps which can be lowered close to the kerb. Flexible models of transport, such as the use of small vehicles, should be piloted for evaluation. Timetables between different modes of transport should be co-ordinated and vehicles should be designed for easy and modified access by older people.

According to the Ministry of Transport, 51% of State Transit Authority buses and 33% of private buses in Sydney will comply with the Disability Discrimination Act by December 2007. The figures for rural and regional areas are not known but may be very low. Accessibility of buses, trains and stations must be more quickly improved.

Similarly, the affordability of CountryLink services would be greatly improved for older people if the booking fee was scrapped. This booking fee is 15% of the full fare with a minimum of \$10, a cost which is prohibitive for many older people.

The NSW Aged Care Alliance is concerned at the concentration of buses and trains during peak times to the detriment of daytime services. This particularly affects older people and others not commuting to work. The reduced availability of daytime and outside peak services

forces otherwise able older people to use community transport services, which are designated for people unable to use or access general public transport services.

#### **RECOMMENDATIONS:**

- 1. Conduct consultation with older people's organisations and relevant government bodies before changes to transport services, routes and timetables etc are introduced.**
- 2. Enable government, transport operators and local and community organisations to trial innovative solutions to address transport disadvantage in local areas.**
- 3. Address the unmet demand for health-related transport, especially in rural, regional and outer metropolitan areas and for disadvantaged communities.**
- 4. Extend public bus services in areas where they do not yet exist such as the Central Coast, Wollongong and many of Sydney's outer suburbs and centres.**
- 5. Develop public transport services in new subdivisions before they are open to housing development;**
- 6. Provide increased funding for Community Transport to support the travel needs of older people in NSW.**
- 7. Provide funding for Transport Development Workers in every region, including metropolitan Sydney and outer metropolitan areas, to advance the progress of available and accessible transport infrastructure in NSW.**
- 8. Resolve the anomalies for driver accreditation of volunteer drivers in community transport.**
- 9. Publish information on routes and timetables in easy read formats and provide visible and accurate signage on vehicles, bus stops and stations.**
- 10. Accelerate the targets to make government and private buses compliant with the Disability Discrimination Act and improve access to railway stations.**
- 11. Extend the coverage of the Pensioner Excursion Ticket to areas outside metropolitan areas.**
- 12. Abolish the CountryLink booking fee to enable better affordability to older people.**

#### **QUESTION:**

**What will you do to address the transport issues and recommendations for older people?**

# **SECTOR UNDER STRESS**

The NSW Aged Care Alliance defines the non-government sector as including consumer organisations and non-government service providers in the aged care, community care and related industries. More than 60% of such services are provided by non-government organisations that are currently experiencing increasing pressures affecting their operations and service delivery.

## **Relationship with Government**

The NSW Aged Care Alliance supports the collaborative approach that underpins Working Together for NSW, the agreement between the NSW Government and the NSW non-government human services sector represented by the Forum of Non-Government Organisations. It is critical that the NSW Government honours its commitments, especially in regard to the nature of the funding relationship with NGOs.

## **Implementation of Reforms**

Many recent reforms affecting aged care and other related service providers have been designed to improve the quality and delivery of services to older people. There is, however, a tendency to introduce simultaneous reforms, without regard to other pressures on providers. The resultant costs to agencies, both in dollars and time, can be significant and detract from services to clients. Similarly, reforms outside the aged care sector, eg health and transport, have significant peripheral impacts on services to older people. Smaller, medium and some specialised providers often have fewer resources to respond to the vigorous implementation of multiple reforms. The NSW Aged Care Alliance believes that a diversity of providers (size, nature and location) must be maintained to enable the best mix to older people. Also, a deliberate program of support is necessary to assist providers to appropriately respond to the reform process.

The Australian Government's offer of funding to assist implementation of The Way Forward – A Strategy for Community Care reforms is welcome, and The Alliance urges the NSW Government to work with the sector to establish a reform schedule that minimises unintended consequences on service providers as well as identifying areas needing specific supports. The Alliance calls for the same degree of co-ordination between government agencies, around other reforms and new provider obligations that the government expects of service providers. The Alliance also calls for adequate monitoring of the requirements on providers and appropriate infrastructure supports for the operations of service providers.

## **Workforce Issues**

Most support services to older people rely on government funding to provide services. Recent very welcome increases in the Social and Community Services (SACS) Award have again put added pressure on providers, especially where Commonwealth funding is involved. The NSW Aged Care Alliance congratulates the NSW Government on its funding package to state funded organisations but services to older people are especially disadvantaged. Many services to older people rely totally on Commonwealth funding and to date no supplementary funding has been made available to support wage increases related to Commonwealth funding. Recruitment and retention of staff is increasingly difficult for government funded services to older people, especially in rural and regional areas, for Aboriginal and Torres Strait Islander services and for staff providing support services to culturally and linguistically diverse communities. The Alliance is especially concerned at the difficulty in recruiting appropriately trained and experienced staff in acute care, residential care and community care.

## **Volunteers**

Many support services to older people rely on the generous time and energy of volunteer workers as a critical part of their service provision. As the funding base does not keep pace with demand, there is a tendency to load volunteer workers with increasing responsibilities at a cost of greater personal liabilities to the volunteer. Some services that rely on volunteers are having significant problems with volunteer recruitment, arguably due to additional expectations, and this also impacts on volunteers for local management committees. These issues can be intensified within Aboriginal and Torres Strait Islander communities, within culturally and linguistically diverse communities and in rural and regional areas. Older people also want to be recognised for their value as volunteers.

## **Paperwork**

Support services for older people have increasingly been required to perform along business lines despite increasing recognition that the principles of a perfect market do not apply in human services. This has resulted in an overwhelming contractual and regulatory demand for paperwork. While the intention was to improve the efficiency of service provision, the result is actually reducing the amount of time providers can spend with clients. This is exacerbated for providers that receive funding from a number of different sources, with different reporting requirements.

## **RECOMMENDATIONS:**

- 1. Standardise the NSW Government requirements and obligations on providers across government agencies.**
- 2. Protect the role of advocacy organisations in any reforms to funding arrangements.**
- 3. Guarantee the implementation of *Working Together for NSW*, the agreement between the NSW Government and the NSW NGO human services sector.**
- 4. Ensure that any schedule of reforms across government agencies does not adversely affect clients and is not unreasonably burdensome on providers.**
- 5. Obligate all levels of government to co-ordinate their support programs to older people, especially across government agencies.**
- 6. Reduce excessive paperwork to return workers to direct contact with clients.**
- 7. Guarantee that reasonable Award or wage increases and other employer obligations are provided to organisations reliant on government funding.**
- 8. Develop and implement strategies to address workforce issues in services to older people. Separate and specific strategies must address workforce issues for Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse groups and in rural and regional NSW.**
- 9. Develop and implement strategies to address volunteer recruitment and retention issues in services to older people. Separate and specific strategies must address volunteer issues for Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse groups and in rural and regional NSW. This would include funding reimbursement of expenses and training programs.**

## **QUESTION:**

**What will you do to address the issues and recommendations affecting service providers to older people?**