

NSW

AGED

CARE

ALLIANCE

NSW State Election 2003

Issues Kit

NSW Aged Care Alliance

STATE ELECTION KIT 2003

The NSW Aged Care Alliance comprises over 50 organisations concerned with the adequacy and quality of aged care services to older people in New South Wales.

Convened by the 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 2003 State Election Kit, with the aim of raising the profile of issues affecting older people. For each of the priority issues outlined in the kit, we have provided a brief description of the impacts on older people, some recommendations and questions for candidates and parties contesting the election.

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.

Candidates are requested to provide their responses to the recommendations and questions contained in the Kit by the beginning of December 2002. These will then be immediately conveyed to the Alliance network organisations and their members.

Enquiries concerning the kit can be directed to Alan Kirkland, Director, NCOSS on 02 9211 2599, fax 9281 1968 or email alan@ncoss.org.au

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Thank you for your time.

NSW Aged Care Alliance New South Wales Election 2003 Issues Kit

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HEALTHY AGEING

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.

Healthy Ageing Framework

The Healthy Ageing Framework developed by the Department of Ageing, Disability and Home Care provides a means of examining government programs across portfolios and ensuring they are sensitive to the needs of older people. The Department not only needs adequate resources to undertake this work, it also needs appropriate performance measure and regular reporting to the public. The Government needs to commit to provide annual reports against the Framework using measures that indicate the rate of change and impact on services.

Safety and security

Many older people believe they are at a high risk of becoming a victim of crime. This perception affects their involvement in community life and their level of social integration. Older people can be vulnerable to abuse and neglect, but there is little available information about where they can find counselling, advice or refuge. This can lead to years of silent unhappiness and consequent health problems.

Community involvement

Older people can support their community if barriers to participation are removed. 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.

Mature workers program

Mature job seekers are more likely to be long term unemployed, have significant financial burdens and less time to recover their financial position before retirement. Older workers need support to remain and re-enter the workforce.

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.

RECOMMENDATIONS

- 1. Provide adequate resources for The Office of Ageing in the Department of Ageing, Disability and Home Care to ensure government policies and programs are sensitive to the needs of older people.**
- 2. Provide continuing and expanded support for community-based wellness programs such as those run by Older Women's Network and Older Men: New Ideas. Additional funding is required to establish these programs in other areas of NSW.**

RECOMMENDATIONS:

- 1. Ensure that Police and community crime prevention organisations support home and personal security programs for older people. Prevention of crime through better design and management of public space need to be supported by all agencies, local councils, transport and planning authorities.**
- 2. Provide training to all aged care workers so that abuse and neglect can be identified and appropriately handled. Provide trained counsellors and alternative safe accommodation where necessary.**
- 3. Provide funding for a range of avenues for information distribution to make information consistently available and accessible to all ethnic communities and cultural groups. This includes a continuing commitment to growth and upgrading of the Seniors Information Service.**
- 4. Support volunteers by providing opportunities to participate in meaningful roles by funding reimbursement of expenses and training programs.**
- 5. Support older peoples' organisations to provide information technology training which meets the specific needs of older people, including access to computers and internet connections.**
- 6. Fund support programs which inform older people about the benefits of continuing social contact with people of all ages, and which provide opportunities for skill sharing and social interaction.**
- 7. Continue and extend government concessions on transport and utilities.**
- 8. The Committee on Ageing report *Too Young To Go* describes the State government's role in improving the labour market for older workers. A response from the government on this report and support for its recommendations is needed.**
- 9. Support older people's organisations to keep pace with growing demands and changing environments. Support to train and employ skilled staff, purchase new technologies, establishing consultation mechanisms and maintain office space are essential to provide well informed and timely advice to all stakeholders.**
- 10. Develop data packages on demographic changes at a local level that affect the ability of older people to age successfully and make them available for free public distribution.**

QUESTIONS

- 1. Will you ensure that the Minister continues to receive independent advice through the Committee for Ageing?**
- 2. What will your Party do to break the cultural, structural and personal barriers to older people engaging in life long learning? How will life a long learning approach be integrated across government agencies?**
- 3. What concessions will your Party offer for older people and how will they be targeted?**

COMMUNITY HEALTH

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), 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 among the most prevalent diseases in our community today, though they are very much a neglected area. Inadequate funding for public dental health services by the State Government mean that some groups of older people, particularly those on a low income and disadvantaged groups, are waiting unacceptable periods of time for service. In rural areas, the access to public dental treatment is even more neglected. A solution may be to attach dentists to the multipurpose units in large country towns, but there would still be a shortage of dentists in smaller towns.

Allied Health

Due to insufficient resources there is a shortage of allied health workers, particularly social workers, radiographers, nutritionalists, physiotherapists, podiatrists and occupational therapists. Podiatrists, for example, play an important role in maintaining the mobility of many older people and people with disability. Approximately 58% of persons who consult a podiatrist are aged over 65 years. Projections of the use of podiatry services indicate that the demand for these services is increasing at approximately 2.3% per annum, because of the growth and ageing of the population. In a caring situation, the maintenance of mobility of older people lessens the amount of physical exertion required of informal carers. 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 can directly affect the outcome of any illness, resulting in increased hospital admissions, increased morbidity and mortality. Recent research indicates that 85% of chronic diseases or disabilities can be prevented or ameliorated through appropriate nutritional intervention.

Mental Health

It is important to note that the numbers of people with major psychiatric disorders such as schizophrenia and bipolar disorders growing to an older age are increasing. They will need specialist intervention and accommodation as this occurs. There are special need groups within the older population such as people from culturally and linguistically diverse communities who need services sensitive to their needs and access to health interpreters. Carers of people with mental health issues must be informed, educated, supported and involved during service provision to their loved one.

Geriatric Rehabilitation

Such services are essential at the interface between acute in-patient care and the next phase, be it “transitional care”, home or long-term residential care. Indeed, geriatric rehabilitation facilities should be available for those older people living in the community who have developed disabilities which may be remediable without admission to the acute hospital system.

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.

RECOMMENDATIONS:

- 1. Increase funding to health promotion programs for older people to ensure they are ongoing and extend into regional areas of NSW**
- 2. Increase funding for public dental clinics and provide incentives to attract dentists to rural areas**
- 3. Increase funding to public podiatry services by 2.3% to match expected growth in demand**
- 4. Increase funding to allied health services in hospital in the community**
- 5. Increase incentives to attract students to study in allied health sectors and work in the public system**
- 6. Provide community support, medical care, housing, adequate acute care for older people with a mental illness**
- 7. Provide education for staff and information, education and support to relatives of older people with a psychiatric disorder. In particular, to be able to delineate between dementia and mental illness**
- 8. Provide interpreters trained for health consultations of people from culturally and linguistically diverse backgrounds.**
- 9. Provide additional funding to redress the shortage of clinical dietetics positions in aged care hospitals and provide for on-going care in the community by dieticians doing one on one care.**
- 10. Make available, on a district basis, in-patient and day-patient rehabilitation facilities for access by every Aged Care Assessment Team.**
- 11. Increase resources to provide widely available accessible palliative care for people who are terminally ill.**

PUBLIC HOSPITALS

Acute Care

People aged 65 and over are consuming 42% of the total acute bed care days¹. Older people are more likely to present with co-morbidity requiring longer stays in an acute bed. As well there may not be a transitional bed to send them to when they no longer need intensive care but do need some medical supervision.

The demand for beds are high, with waiting lists extended to years for some procedures. Waiting times at hospital emergency centres are also unreasonable, creating greater stress for older people with complex needs.

Recognising the high demand, programs that can provide a high level of clinical care outside hospital wards become essential. Programs help people manage their illness were developed out of the recognition of the increasing burden of diseases of the aged on public hospitals. They are still in their pilot stage and are funded for three years only ending at the end of 2003. The objectives of the programs are to reduce hospital readmission rates and length of hospital stays. This should improve quality of life for people with chronic conditions. The needs of linguistic and cultural diverse groups are taken into account in the development and implementation of the program.

Hospital discharge

At the present time, the transition between hospital and community is not working well for many older people. This is resulting in poor health outcomes for many consumers and undue stress on their carers. Discharge planning needs to start prior to hospitalisation for all planned admissions, and shortly after hospitalisation for unplanned admissions. Comprehensive risk screening should be in place to identify people with complex needs, and appropriate discharge plans developed for all consumers. Discharge planning needs to take into account the capacity and willingness of the carer to continue caring. Discharge planning should involve carers/family, medical, nursing (hospital and community), allied health and community care providers. The discharge planning process needs to not merely identify the services required, but to ensure that these services are available on discharge. Where essential services are not available, discharge should be deferred. NSW Health should monitor the outcomes of discharge planning to check the health outcomes for consumers, identify any breakdowns in the continuity of care for consumers, and identify any gaps or shortages of services in the community.

Transitional Care

Transitional care provides care that assists the older people moving from acute hospital care to their home or residential care. Transitional care provides an opportunity for those older patients discharged from an acute hospital setting to receive care that would enhance their level of independence and allow the opportunity to arrange for more complex service provision at home. Care can be in the form of support services through Community Aged Care Packages, health and community services or a specific short term residential service.

Transition care can reduce the incidence of premature or inappropriate admission to long-term residential care facility. A recent transition pilot in Newcastle found that

¹ National figure provided by Aged and Community Care Services Issues Pack 2001 quoting Department of Health and Aged Care *The Use of hospitals by older people: a casemix analysis* June 2000

about 30% of clients improved to the extent of being able to return home with community support. These findings lend support to the effectiveness of transitional care for older persons which is cost effective in the long term.

RECOMMENDATIONS

- 1. Support programs which provide alternatives to long-stay clinical care.**
- 2. Fund high quality health care in acute services, including discharge planning to support older people on their return home.**
- 3. Ensure that all medical and nursing staff receive training in positive attitudes towards older patients.**
- 4. Ensure that discharge planning is sensitive to the needs of older people and their carers. Ensure that older people are not discharged from hospital until services in the community are in place. Establish mechanisms to monitor whether service identified in the plan are actually delivered and to intervene if they are not. Establish mechanisms to identify gaps in community care services for older people leaving acute care.**
- 5. Ensure older patients from culturally and linguistically diverse backgrounds must have interpreters and where possible applicable medical literature in their own language.**
- 6. Enter into negotiations with the Commonwealth government to develop jointly funded programs which provide a comprehensive plan for transitional care for older people.**
- 7. Fund transitional care units with appropriately trained staff who are committed to the concept of improving the quality of life for older persons.**

QUESTIONS

- 1. What will your government do to give older people better access to hospital services, including emergency departments?**
- 2. Will your government fund programs which help people manage their illnesses outside the hospital system, enabling them to be an intrinsic part of health care?**
- 3. Will your government increase the funding for interpreter services enabling equity of care for all cultures?**
- 4. Will your government increase funding for provision of transitional beds?**

COMMUNITY CARE

There have been increases in the Home and Community Care Program and other 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.

1998 ABS data highlights that 29% of people aged 65 years and over in NSW reported needs that were not fully met. The main types of assistance required were personal care, transport, housework respite, meals and home maintenance. Many users of services, especially those with family carers, are rationed to receive only low levels of community support a week when their needs are in fact much higher than this.

The Productivity Commission's expenditure analysis shows that at \$327 per person aged 70 years and over, NSW had the lowest HACC expenditure of any jurisdiction in 1999/2000, although there have been some increases since the date of the Productivity Commission's data. Inadequate provision of home and community services may result in individuals suffering declining health and well-being or being unnecessarily and inappropriately admitted to hospital or nursing home care. In 1994, the Australian Institute of Health & Welfare estimated that the HACC program only addressed approximately 50% of identified need for home support services. While additional funding to HACC and related community care programs has been very welcome in the meantime, it has not kept pace with either existing needs or the known growth in demand.

Community care services are particularly important for indigenous 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.

The following key actions need to be taken:

- ***actively participate in a national review 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 Commonwealth departments.
- ***increase HACC funding by at least 20%*** as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by sufficient growth funding to match future growth in demand.
- ***expand the availability of comprehensive carer support services*** by the development of a comprehensive package of coordinated carer services tailored according to the needs, preferences, culture and age of the carer as well as the person(s) in need of support. The 'package' of carer services needs to 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, including the use of IT for innovative programs
 - ⇒ education and training that supports the carer in their role
 - ⇒ access to quality residential care.

- ***replace the inequitable indexation models currently used.*** This includes lobbying the Commonwealth 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.
- ***research the real cost of providing community care*** as current poor data sometimes leads to the unrealistic setting of unit costs and ultimately quality may be compromised.

RECOMMENDATIONS:

- 1. Increase HACC funding by 20% as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in 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 of 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.**
- 4. Improve access to aged and community care services for people with special needs and older people in rural and remote communities.**
- 5. Funding to examine the effectiveness and sustainability (including cost) of the full range of existing examples of flexible respite options and to pilot and evaluate new 'carer friendly' models of respite care.**
- 6. Increased support for the Care for Carers Program to enable emotional support, education and training to be provided consistently across NSW.**

QUESTIONS

- 1. What will your party do to address these issues?**

DEMENTIA

Dementia is widespread and increasing rapidly in NSW

- 55,000 people in NSW have moderate to severe dementia.
 - Another 55,000 are probably in the early stages of dementia.
 - Over 200,000 people in NSW are affected by dementia in their families.
 - There are around 6,000 people newly diagnosed with dementia every year in NSW.
 - At age 85, one in four people have dementia.
 - Half the people diagnosed with dementia live in the community.
 - Half of the people in aged care homes (hostels and nursing homes) have dementia.
 - Dementia is a leading cause of disability and death in older people.
-
- Inadequate funding means that Alzheimer's Association services reach only 5-10% of those in need. Reach is even lower in ethnic groups, indigenous communities and rural and remote communities where service costs are higher and awareness is lower.
 - Dementia is not being diagnosed early in many cases, denying people:
 - treatment for reversible conditions which have dementia-like symptoms
 - early legal and financial planning, e.g. 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
 - Many GPs are uninformed about advances in dementia diagnosis and management. The diagnosis of dementia is often communicated in an insensitive manner.
 - There is not enough respite suitable for people with difficult dementia-related behaviours.
 - The effectiveness of psychogeriatric unit (PGU) assistance for people with challenging behaviour needs review. NSW has one such unit based in the Illawarra. No support of this kind is available elsewhere in NSW.
 - Community service workers need to be well trained in dementia management to provide quality care.
 - 30% of residents in low care facilities and 70% of residents in high care facilities have a diagnosis of dementia, but fewer than 5% of residential care beds are dementia-specific.
 - 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.

- ❑ Residential care staff and management do not have access to dementia-specific training to enable them to provide quality care.
- ❑ Dementia-specific training should be obligatory for residential care staff and management to enable them to provide quality care.

RECOMMENDATIONS

- 1. Increase funding to the Alzheimer’s Association and other community dementia service providers to expand service penetration, including into rural and remote areas and for services to be inclusive of ethnic communities and indigenous people.**
- 2. Designate at least \$100,000 of the increased funding towards dementia community awareness initiatives on a recurrent basis.**
- 3. The Government to coordinate specialist resources for early diagnosis and management of dementia.**
- 4. The NSW government must respond to the NSW Nursing Homes Act Review as soon as possible.**
- 5. Fund dementia-specific training, including behaviour management. Dementia-specific training should be obligatory for residential and community aged care staff and management to enable them to provide quality care.**
- 6. Fund dementia specific training for carers, as well as ongoing support programs.**
- 7. Develop a broad inter-departmental strategy to manage dementia.**
- 8. Provide funding for GP dementia training.**
- 9. Fund initiatives targeted to GPs and other health professionals to encourage referral to dementia-specific support services provided by the Alzheimer’s Association and other community services.**
- 10. Expand the number of dementia-specific respite places available for people with difficult dementia-related behaviours.**
- 11. Develop as a priority planned and emergency overnight respite.**
- 12. Promote flexible models of respite including those that are culturally sensitive and accessible in rural and remote areas.**
- 13. Fund dementia management training for community service workers.**
- 14. Urgently assess the planning, provision and funding of special care (CADE) units**
- 15. for those residents with dementia who have more severe behaviour management problems.**

QUESTIONS

- 1. What will your party do to address these issues?**

ABORIGINAL AND TORRES STRAIT ISLANDER ELDERS

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 elders are complex and require deliberate attention.

Because indigenous 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 the indigenous 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 elders. 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 indigenous people eg. by employing Aboriginal and Torres Strait Islander staff, providing cross-cultural training, recognising the need for emotional support for carers.

In 2000 in New South Wales, a Statewide Gathering of Aboriginal and Torres Strait Islander managers of Community Care and Disability Services determined that the most important ways to provide equitable access to culturally appropriate services were to progress the self-determination of services delivered to indigenous people by indigenous people with quality training, proper representation within decision-making systems as well as a designated investment in Aboriginal and Torres Strait Islander service provision.

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 providers are essential to provide a responsive service framework for Aboriginal and Torres Strait Islander elders in NSW.

QUESTIONS:

- 1. What steps will your Party take to progress the self-determination of Aboriginal and Torres Strait Islander services?**
- 2. How will your Party enable effective management and training support for the development of Aboriginal and Torres Strait Islander services to older people?**
- 3. What is your Party's commitment to responding to the needs of Aboriginal and Torres Strait Islander carers?**
- 4. What strategies will your Party pursue to enable productive partnerships between Aboriginal and Torres Strait Islander and mainstream services?**
- 5. What are your Party's plans for investment in Aboriginal and Torres Strait Islander services to older people and families in need?**

CULTURALLY APPROPRIATE CARE

Australians from culturally and linguistically diverse backgrounds are ageing at a greater rate than that of the general population. The 1996 Census indicated that approximately 19% of the over 65s are from culturally and linguistically diverse backgrounds, compared to just 7.4% of the general population. In some local areas, nearly all of the members of particular cultural communities are over 55 years of age. This is the case for many of the Eastern European communities where immigration has ceased and this has the potential to cause isolation, vulnerability and an increased difficulty in maintaining the elderly in the community if adequate support mechanisms are not available.

Ethnic older people have specific needs and preferences arising from their ethnicity. However, ethnic communities often lack the capital, service and language infrastructure to support culturally appropriate services. Furthermore, there are still many barriers that prevent people from culturally and linguistically diverse backgrounds accessing mainstream services. Many older people need specific encouragement and education to access services that would provide benefits to them.

Informal carers in culturally and linguistically diverse communities often play a more intensive role in care than Anglo-Australian communities. This is due to language barriers and the lack of understanding by NESB older people about how the community care system in Australia works. Therefore information about community care and other services must be especially targeted in diverse ethnic communities to the carers of older people, who are often adult children or grandchildren.

State co-ordination

There are various strategies in place funded by both Commonwealth and State Governments, to improve access and care quality of aged care services, however these need to be co-ordinated more effectively. The best way to achieve improved access and quality of care outcomes, to community aged care and residential aged care for elderly Australians from diverse language and cultural backgrounds, is a five-year national ethnic aged care framework. This approach will provide a stronger focus and better reporting of initiatives and their effectiveness across the State. This will involve a more deliberate approach to planning for the location of culturally specific services.

At present, there is a profound absence of such information, and it is difficult for individual service providers to assess for themselves the most effective means for achieving equitable outcomes for their diverse consumers.

One of the most pressing areas of concern for culturally and linguistically diverse consumers of DADHC-funded services and the staff who serve them, is the lack of a coordinated approach to fee-free interpreting services. Interpreting services have a considerable impact on the care and clinical outcomes culturally and linguistically diverse consumers. Easily accessible interpreting services, such as the Health Care Interpreter Service, would considerably improve the ability of DADHC funded services to address the needs of culturally and linguistically diverse consumers. The current ad hoc approach of concessions and funding for the Telephone Interpreter Service does not address the Statewide demand for a coordinated approach to addressing this issue.

Home and Community Care (HACC)

There seems to have been little growth in NESB consumer access to the HACC program between 1995, when the proportion of consumers from diverse language and cultural backgrounds was estimated at 12% nationally, and 2000 when the proportion for this consumer population was estimated at 13%. Assuming these access figures are correct, a dismal increase of 1% in access over a five-year period calls for a more effective statewide coordination of access strategies, and an urgent prioritisation of equity targets. The State Government should set a realistic target of 4% growth in access by consumers from diverse cultural and language backgrounds to HACC services across NSW over the next 5 years.

Together with the setting of access targets with clear goals and outcomes, a review of access strategies should be held, in order to identify the most successful approaches, and to consider how these can be adapted to the conditions within the State across urban and rural areas.

DAHDC initiatives such as the Minimum Data Set, Comprehensive Assessment, the Client Information and Referral Record, the issue of consent and Care Plans, can all contribute to enhanced outcomes for consumers from diverse cultural backgrounds, but there is a need for material in community languages to support the participation of consumers from culturally diverse backgrounds.

Multicultural and ethno-specific services

The inaccessibility of capital funds has placed many ethnic community organisations at a disadvantage in comparison with many of the larger religious-based not-for-profit organisations, or the market-oriented private for-profit operators. Multicultural and ethno-specific services face difficulties in establishing themselves due to a variety of reasons. The major issues being language, rigid funding guidelines and a basic lack of experience in developing and managing services. Multicultural and ethno-specific services are an important component of the community care system in conjunction with mainstream services to provide a comprehensive array of access points for the community.

RECOMMENDATIONS

State co-ordination

- 1. That the Department of Ageing, Disability and Home Care develop, in consultation with consumer and provider groups, a five-year ethnic aged care strategy that will enable a nationally coordinated effort to improve access and quality of care for consumers from diverse cultural and linguistic backgrounds.**
- 2. That the State Government develop 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.**

Home & Community Care (HACC)

- 3. That a five-year access target of a 4% increase in access to HACC services by consumers from diverse cultural and language backgrounds be set by the State Government, and resources be allocated to enable the targets to be met.**
- 4. That the State Government provide direct coordination of HACC access strategies, and that current access programs be evaluated, to ensure that the rapidly ageing consumer population from diverse cultural and language backgrounds are not disadvantaged further.**
- 5. That the State Government coordinate the development of multi-lingual material and staff development to enable comprehensive and consistent provision of information and culturally appropriate HACC services and HACC Reforms.**

6. **That the State Government provide training to service providers on the need to provide emotional support to families using formal care services.**

Multicultural and ethno-specific services

7. **Provide enhanced access by community organisations to capital funding for the development of multicultural and ethno-specific services to ethnic communities that have sufficient numbers to fill such services.**

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.

The infrastructure of smaller country towns and surrounding areas has been eroded over time – local hospitals have closed, GPs have moved to larger regional centres, small residential care facilities (most suited to rural and remote areas) are very vulnerable under current funding arrangements; and unemployment is high. This has created access difficulties for country people to the whole range of health and welfare 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.

Service providers in rural or remote areas are likely to face greater challenges in terms of:

- *Viability:* 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.
- *New models:* 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.
- *Workforce:* Rural and remote workforce issues can be acute. Providers have difficulty finding staff with higher qualifications, do not have access to flexible professional development or formal training for their staff, or the funds to purchase such training from far afield.

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.**

QUESTIONS:

- 1. What will be your party's commitment to aged and community care services in rural and remote areas?**
- 2. How will your party guarantee the viability of aged and community care services in small rural communities?**
- 3. What is your party's position on integrated health and aged care services?**
- 4. What emphasis will you place on community control of such services?**
- 5. How will your party address the workforce issues facing rural communities?**

PEOPLE WITH LONGSTANDING DISABILITY WHO ARE AGEING

For the first time in history, people with longstanding disability are living into old age. This is a measure of our success as a society in assisting this group through advances in medical technology and other services.

Figures from the Australian Institute of Health and Welfare provide an indication of the rapid increase in number of people with disability living into older ages:

- In 1998, 5.5% of the population (954,900 people) had a severe or profound core activity restriction. The rate rises significantly with age.
- Survival to older ages is now a reality for some people with an early onset disability, with 11% (30,200) of those aged 45-64 and 4% (13,000) of those aged 65 or over with severe or profound core activity restrictions reporting an early onset disability (ie. acquired before age 18).
- Between 2000 and 2006 the total number of people with a severe or profound core activity restriction is expected to increase by 11.6% (137,600 people).
- The growth in numbers is attributable to a rapid increase in size of the age groups 45-64 years (19.3% or 59,500 people) and 65+ and over years (15% or 76,300). Older people will live to an older age and there will be a rapid ageing of the working age population.
- In 1999, 15.8% of disability service users were aged 50 years and over, with 6.1% aged 60 and over.

Recent research indicates people with longstanding disability who are ageing experience an earlier decline in function than do others of a similar age in the population and that the changes can be more pronounced. As a group they can also experience “secondary disability” or health complications which can arise as a result of the long-term effect of the disability itself.

There is a range of possible directions that would improve our capacity to provide relevant services to people with longstanding disability who are ageing. Some of these include:

- Providing comprehensive assessment for people with complex care needs (incorporating carer's assessment) and ongoing reassessment to respond to changing needs.
- Challenging perceptions within the disability and aged care sectors to ensure flexible, appropriate and timely services for people with longstanding disability who are ageing.
- Developing responsive, integrated models of service provision that support collaboration and address the transition issues for people with longstanding disability who are ageing.
- Developing effective training strategies for staff across disability services, aged care services and community care services about the needs of people with longstanding disability who are ageing.
- Improving access to advocacy services for people with longstanding disability who are ageing to provide up-to-date information and access to appropriate services.
- Improving access to advocacy services for people with longstanding disability who are ageing to ensure access to up-to-date information on and access to appropriate services

RECOMMENDATIONS:

- 1. Provide comprehensive assessment for people with longstanding disability who are ageing with complex care needs (incorporating carer's assessment) and ongoing reassessment to respond to changing needs.**
- 2. In cooperation with consumer and service provider organisations and the Commonwealth Government, develop responsive, integrated models of service provision that support collaboration and address the transition issues for people with longstanding disability who are ageing and their carers.**
- 3. Develop effective training strategies for staff across disability services, aged care services and community care services about the needs of people with longstanding disability who are ageing.**
- 4. Improve access to advocacy services for people with longstanding disability who are ageing to ensure access to up-to-date information on and access to appropriate services.**

QUESTIONS:

- 1. What will your party do to address these issues?**

HOUSING

Older people have some of the highest levels of home ownership. In 1996, 79% of older people lived in a home fully owned by a member of the household, with a further 5% living in homes with mortgage payments still being made. This total of 84% living in homes owned or mortgaged compares to 69% for younger age groups.

For those in their own homes, some key issues are:

- Effective and accessible urban design, ensuring communities are age and disability friendly
- Encouragement of adaptable housing, able to be changed to meet the needs of people as they age or develop disabilities
- Access to transport services, allowing people to participate in their communities and access essential services such as shops, banks and medical care
- Access to affordable and reliable home and garden maintenance, particularly for frail older people or people with disabilities.

Retirement Villages

A significant number of older people choose to 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*.

There are two main areas for concern:

1. Planning for genuine retirement village developments has become fraught since the State Government changed State Environmental Planning Policy No. 5 (SEPP 5) in 1998 to dilute the requirements for care provision in developments. The objectives of SEPP 5 should be protected in the application of the policy. The incentive for medium density developments should be separated from planning tools for aged persons housing.
2. The Retirement Villages Act was established to provide protection to residents. Any changes to the Act or regulation should not be to the detriment or reduction in protection to residents.

Social Housing

Some older people require assistance with access to affordable housing. There may be many reasons for this including low income, long-term disability or recent health condition.

Key issues include:

- Increasing the investment in new properties for social housing to address the 96,000-person waiting list for the Department of Housing.
- Reversing the decision to introduce renewable tenancies and change rental bond schemes which will disadvantage people on the waiting list for social housing. A number of categories of sitting tenants who transfer between properties will also be affected.

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. As compared with the general population, older indigenous people were 16 times over-represented in SAAP services, representing only 1.1% of the older population but comprising 17% of older SAAP clients. Unlike the general older SAAP client base, 54% of older indigenous SAAP client were female. Despite this, older people accessed SAAP services at a rate 5 times lower than younger people, ie 15 older people in every 100,000 people used SAAP services compared to 75 younger people in every 100,000. Preliminary information from the Commonwealth Department of Family and Community Services also indicates that the reasons that many older clients approached SAAP included: domestic violence, drug & 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 HACC and other support services due to the homeless status of older clients.

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. Maintain the original intent of State Environmental Planning Policy No. 5 (SEPP 5), that is to facilitate the development of appropriate housing and care services for older people and people with disabilities.**
- 4. Stop the inappropriate use of SEPP 5 by developers.**
- 5. Increase the investment in new properties to address the long waiting list of people for public housing.**
- 6. Reverse the decision to introduce renewable tenancies and change rental bond schemes for public housing.**
- 7. Address the housing and support needs of older people who are homeless.**

QUESTIONS

- 1. What will your party do to address these issues?**

TRANSPORT FOR OLDER PEOPLE

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

Because public transport assists in maintaining older people's independence, it also contributes to their health and well being. By using a reliable public transport system, older people are able to access medical services as necessary, attend exercise classes and provide for themselves household essentials we all require 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 one to which older people are vulnerable.

For these reasons and more, 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.

Many areas report inadequate community transport services for older people. 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 every region to promote the development and advancement of transport infrastructure throughout this State.

Early discharge and short stay hospital visits means a greater reliance on health-related transport for older people to attend outpatients, day treatment and doctor's visits. People are travelling further, more frequently and older people sometimes require support while travelling. Health-related transport is essential for older people and is critically under-resourced.

Existing public transport services should be improved both in terms of accessibility and reliability. The buses, trains and ferries should also be upgraded so people's safety and comfort are assured as much as possible. Timetables between different modes of transport (ie buses and trains) should be co-ordinated and vehicles should be designed for easy and modified access by older people.

The NSW Aged Care Alliance recognises that funds have been allocated in the 2002 NSW State Budget towards improving NSW public transport. However, we believe that there are aspects of the public transport system that need greater attention than they have received to date.

RECOMMENDATIONS:

- 1. Consultation with older people's organisations and relevant government bodies before changes are introduced, such as changes to bus timetables and the integrated ticketing system.**
- 2. Address the burgeoning demand for health-related transport, especially in rural and regional areas and for disadvantaged communities.**

3. **Provide funding for Transport Development Workers in every region to advance the progress of available and accessible transport infrastructure in NSW.**
4. **Provide increased funding for community transport to support the travel needs of older people in NSW.**
5. **Publish information on routes and timetables in easy read formats and provide visible and accurate signage on vehicles, bus stops and stations.**
6. **Resolve the anomalies for driver accreditation of volunteer drivers in community transport.**
7. **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.**
8. **Develop public transport services in new subdivisions before they are open to housing development.**
9. **Make available the \$1.10 Pensioner Excursion Ticket (PET) on private buses and on the Parramatta-Liverpool Transitway, with equal government subsidies to both government-owned and private bus operators.**
10. **Eliminate clauses excluding public transport in areas where freeways such as the M2 are built.**

QUESTIONS:

1. **How will your Party address older people's burgeoning demand for health-related transport?**
2. **What is Your Party's commitment to the funding of Transport Development Workers across NSW?**
3. **How will your Party extend the provision of community transport to older people in NSW?**
4. **What will your Party do to address unresolved driver accreditation issues for community transport?**
5. **What will your Party do to introduce government owned public transport in areas where there is none?**
6. **What is your Party's policy on the privatisation of government owned public transport?**
7. **How will your Party manage the integrated ticketing system so as to ensure older people are not disadvantaged?**
8. **How will your Party improve the consultation process with older people so changes to public transport do not happen without older people's input?**
9. **What are your Party's plans for public transport in new release areas?**
10. **How will your Party assess the impact of public transport changes on older people before they are implemented?**

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 the Review of Grants Administration but is concerned that there needs to be a clear shared understanding between the sector and government of their roles and relationships. This relationship should involve known and transparent expectations both to and from government, particularly in relation to the conditions and certainty of funding contracts. This is best achieved through the finalisation of a Compact between Government and non-government sector.

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 has been, however, a tendency to introduce simultaneous reforms, without regard to other pressures on providers. The resultant costs to agencies, both in dollars and client services, has been crippling at times. 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 service mix to older people. Also, a deliberate program of support is necessary to assist providers to appropriately respond to the reform process. A reform schedule could minimise unintended consequences on service providers as well as possibly identify areas needing specific supports. The Alliance calls for the same degree of co-ordination between government agencies, around reforms and other 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 aged care and other services to older people rely in the main on government funding to provide services. Recent very welcome increases in the Social and Community Services (SACS) Award have put added pressure on providers especially where Commonwealth funding is involved. The NSW Aged Care Alliance congratulates the NSW government on its swift funding package to state funded organisations but services to older people are especially disadvantaged. Most community care and other services to older people rely totally or in part on Commonwealth funding and to date no supplementary funding has been made available to support Award increases related to Commonwealth funding. Other employer obligations such as superannuation increases also put added pressure on services just as demand for those services is escalating. Recruitment and retention of staff is increasingly difficult for government funded services to older people, especially in rural & regional areas, for Aboriginal and Torres Strait Islander services and for staff providing support services to culturally and linguistically diverse communities.

Volunteers

Many aged care and other services to older people involve 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 unreasonable responsibilities, to expect more with greater personal liabilities. The recruitment base of volunteers for services to older people is diminishing, arguably due to increasing expectations of responsibility and commitment, and this also impacts on volunteers on local management committees. The same issues for volunteers mirror those of paid workers within Aboriginal & Torres Strait Islander communities, within culturally & linguistically diverse communities and in rural & regional areas.

Public Liability Insurance

The recent crisis in insurance provision has adversely impacted on providers of services to older people. Public liability coverage, while no longer a condition of incorporation, is a requirement of funding agreements between government agencies and non-government organisations. The Alliance fears that increased insurance costs will affect service provision to clients. Insurance cover is essential to aged care and other services for older people and the availability of coverage at affordable premiums is critical to ensure the continuation of quality service provision.

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.

QUESTIONS:

Government Responsibility, Implementation of Reforms & Paperwork:

- 1. What strategies will your Party implement to synchronise requirements & obligations on providers across government agencies?**
- 2. How will your Party clarify government responsibility for funding support and provision?**
- 3. How will your Party ensure that the role of advocacy organisations is protected in any reforms to funding arrangements?**
- 4. What is your commitment around on-going negotiations around the development of a Compact?**
- 5. What strategies will your Party implement to ensure that any schedule of reforms across government agencies does not adversely affect clients and is not unreasonably burdensome on providers?**
- 6. How will your Party ensure that all levels of government co-ordinate their support programs to older people, especially across government agencies?**
- 7. What strategies will your Party implement to enable existing community infrastructure to be responsive to the needs of older people?**
- 8. How will your Party reduce excessive paperwork and return workers to client contact duties?**

Workforce Issues:

- 9. How will your Party ensure that reasonable Award and other employer obligations are guaranteed for organisations reliant on government funding?**
- 10. How will your Party address workforce issues for rural and regional areas in New South Wales?**
- 11. What will your Party do to address inadequate numbers of workers and positions supporting older people from Aboriginal and Torres Strait Islander communities and culturally & linguistically diverse groups?**

Volunteers:

- 12. How will your Party acknowledge the valuable contribution of volunteers to services supporting older people, while avoiding the imposition of increasingly unreasonable expectations?**
- 13. How will your Party increase the recruitment of volunteers supporting Aboriginal and Torres Strait Islander and culturally & linguistically diverse communities, as well as in rural & regional NSW?**

Public Liability:

- 14. What strategies will your Party implement towards the provision of available and affordable Public Liability insurances for the activities of and services to older people?**